CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

DENTAL BOARD OF CALIFORNIA

NOTICE OF TELECONFERENCE MEETING
February 6-7, 2025

Board Members
Steven Chan, DDS, President
Alan Felsenfeld, MA, DDS, Vice President
Lilia Larin, DDS, Secretary
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Joni Forge, DDS
Angelita Medina, MHS, Public Member
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Action may be taken on any item listed on the agenda.

The Dental Board of California (Board) will meet by teleconference in accordance with Government Code section 11123.2 approximately at, but no earlier than, 10:00 a.m., on Thursday, February 6, 2025, and 8:30 a.m., on Friday, February 7, 2025, with the following location available for Board and public member participation:

Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room #102
Sacramento, CA 95834

This meeting will be held via WebEx Events. Instructions to connect to the meeting can be found **HERE.**

Click Here to Join Meeting
Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:
https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcc77ccaaf5d3619bd2a1d3a4951534c6

Event number: 2482 053 0545
Event password: DBC26 (32226 from phones)

To participate virtually in the WebEx Events meeting on Friday, February 7, 2025:

Click Here to Join Meeting
Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:
https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mace5a888658d1097581305e0727eb531

Event number: 2484 528 1431
Event password: DBC27 (32227 from phones)

Due to potential technical difficulties, please consider submitting written comments by January 28, 2025, to dentalboard@dca.ca.gov for consideration.

AGENDA

10:00 a.m., Thursday, February 6, 2025

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

2. Public Comment on Items Not on the Agenda **[6]**
   Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)

3. Discussion and Possible Action on November 7-8, 2024 Board Meeting Minutes **[7-46]**

4. Board President Report **[47-48]**
   a. Update on Board Member Committee Assignments 2025

5. Assistant Executive Officer Report **[49]**

6. Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[50]**

7. Budget Report **[51-57]**

8. Presentation from DCA, Strategic Organizational Leadership and Individual Development (SOLID) on Strategic Planning **[58]**

9. Report on Dental Hygiene Board of California Activities **[59-61]**

10. Dental Assisting Council Meeting Report **[62]**

11. Update, Discussion, and Possible Action on Proposed Regulations
    a. Status Update on Pending Regulations **[63]**
    b. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control **[64-145]**
    c. Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees **[146-220]**

12. Licensing, Certifications, Permits, and Examinations
    a. Update on Dental Licensure and Permit Statistics **[221-232]**
    b. Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and Council of Interstate Testing Agencies (CDCA-WREB-CITA) **[233]**

13. Anesthesia and Sedation **[234-265]**
    a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
    b. Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

14. Enforcement
    a. Presentation of “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2025” **[266-319]**
    b. Review of Statistics and Trends **[320-327]**

15. Substance Use Awareness
    a. Diversion Program Report and Statistics **[328]**

16. Executive Officer Recruitment and Selection Process **[329-338]**
    a. Presentation from DCA, Office of Human Resources on Executive Officer Recruitment and Selection Process
    b. Discussion and Possible Action on Process for Recruitment and Selection of an Executive Officer
    c. Review and Possible Action on Revised Executive Officer Duty Statement and Recruitment Announcement
    d. Discussion and Possible Action on Appointment of an Executive Officer Selection Committee

17. Recess Open Session Until February 7, 2025, at 8:30 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

18. Convene Closed Session

19. Pursuant to Government Code Section 11126(a)(1), the Board will Meet in Closed Session to Discuss and Take Possible Action on Appointment of an "Acting" or "Interim" Executive Officer

20. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

21. Adjourn Closed Session

8:30 a.m., Friday, February 7, 2025

22. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

23. Board President's Report on Closed Session Items **[339]**

24. Presentation from California Northstate University, College of Dental Medicine **[340]**

25. Update, Discussion, and Possible Action on Legislative Proposals **[341-365]**
    a. Legislative Proposal to Amend Business and Professions Code (BPC) Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permits
    b. Legislative Proposal to Amend BPC Sections 1725, 1750, and 1753.52, and Repeal BPC Sections 1754.5 and 1755 Regarding Dental Assisting Courses

26. Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession
    a. 2025 Tentative Legislative Calendar – Information Only **[366-368]**
    b. Legislation of Interest **[369]**

27. Public Comment on Future Agenda Items **[370]**
    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.

28. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of

business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

In accordance with Government Code section 11123.2(j)(1), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit **thedcapage.wordpress.com/webcasts/**. The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. 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)).

This meeting is being held via teleconference through WebEx Events. The meeting location is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Christy Bell, Assistant Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 2.:** Public Comment on Items Not on the Agenda

Notes

DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
November 7-8, 2024

Pursuant to Government Code section 11123.2, the Dental Board of California (Board) met by teleconference/WebEx Events on November 7-8, 2024, with the following location available for Board and public member participation:

Department of Consumer Affairs
2005 Evergreen Street, Hearing Room #1150
Sacramento, CA 95815

Board Members Present:
Alan Felsenfeld, MA, DDS
Joanne Pacheco, RDH, MAOB, Vice President (November 7 only)
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Joni Forge, DDS (remote participant)
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member (remote participant) (November 7 only)
Sonia Molina, DMD, MPH
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS (remote participant)
James Yu, DDS, MS

Staff Present:
Tracy A. Montez, Ph.D., Executive Officer
Christy Bell, Assistant Executive Officer
Ryan Blonien, Enforcement Chief (North)
Jodi Ortiz, Chief of Licensing and Examination Division
Paige Ragali, Chief of Administration and Compliance
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Ricky Eaddy, Licensing Manager
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Mirela Taran, Administrative Analyst
Kelly Silva, Investigator
Joseph Tippins, Investigator

Judie Bucciarelli, Staff Services Manager I, Specialist (Retired Annuitant), Board and Bureau Relations, Department of Consumer Affairs (DCA)
Trisha St. Clair, Facilitator and Strategic Planner, SOLID, DCA
Ann Fisher, Facilitator and Strategic Planner, SOLID, DCA
Bryce Penney, Television Specialist, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

10:00 a.m., Thursday, November 7, 2024

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
The Board President, Dr. Alan Felsenfeld, called the meeting to order at 10:04 a.m. Board Members Joni Forge, DDS, Angelita Medina, MHS, and Yogita Thakur, DDS, MS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

The Board Secretary, Dr. Lilia Larin, called the roll; 13 Board Members were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda
There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action on August 15, 2024 Board Meeting Minutes
(M/S/C) (David/Yu) to approve the August 15, 2024 meeting minutes.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 4: Board President Report
President Felsenfeld reported that Dr. Tracy Montez and he attended the DCA Board Leadership meeting on September 17, he attended a Senate Bill (SB) 501 stakeholders meeting held by the California Dental Association (CDA) on October 20, and Dr. Montez

and he will be attending the Dental Hygiene Board of California (DHBC) meeting on November 16. He voiced that on behalf of the Board, he appointed Board Member Robert David to the community based clinical education grant advisory committee. This committee is authorized by Health and Safety Code section 104751, which supports the establishment of community based clinical education rotations for dental students in their final year or dental residents. The purpose of this committee is to develop and review applications for the community based clinical education grant of $10 million as administered by the CDA Foundation. The four allied professional organizations or government agencies that are allowed one vote each include the California Department of Public Health, Office of Oral Health, CDA, the California Primary Care Association, and the Dental Board of California.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Executive Officer Report
Dr. Montez shared that in regard to personnel updates, the Board is hovering at about a 5% vacancy rate and disclosed that she is going to be starting a soft retirement in January of 2025 and will be leaving the Board in the spring.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters
Judie Bucciarelli provided a departmental update, which included the following.

Ms. Bucciarelli thanked the Board for its service and dedication to protect the consumers of California and congratulated the Board on a successful sunset review. She noted that DCA's Diversity, Equity, and Inclusion (DEI) Steering Committee met last month and announced its newly elected leadership. Ms. Bucciarelli shared that to support and maximize outreach to the military community, DCA is hosting a second live webinar on November 21 to share information about military licensing resources. During the webinar, attendees will learn about licensing resources available to members of the military and their spouses or domestic partners. The webinar will also feature a demonstration of DCA's federal professional license portal and state registration process, which was launched last fall, as well as a Q and A session.

Ms. Bucciarelli provided updates on the new business and travel expense reimbursement program, Unconscious Bias training for Board members, and addressed DCA's annual Turkey Drive and the State's Our Promise Campaign.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Report on Dental Hygiene Board of California Activities
Anthony Lum, Executive Officer of DHBC, provided a verbal report on their activities. Mr. Lum noted the Board's infection control regulations would be presented to DHBC for their review and approval next week.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Budget Report
Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2024-2025. Mr. Rumbaoa conveyed that in the previous fiscal year, the Board has spent $17,957,569. Of that, roughly $10 million was for personnel services, which can be attributed to the Board filling staff positions, and $8 million was approximately for Operating Expense & Equipment (OE&E) general expenses, which includes contracts, Attorney General expenses, pro rata, travel, and Board meetings. Mr. Rumbaoa conveyed that the Board was able to revert approximately $3 million. In regard to control section 4.12, initially the Department of Finance had identified four positions for the Board to be eliminated, but through various meetings with the DCA Executive and Budget Offices, the positions are down to only one that is identified for elimination, rather than the four. In regard to control section 4.05, the amount that will be reduced from the Board's budget is $147,000, which will be a permanent budget cut beginning in 2024/25.

Dr. Montez shared that the Board overall does have a structural imbalance, and that in future meetings, the Board will be looking to do fee increases. Once the Board is fully staffed and expending its funds, it will need additional positions and funds for various things, including outreach.

President Felsenfeld inquired whether the budget reduction of $147,000 will have an impact on the Board. Mr. Rumbaoa responded that unless there are any unforeseen circumstances that come up, there should be no issues.

Secretary Larin inquired what the phrase "Board staff notes, the $5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals" on page 44 of the meeting materials entails. Mr. Rumbaoa responded that there was a $5 million general fund loan that was taken from the Board as noted in the Budget Act of 2020. He added that it is scheduled to be repaid this FY, and at this time, the Board is scheduled to have that in its budget by mid-year, unless it is told otherwise by DCA. Mr. Rumbaoa voiced that any type of fee increases or budget change proposals that the Board will be pursuing, the loan needs to be repaid prior to those actions.

Board Member David inquired where money reverted to. Mr. Rumbaoa responded that it reverted to the Dental Board fund.

Board Member Meredith McKenzie commented that if the Board looks forward out, it will be overspending revenues. She added that she supports the fact that the Board has to raise fees as this is not sustainable. She noted how long it can take to increase the statutory limit.

Mr. Rumbaoa communicated that the Governor's Budget will be released on January 10, and noted the Board will then have a better picture of which fees the Board is going to raise.

Board Member David asked why the Board's licensees would have a fee increase when the Board is owed money from the General Fund. Mr. Rumbaoa responded that is the reason for the regulatory language of the loan repayment being paid before any other actions are taken. Dr. Montez added the Board has to be paid back before the Board can raise fees; if the Board is providing the data that it needs to raise fees, Board staff anticipate that the Legislature will work with the Board and get that repayment.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Licensing, Certifications, and Permits
Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics
Ricky Eaddy provided the report, which is available in the meeting materials.

Mr. Eaddy reported the number of pediatric endorsements issued to anesthesia and sedation permit holders, which will be included in future memos. For moderate sedation, 52 Pediatric Endorsements for patients under 13 years of age were issued, and 50 Pediatric Endorsements for patients under 13 years of age were issued. For general anesthesia, 113 Pediatric Endorsements for patients under 7 years of age were issued, and for medical general anesthesia, 85 Pediatric Endorsements for patients under 7 years of age were issued.

Dr. Montez noted that the Board's Licensing and Examination Unit is going to hold an informal FAQ session with the school deans on November 20 and voiced this is something they did last year to help with application questions.

Board Member Steven Chan asked whether the Board would get relevant data by gathering statistics on applications for a licensure from outside of California, and if that is relevant, would the Board get relevant information tracking trends. Mr. Eaddy responded that is something Board staff could look at. He voiced that at the moment, Board staff keep track of applications and can run reports of applications that are coming from outside of California and added he does not know what information would change mostly, but that Board staff could definitely track that and report back. Dr.

Montez added that to the Board needed to be careful not to run into any kind of sample sizes that could be problematic for confidentiality.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.b.: Update on the Office of Professional Examination Services Occupational Analysis of the Dentist Profession
Dr. Montez provided the report, which is available in the meeting materials.

Board Member Chan noted that on page 95 of the meeting materials, there are different categories of content area, particularly items 2, 3, 4, 6, 7, 8, 9, and 10. He stated many any of the items in the questions are adult centric; even though there were some subject matter experts that were pediatric dentists, treating kids is different and has different parameters. Board Member Chan reiterated that he is sensitive to that gap.

Dr. Montez responded that she will share that with the Office of Professional Examination Services (OPES) to ensure that there are enough questions to sample pediatrics. She noted that in table ten, one will see tasks and knowledges; the Board would want to make sure that subject matter experts, who are licensed dentists and work in pediatrics, craft test questions that are linked to the task and the knowledges. Therefore, when a test question is written, it is written toward the performance of a task with the knowledge of the area. Dr. Montez reiterated that the expectation is that they would gear some of those questions for pediatric.

Board Member Chan voiced that looking at the population that is being treated in California, and patients over 13 and under 13 are separated out, that might give a weight of what is important relative to the size of the population of kids versus adults in terms of the sampling of questions.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10: Anesthesia and Sedation
Agenda Item 10.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
Jessica Olney provided the report, which is available in the meeting materials.

President Felsenfeld asked whether Board staff are seeing a consistency of the number of people and whether they are all converting over, or is there a decline in the areas of general anesthesia, medical general anesthesia, or moderate sedation. Ms. Olney responded that she believes the numbers have remained steady, and there are two months left in the year for permit holders whose permits will expire by December 31, 2024, in which they will need to convert to the new permit. She noted that overall, she believes the moderate sedation were about a hundred less than at the peak of the

conscious sedation permit. She added some permit holders decided to retire, and they do not want to pursue the new permit.

Board Member Chan disclosed that many years ago when he was president of the National Honor Society, they hosted a forum, called the International Dental Ethics and Law, which had participants from Europe and Asia. One of the sidebars that they did was to look at what were the gaps in disciplinary actions relative to anesthesia. He voiced they modeled it after the model of airline crashes, and they dissected the processes and the events that led to the short fall gaps. Board Member Chan asked if that would be something for a future discussion to consider so that it could be educational, as the Board is about protecting the public. Ms. Olney responded the Board has reported to the Legislature and submitted the first report in December 2021 and a supplemental report in May 2022. Dr. Montez added that the report is posted on the Board's webpage under *Forms and Publications* under *Reports*. Ms. Olney conveyed that the Board does continue to monitor and receive reports of deaths and hospitalizations, and due to the fact that the Anesthesia Unit is not in the Enforcement Unit, they do not look into the details of each and every one of those reports.

Board Member Chan communicated that may not be within the Board's scope, but that it might be something for discussion to consider providing a model of analysis of what happened and where those gaps were that led to these events.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10.b.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Ms. Olney provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Ricardo Lugo as an evaluator for the general anesthesia onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Dean Ahmad as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Derik Alexanians as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Jeffrey Allred as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/David) to appoint Dr. Rajiv Anand as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Pengjen Kevin Chen as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Maziyar Ebrahimi as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Tyler Hendry as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Michael Holm as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Larin) to appoint Dr. Kayvon Javid as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Guo-Hao Lin as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Nathan Kalinowski as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Mahdad Nassiri as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.
The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Raihan Nazir as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Eric Oakley as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Periklis Proussaefs as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Bryan Randolph, as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Jeremy Starr, as an evaluator for the moderate sedation onsite inspection and evaluation program.

Vice President Pacheco asked for clarification on the type of practice on the application. President Felsenfeld noted that Dr. Starr has indicated several different types of practice and asked Board staff whether he has been vetted and is capable of being a moderate sedation evaluator. Ms. Olney responded that is correct.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Eric Sung, as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 11: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 23, 2024 Meeting Report
Agenda Item 11.a.: Discussion and Possible Action on Recommendations on EFCS Permit Applications
Jodi Ortiz provided the report, which is available in the meeting materials.

Board Member Chan asked for the reasoning behind using initials of the applicants versus their names.

Tara Welch responded it is her understanding this has been the Board's practice since before she was Board Counsel and added that the Board is protecting the process for these individuals, seeing as how they do not have the permit yet. Similarly, when other individuals are applying for a license or permits with the Board, the Board does not automatically disclose the applicant's information publicly until they have a license or permit issued. She stated initials are used because these applicants, while they may have a dentist license, do not yet have the permit issued for which they are applying.

(M/S/C) (Chan/Yu) to grant the EFCS permit application of T.S., DDS, for limited Category II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Olague/Larin) to grant the EFCS permit application for H.H.S., DDS, for unlimited Category I privileges and limited Category II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

At 12:00 p.m., the Board recessed for a break.

At 1:00 p.m., the Board reconvened.

Agenda Item 12: Update and Discussion from the Board's Access to Care Committee
Agenda Item 12.a.: Analysis of Registered Dental Assistant General Written and Law and Ethics Examinations Preparation vs. Pass Rate Statistics
Secretary Larin provided a verbal report on this item.

Dr. Montez noted Board staff are doing additional research on translating the examinations; Board staff met with the Dental Assisting National Board (DANB) because they are moving towards translating their exams. She added they are starting with radiation safety, which is one of their smaller exam programs. From a psychometric perspective, Dr. Montez voiced she was impressed with their translation process because they are using artificial intelligence but are also continuing to use subject

matter experts in the review. She conveyed they are being careful in their use of artificial intelligence, and they had a lot of good information and lessons learned that they will be rolling out with the additional exams that they do translate.

Dr. Montez reiterated that at the moment, sample sizes are very small, and Board staff is in communication with them. In regard to access to care, she noted she met with stakeholders who are interested in the licensing of immigrants and a couple of the organizations were Immigrants Rising - Transforming Lives Through Education and Pre-Health Dreamers (PHD). She added these groups are speaking with DCA boards and bureaus to talk about licensing and any concerns that immigrants may have, for example social security numbers versus Individual Taxpayer Identification Numbers (ITINs). Dr. Montez stated they asked for some information she is going to provide to them, and Board staff is going to continue having conversations to see how to address this and fold it into the access to care issue.

Board Member Thakur conveyed that she is excited about the changes coming up with the sunset bill, and she hopes there will be more dental assistants being able to do more and get more people into the industry.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 13: Dental Assisting Council Meeting Report
Dental Assisting Council (DAC) Chair, Cara Miyasaki, provided a verbal report on the November 7, 2024 DAC meeting. Ms. Miyasaki advised the Board regarding DAC discussion of DAC meeting agenda items.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 14.a.: Status Update on Pending Regulations
Brant Nelson provided the report, which is available in the meeting materials.

Regarding the first couple of packages that Mr. Nelson covered and the ones that are still in process, President Felsenfeld asked whether it is correct to assume that it has got to be about a year or more before a regulation can actually be proposed and put into statute or into the regulations. Mr. Nelson responded that in his experience, it does roughly take that amount of time, and it is important to take in account all the information and get it right as it does take some time to get through the process.

In regard to the Application for Licensure by Examination, Dr. Montez added that although the text was initially approved a year ago, working through the sunset bill, things came up, and it does continue to push things forward and add to the complexity. She verbalized that the Board has been wonderful with moving regulations at a real good clip. Even though it does take a year or more, staff have stayed on it.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 14.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
Mr. Nelson provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 15: Update, Discussion, and Possible Action on the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by CCR, Title 16, Section 1068
Tina Vallery provided the report, which is available in the meeting materials.

(M/S/C) (Olague/Pacheco) to approve the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by California Code of Regulations, Title 16, Section 1068 for distribution and posting.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Guy Acheson, a private dentist in California, asked if there are any limitations on the tools and instruments that the dental assistant is authorized to use to complete this coronal polish procedure. Ms. Vallery responded they are able to use the duties to perform that function once they have completed the course. Dr. Acheson asked whether they are limited to a rubber cup and a slow speed handpiece or whether they are authorized to use air abrasion or ultrasonic instrumentation. He noted that he would have concerns about what tools and instruments they are allowed to use. Dr. Montez responded that the dentist has the ultimate authority. Therefore, once they are approved for coronal polish, they can use whatever tools the dentist then deems them to be competent to use. She added they have the authority now by law to do coronal polish.

Dr. Bruce Whitcher, practicing dentist, speaking as an individual, noted that regarding the sedation related duties primarily with applying monitoring sensors, the Code says you can also have them do patient monitoring. Dr. Montez responded that as the sunset bill evolves, any concerns and questions in regard to public and patient safety are welcome to be brough forth to the Board's attention to be addressed if possible.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 16: Enforcement
Agenda Item 16.a.: Review of Statistics and Trends
Ryan Blonien provided the report, which is available in the meeting materials. Mr. Blonien expressed that there was a question from the recent Board meeting regarding the Board's complaints and how they come in. He disclosed that the information to that inquiry is noted on the first couple of paragraphs on the first page of the enforcement report. Mr. Blonien voiced that the Board has received 1,302 complaints during the July 1 to September 30 period, with an average of 404 complaints per month. Of those complaints, 523 were online complaints, and 386 were physical complaint forms. He added that the Board gets a number of cases that are opened when subsequent arrest reports are received and also reports from various sources where a licensee may have been excluded from practice or had privileges at a hospital restricted for a variety of reasons.

In response to Board Member David's inquiry earlier about the increase in complaints, Dr. Montez conveyed that the Board is seeing a significant increase in complaints monthly, which she believes has to do with the fact that the Board is doing outreach. She added that Board staff is composing newsletters and responding to media requests in order to ensure that consumers are aware that there is an avenue for filing complaints. Dr. Montez verbalized that she believes consumers are becoming more savvy about filing complaints and knowing their rights.

Board Member David asked whether part of the increase in complaints was related to people putting off dental procedures during the COVID-19 pandemic, and perhaps there are a lot more dental procedures going on. Mr. Blonien responded that he has not noticed that to any extent.

President Felsenfeld asked whether the Board can substantiate that these are coming from rapid turnover dentist clinics. Mr. Blonien responded the Board has the name of the clinics.

Board Member Chan asked whether it would be of value to categorize the types of complaints, and then, as it moves through the system, categorize the enforcement actions based on those complaints. Mr. Blonien replied that hopefully the offices that are the subject of the complaints have a fictitious name permit so that Board staff can track

it that way, and that every dentist who works there is also licensed. Therefore, once Board staff identify who the party is involved, they can track it through that too.

For complaints that are more operative dentistry types of procedures, surgical types of procedures, Board Member Chan asked whether by tracking those, the Board would have more idea what the marketplace looks like and what to go after preventatively. Mr. Blonien replied he is thinking of the data entry responsibility that would go with that, from everything from a scaling and root planing (SRP) to a root canal, which would include taking the Delta Dental code book and somehow incorporating that into what Board staff is doing. Dr. Montez added she does not believe Board staff could do that as that is not something the Board's BreEZe system would allow us to do.

Board Member Chan inquired about the backend where the case goes to the administrative law judge (ALJ) and then up to the Board to see what types of trends the Board might be seeing. Dr. Montez responded that it is still based upon the code violations.

Board Member Chan inquired whether it would it be of value to see the segment and the market being looked at, dentist-based complaints versus Registered Dental Assistant (RDA) or dental assistant complaints. Dr. Montez responded that the Board does not get very many RDA complaints, and if there is a complaint, it is usually because of what the dentists did. Occasionally, the Board might get a complaint against a rude RDA but not a scope of practice on an RDA.

Board Member Chan asked for clarification on why the Board gets disciplinary cases involving RDAs. Mr. Blonien replied the vast majority of the RDA cases are for subsequent arrest.

Board Member Sonia Molina voiced she noticed the number of complaints online are 523 versus the physical form complaints 386 and wonders if the Board is having a higher number of complaints due to the fact that people are getting more familiar with the online process. Mr. Blonien replied he thinks so as it is an instant submission when done that way.

Board Member Thakur asked if the Board could track repeat or multiple complaints from a particular office. Mr. Blonien responded that each complaint the Board receives is given a unique number. If there is one dental office and 20 patients complain, there should be 20 complaints opened. Board Member Thakur asked if there is a way to track a recurring problem within a particular office. Dr. Montez responded Board staff track it in the investigative process and they are in the system. However, they are only public if enforcement action has been taken.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 16.b.: Presentation from the Board's Enforcement Committee and Discussion on the Department of Consumer Affairs' Enlighten Enforcement Project
Vice President Pacheco provided the presentation, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 17: Substance Use Awareness
Agenda Item 17.a.: Diversion Program Report and Statistics
Christy Bell provided the report, which is available in the meeting materials.

Board Member Molina commented she personally feels that BreEZe has been very helpful and noted it was hard to keep track of cases that were received and whether they were responded to with the system that the Board had before.

Board Member David declared that the number of drug tests ordered has decreased significantly over the past three fiscal years and asked why that might be. Ms. Bell responded it is because the number of participants has shrunken and added that all of the participants in the Diversion Program are required to drug test; and there currently are only four participants, where in past years, there were more.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 18: Election of 2025 Board Officers
Dr. Montez facilitated the election. She opened the floor for nominations for the position of 2025 Board Secretary. Dr. Montez received one nomination to appoint Secretary Larin to the position of 2025 Board Secretary. Secretary Larin accepted the nomination. There were no other nominations for the position of 2025 Board Secretary.

(M/S/C) (Felsenfeld/Molina) to appoint Secretary Larin as 2025 Board Secretary.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. Secretary Larin was appointed as 2025 Board Secretary.

Dr. Montez opened the floor for nominations for the position of 2025 Board Vice President. Dr. Montez received two nominations for 2025 Board Vice President: President Felsenfeld, who accepted the nomination; and Board Member James Yu, who accepted the nomination. There were no other nominations for the position of 2025 Board Vice President.

(M/S/C) (David/McKenzie) to appoint President Felsenfeld as 2025 Board Vice President.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. President Felsenfeld was elected as 2025 Board Vice President.

Dr. Montez opened the floor for nominations for the position of 2025 Board President. Dr. Montez received one nomination to appoint Board Member Chan to the position of 2025 Board President. Board Member Chan accepted the nomination. There were no other nominations for the position of 2025 Board President.

(M/S/C) (Felsenfeld/Yu) to elect Board Member Chan as 2025 Board President.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Medina.

Recusals: None.

The motion passed. Board Member Chan was elected as 2025 Board President.

Agenda Item 19: Recess Open Session Until November 8, 2024, at 8:30 a.m.
President Felsenfeld recessed Open Session at 1:54 p.m.

Agenda Item 20: Convene Closed Session
At 2:05 p.m., the Board convened Closed Session

Agenda Item 21: Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 22: Adjourn Closed Session
President Felsenfeld adjourned Closed Session at 2:22 p.m.

8:30 a.m., Friday, November 8, 2024

Agenda Item 23: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
President Felsenfeld called the meeting to order at 8:40 a.m. Board Members Joni Forge, DDS, and Yogita Thakur, DDS, MS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

Secretary Larin called the roll; eleven Board Members were present, and a quorum was established. Board Members Angelita Medina, MHS, and Joanne Pacheco, RDH, MAOB, were absent.

Agenda Item 24: Board President's Report on Closed Session Items
President Felsenfeld provided a verbal report regarding Closed Session items. He reported that the Board discussed and adopted a proposed decision.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 25: Presentation, Discussion, and Possible Action Regarding Business and Professions Code (BPC) Section 853 Regarding Licensed Physicians and Dentists from Mexico Pilot Program
Dr. Montez introduced the report, which is available in the meeting materials.

Arnoldo Torres, Policy Consultant, provided a verbal presentation on the success of the Mexico Pilot Program and how the Board could learn from the implementation of that program.

Board Member David noted Mr. Torres mentioned that in the early 2000s, medical schools were not very supportive of the concept. He inquired whether dental schools were more cooperative. Mr. Torres responded the dental schools and dentist world are more conservative than the medical world. There was no opposition to this year's bill [AB 2860, Chapter 246, Statutes of 2024)], which significantly expanded the program. He stated a lot of things had changed since 2000, and there is recognition of phenomenally huge gaps. He asked the Board to understand the program is a temporary band aid, and the Board must look at a long-term fifth pathway approach. He will be introducing legislation on the medical side for a fifth pathway with one, two, or three universities in Mexico. He believes the long-term strategy must be there, there must be a constant flow of American citizen students being educated to be able to do that. He stated the number one issue is that they can tell doctors from Mexico where to practice because they are not citizens of the State of California. Those doctors from Mexico will be told to practice in community health centers, and the doctors can select which health centers where they are going to work, depending upon who wants to participate. The doctors will work at that health center for three years; they are not going to move to another area. A student born in the United States can go practice anywhere and will not practice in the areas where they are needed most.

Board Member Molina inquired on the rationale for requiring three years for doctor rotation. It seemed to her that will not provide continuity of care. Mr. Torres responded continuity of care to him is the ability to know the language and the culture and is the most important component. Taking care of a patient is key, and all of the patient information is there. As long as the patient can speak to a doctor that speaks the language and knows the culture, that is most important continuity. Mr. Torres described his discussions with UNAM [National Autonomous University of Mexico] regarding the doctor program.

Board Member Yu mentioned that he has been involved in overseas medical missionary work since 1998, so he understands that underserved areas are very important. He noted the statistic provided by Mr. Torres of 690 underserved areas in California and asked how updated the 690 number is. Mr. Torres responded that number is as of last year and the last publication by HRSA [Health Resources and Services Administration].

Board Member Yu suggested arranging Spanish speaking assistants to help with translation, which may help aid the shortage problem. Mr. Torres voiced they put a tremendous amount of emphasis on translators, and the State Department of Health Care Services does not monitor how well a job those interpreters do.

Board Member Yu suggested that dental school students serve in community centers to fulfill their graduation requirement with the translator or assistant who can speak the

language. Mr. Torres responded that having a dental assistant who speaks the language would be very helpful, but in their experience, the most important component in the transaction of a medical encounter is that the lead person be able to speak the language; that is the ideal, and that is what they should be shooting for. He added that this is the structure and the approach that gets us there in the best possible way without creating a program that they would feel uncomfortable creating where you would have mass numbers and uncertainty of whether you could control the quality. Mr. Torres noted they think the dental schools should require a course in language and culture and voiced that every medical and dental journal touch upon the importance of cultural linguistic competency but not enough because they keep thinking that translators are going to be the difference.

Board Member Forge asked whether they are going to stick with the same model and have 30 doctors come in the dental program. Mr. Torres responded they will have only 30 in the first three years and will not deviate from that. He added what will be different is dependent on what the demand is, whatever federally qualified health centers (FQHCs) are telling them what they need. They will then go out and see if there is a reasonable and solid supply that meets the criteria they want them to meet in order to participate in the program. Mr. Torres added there is a special visa for dentists at the federal level because of the NAFTA agreement. For the doctors, they require that they meet four of the eight criteria for an H1B nationally renowned visa and reiterated they are not just bringing in any doctor from Mexico but bringing in those that they know will meet the criteria of the visa.

Board Member Forge asked that if the need is elsewhere, aside from centers where they control or know what the need is, will they be moved where the need is or will they remain in the clinics designated for them. Mr. Torres responded that they will remain in FQHCs and added that they started with four clinics and now have 18 and have identified areas, along with the California Primary Care Association (CPCA), where Health Professional Shortage Areas (HPSAs) were the most concentrated and presented the most challenges and tried to see if the health centers there were interested in participating. Mr. Torres stated there are needs throughout the rural area, and when you look at all the data, the rural areas are the most underserved. Therefore, they try to locate them there but recognize that urban centers are in desperate need as well. They work with all of the health centers who are interested because of their relationship with CPCA and depending on the numbers that they request, they will try and meet that demand and need.

Secretary Larin voiced there are huge issues in regard to access to care, and not only is it a translation issue, but also not being able to get those dentists or physicians to those areas. She mentioned there is a program in Massachusetts for dentists and asked how it compares to the Mexico Pilot Program. Mr. Torres responded the Massachusetts program does not have the rural element as in California. They think the Massachusetts program has a lot of merit, but it does not have the same structure as the Mexico Pilot Program. Mr. Torres conveyed that continuity of care has been a concern for them, and

they will find out soon enough, after these next three years of the extension when the doctors go back, what the concerns are on the continuity of care. He added the other concern to be focused on is what do you do with those doctors when they go back.

Board Member Thakur asked how this impacts Mexico and its population, as they produce the number of people they think they need to serve their public. She voiced that perhaps going that route versus looking at how to increase enrollment in dental schools in the United States and making a requirement for them to serve in a HPSA might be a better route to explore first. Mr. Torres responded they believe the way they have structured the program and how they anticipate that it will grow on the dental side is probably the best approach to take. He added it is important to have discipline in this program and to be able to know and to track. It has been his responsibility to track the performance of every doctor in every clinic. In order to protect the integrity of the program, they have to make sure to allow enough doctors to be able to track and know how well they are functioning. Mr. Torres voiced they do not want a dentist to have one complaint ever issued under any circumstance to the Board and to the director of dentistry at their clinic. Mr. Torres communicated they are trying to do their best to select those who are at the highest levels in Mexico, just like they are doing with the doctors, and that is why they are only going to deal with certain universities. He added the health centers allowed in this program are already operating at a very high level of care.

Board Member Chan noted that some of the early legislation on this talked about the orientation to some of the mechanics of how to integrate the dentist chair, which is a good thing. He added dentistry is different than medicine in that it is a performance; the educational part is important, but how you perform is a key element in there. Board Member Chan conveyed he did not see a firsthand calibration of the performance.

Mr. Torres voiced they are concerned and committed to the public safety standards that the Board is responsible for, and that is why the exam that the Board gives for competencies they believe is equivalent to what is done in Mexico.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

President Felsenfeld directed staff to work with stakeholders on ideas to address ways to resolve the issues raised during this item.

Agenda Item 26.a.: Presentation from the Commission on Dental Accreditation of the American Dental Association on the Accreditation Process for Dental Education Program

Dr. Sherin Tooks, Senior Director of the Commission on Dental Accreditation (CODA), and Dr. Frank Licari, Chair, CODA (2024-2025), provided a verbal presentation on the CODA international and United States accreditation process.

President Felsenfeld asked for clarification that there are preliminary site visits, one of them done with four people or five people, to see if the program in a dental school in a foreign country is ready to undergo the actual site visit to be a CODA accredited dental school. Dr. Tooks responded that is correct, and they call it a Preliminary Accreditation Consultative Visit (PACV). There are four members, a chair who also serves as a curriculum visitor, a basic science site visitor, a clinical educator site visitor, and a clinical practitioner. The clinical practitioner is someone who is a practicing dentist that the American Dental Association's (ADA) assists CODA in identifying.

President Felsenfeld inquired how many site visitors are sent to a foreign dental school to assess whether they are meeting all of the standards for an initial accreditation survey, once a foreign dental school has gotten to this level and they want to go through the full process. Dr. Tooks responded that for an initial accreditation survey on the commission application side of things, that would be a committee of six individuals who would include a chairperson, finance, basic science, clinical, curriculum, and national licensure individuals.

President Felsenfeld asked whether it is the same type of a team that goes back to do either a mid-range or a reaccreditation after six years for a dental school. Dr. Tooks responded it is the same type of team and the same composition of six individuals. She added CODA has two application processes. Dental schools in the United States apply before they begin enrolling any students and therefore, in the United States, a dental school undergoes three separate site visits as it is developing. These include a pre-enrollment site visit, a mid-site visit, typically between the preclinical and clinical years, and a pre-graduation site visit. Afterwards, it goes on the CODA seven-year accreditation cycle. With an international program, because they are already fully operational and fully developed, there is one site visit, the application site visit, that occurs. If they are granted accreditation, they are placed on the seven-year site visit cycle. Dr. Tooks clarified that is after they have had the PACV process and added there is a site visit as part of the PACV process, which is intended to give them that consultation and guidance.

President Felsenfeld noted he is aware of a number of schools that have taken 10-12 years to become accredited by CODA and inquired whether the time lag based on the initial PACV portion of it before they go to the regular site visit. He asked that if he was starting a new dental school in United States, what is the time it would take from the time he applies to the time he can be accredited. Dr. Tooks responded she cannot speak to any specific expectation of a time frame for the educational programs they accredit and added that nor do the United States programs have an expectation of a time frame for accreditation. She communicated the accreditation of a program is dictated by the program's ability to meet those educational standards. Once a program applies for accreditation with CODA, they generally state that it would be 12 to 18 months, but that is not to say that it could not take longer if there are components of an application that require additional information or are incomplete or need more input.

Board Member Forge asked on average how long this process takes in general. Dr. Tooks responded groups are interested in knowing how long a process takes, but CODA does not have specific time frames it works with. She expressed that CODA is looking at its process from the perspective of the educational standards and what is needed. The timeline of one program does not necessarily equate to the timeline of another program, and therefore, they cannot measure them in that way. It can vary for a number of reasons with one being decisions that the commission has made that the program may or may not be ready, or it could be the program's own choice to go a little slower because of other priorities it may have.

Board Member Molina commented the process started in 2007, and yet one school was accredited in 2019, which is an average of 12 years, and a second school was accredited a year or so after that. She noted Drs. Forge and Felsenfeld had asked, why it was taking so long. Dr. Tooks responded she was not able to answer that question.

Board Member Kevin Cheng asked whether there is any criteria for CODA to actually facilitate and assist with a program getting accredited. Dr. Tooks responded the PACV component of this process is intended to give that guidance to the educational program so they have a site visit team that arrives on site, assesses the program in the way that the commission would assess the program, and give guidance to help the program understand what the commission's expectations would be should it seek accreditation. Whereas on the United States process, CODA is more regulatory; it would come in and identify deficiencies and note those. The PACV side on the other hand is intended to give that consultative guidance to the educational program so they understand what the standards mean, what they require, and the kind of documentation that would be expected. Additionally, CODA engages with all programs that are interested and offers webinar virtual type presentations for programs preparing for accreditation site visits. Furthermore, the site visit portion on the CODA website provides a plethora of information to educational programs to the expectations during a site visit process.

Board Member Cheng asked whether the actual findings and recommendations in the preliminary site accreditation visits are made public or are only available to the institution requesting accreditation. Dr. Tooks responded they are only made available to the institution requesting accreditation. That institution could share their reports if they choose to do so with whomever they would like. Dr. Tooks noted the same process is in place with the CODA accreditation that is secondary to the PACV.

President Felsenfeld requested public comment on this item. The Board received public comment.

Richard Polanco noted the comment that was heard is that it is their priorities, not California's priorities, and when we are talking about priorities as it relates to access to dental care, it may not be a priority for that international commission. He voiced he is puzzled by the lack of affirmative timetables as they are talking about human public

safety and dental care, and added that California's capacity and resources to build additional dental schools is not there.

Mr. Torres expressed that CODA has 600 volunteers, which is the backbone of CODA, and asked what CODA does to deal with any biases these 600 dentists who are volunteers may have when they conduct the onsite visit. Mr. Torres noted they have one dentist from the country of the institution who is going to be doing the onsite. He voiced he did not hear if they are done at the initial assessment of the process or if they are done at the end of that process that they have a representative volunteer dentist that is also part of that review process.

Tooka Zokaie, representing CDA, noted she heard in the presentation that when an application is under review, it could take 10 to 15 months to then have a response. She asked how detailed are those responses, and how much action are the schools able to take to also see what concrete steps they could take to try to address those concerns or what was not seen as eligible for approval so then they could potentially reapply.

Secretary Larin disclosed that she would like to know how they are controlling biases and the CODA process in international school accreditation. Dr. Tooks responded this is actually one of the criteria for recognition by the United States Department of Education to control for conflict of interest and bias. The commission's site visitors are trained and undergo an online training as well as a comprehensive training of preparation regarding various topics, including recognition of conflict of interest or bias. At the time a program is being evaluated, the program itself is provided a list of eligible site visitors and asked to identify any conflicts of interests that they believe would exist with anyone on that list. The site visitor themselves in seeking to assign them to a visit also receives CODA's conflict of interest policy and are asked to review that policy and identify a conflict. If one exists, they are not assigned to the visit, and if the program identifies a conflict, they would not be asked to serve on that site visit. The commission provides periodic updates, trainings, and reminders regarding the obligation to ensure objectivity in the process and alert CODA if there is either a real or perceived conflict of interest.

Dr. Licari expressed they work very hard to focus the site visitors on the standards they would evaluate and remove those biases in their training with them.

Secretary Larin noted she was referring to personal biases one might have about the feeling of accrediting international schools.

At 10:25 a.m., the Board recessed for a break.

At 10:35 a.m., the Board reconvened.

Agenda Item 26.b.: Presentation from the Dolores Huerta Foundation: Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program
Representatives from the Dolores Huerta Foundation provided a verbal presentation on Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program.

Dolores Huerta voiced she was the co-founder of the United Farm Workers with Cesar Chavez, and one of the first things they did was to win a collective bargaining agreement with the employers is set up a health plan. They named it after Senator Robert Kennedy, the Robert Kennedy Healthcare Plan, which is still alive and functioning today. Additionally, they established clinics in the Central Valley of California and had three clinics in the Central Valley, one in the Salinas area and the other two on the border in Mexicali and Tijuana for the farm workers. After leaving the United Farm Workers, she started the Dolores Huerta Foundation in which she was very involved in health care issues. During the COVID-19 pandemic, they vaccinated close to 12,000 people against COVID-19. More recently, they did a survey of 5,000 farm worker families in connection with University of California, Merced. Ms. Huerta noted the way they organize in their foundation is through house meetings, which are meetings in people's homes with the families, and each one of their organizers has to meet with 200 people in their homes. One of the things their organizers do is ask people what are the major issues they are concerned about. Without exception, the number one issue all of the families have is health care.

Ms. Huerta expressed we have to look at this in the larger picture in our perspectives and see what we have to do to keep our farm workers healthy as all of us depend on them. She conveyed dentists are so far out of their reach that often times, they cannot get the type of dental care they need, and this affects all of their health. She added it has been shown and proven that the dental students who graduate from these foreign schools come back to the community. Ms. Huerta voiced that we all want to get to the same goal and advised we all come together and make dental care accessible for the poorest of the poor and for the people who are feeding us.

Mr. Polanco pleaded for the Board to find a solution to the issue of access to healthcare and voiced there is a great track record in California with California students enrolling and graduating from foreign dental schools, passing the dental exam, and creating practices in communities that need them. He asked the Board to consider granting a provisional approval to allow the matriculation of California students with the understanding this Board has taken a position to have any foreign dental schools with the understanding they go through CODA.

Jessica Shoemaker stated the two universities are foundational institutions in the countries where they are and have been established for many years. She mentioned that Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova (SUMP) was founded in 1945, specifically their medical school, and established their school of dentistry in 1959. They cooperate with schools in the United

States, Romania, Russia, France, and Czech Republic to explore various techniques. In their first year, students are trained to do precise work through practical lessons. Ms. Shoemaker stated that beginning in the third year, students are integrated into afternoon clinics and begin treating patients. At the end of the fifth year, students take theoretical exams in all courses. In addition to these exams and accompanying clinical requirements, the students also take practical tests to assess their professional abilities. Ms. Shoemaker stated that when these students come to the United States, they come with years of practical experience from their education in Moldova. She conveyed that De La Salle University, School of Dentistry was founded in 1975, is ranked as one of the best dental schools in Mexico, and was provisionally approved by the Dental Board in 2002 and received full approval in 2004. De La Salle University, School of Dentistry has been successfully graduating dentist into California for 22 years.

Francisco Leal stated the Board decided in 2019 at the last sunset review to eliminate the program. He understands the Board no longer wanted to do the evaluation process, even though the evaluation process by statute was one that was done through technical advisory committees. Mr. Leal stated the central issue has been CODA, and the law at that time, AB 1519, indicated these schools needed to be approved by CODA by January 1, 2024. He added the presentation by CODA has conveyed it is impossible, and he is not sure what the underlying rationale was at that time to essentially create this deadline. He communicated they have been advocating on this issue because it is so detrimental to the process and noted it is a process that is confuted, difficult, and inapplicable to his situation.

Mr. Leal stated their very first bill was an attempt to reinstate the program, and they came before the Board for that; it was opposed by CDA, and the bill would not get through. The following year, they decided to go through CODA and abide by what the Board wanted them to do, but requested more time. He stated the second time they came before the Board, they had only one change – to change the January 1, 2024, deadline to December 2030, because they knew it would take that long. That bill also was opposed by CDA. Mr. Leal asserted the issue there, which he was bringing to the Board because it called on his reputation, was the committee report that killed the bill. Mr. Leal stated the committee report states as follows, “The author has made repeated assertions that the timeline for schools to receive CODA accreditation is ‘unrealistic,’ arguing that the approval process is ‘8 years’.” He asserted this claim is easily refuted; the CODA process for approving foreign dental schools was essentially established at the beginning of 2016, and CODA approved the first school located in Saudi Arabia in August 2019, making the 8-year claim by Mr. Leal dubious. He added that it was that language that was relied upon by legislators and proffered by CDA that killed the legislation. He concluded they welcome CODA coming at today’s meeting to convey to the Board the difficulty and time that it takes to do this and how this requirement has essentially completely undermined the mission of the schools and has created problems. He asserted there was a solution for access to care, and now it is gone.

Rosa Arzu, Senior Director for Quality of Care Medical and Dental Innovation, noted she has been with her organization AltaMed for almost 17 years. In her role, she created a pipeline in 2018 of culturally competent dentists because since that time, they we have a challenge with workforce. They tried to expand and provide face-to-face services, as well as teledentistry, to be able not just to treat but prevent disease. She tells her patients as long as a baby has a mouth, they can start the prevention program. She stated they believe, and everyone knows, that carries are preventable. In their pipeline, they have worked with Tufts University, University of Southern California, De La Salle University, School of Dentistry, and SUMP, and their goal is to ensure they can continue expanding. Ms. Arzu noted the significant expansion of Medi-Cal, so there are significant numbers of new members with medical benefits. They have a big chronic issue after the pandemic and are seeing a lot of patients with traumas that need a full mouth restoration. She voiced that the big question has always been how to treat these patients, because they have Medi-Cal, and the reimbursements are very low. She stated we have to find solutions, and that means we need to have more dentists who will be able to provide these services to these patients. In her job, Ms. Arzu is responsible for the quality of care in a safe environment for the patients. She stated they are highly regulated, and every two years, they have to go through the Joint Commission process, which includes chart review and following patients to make sure every single patient who walks in the door gets the quality of care they need. Ms. Arzu has hired at least 11 dentists from the international schools, including four directors. She strongly believed every dental school has great dentists, but there are others who have to be calibrated. She works with a dentist volunteer to help her calibrate because when dentists graduate, they are expected to know how to do a pulpotomy, but some dentists are not competent in doing that. Ms. Arzu indicated that the low-income population deserves quality of care in a safe environment, but that as a FQHC, they are struggling to find dentists. As they are seeing low income patients, they do not get the funding they need and therefore cannot pay these high salaries that some of these dentists are expecting. She urged that we look for solutions to continue working with these pipelines that are really helping them to address. She noted it is not just oral health but overall health; the mouth is part of the body, so anything that will cut the pipeline will affect oral health. She urged the Board to look for solutions to continue with these pipelines and be able to continue expanding the care of the patients that they deserve.

Ana Maria Quintana, Councilwoman for the City of Bell, noted her colleagues had presented there are two schools that had been approved by the Board in the past that have extensive histories of successful treatment. Their proposed solution is to allow these two schools that have been previously approved by the Board, have an extensive history of providing quality services, and are highly reputable universities in their respective countries, be allowed to matriculate students as they go through the CODA process. She thought the solution strikes a balance. She wants to make sure the practitioners who come to these communities are qualified, because she does not want just anyone to serve her community. She feels very comfortable these two schools can provide those services because they have been vetted before and have gone through

an extensive process. Ms. Quintana added the legislation they want to propose for next year will require the graduates of these programs serve in a capacity for two years in these low-income areas. She stated to make very clear, the requirement to serve in a low-income community is not reinventing the wheel; it is actually part of what exists in statute now. Currently, if there are dentists who are practicing in different states, they can get a license in California through the licensure by credential program. Therefore, the proposal is to use the same requirements that exist right now in statutes and put those in place. They ask that people from California who go to these two schools, when they graduate, they come back to California, they take the exact same exams that are required of anyone who is going to be practicing in the state, and then they would practice for two years in order to guarantee to provide and address the problem of maldistribution of dentists in our areas.

President Felsenfeld requested public comment on this item. The Board received public comment.

Ms. Zokaie, CDA representative, expressed that CDA is always pleased to see folks who traditionally are not working with oral health to value oral health and access. They have always been in complete alignment with the challenges for access to care for dental care access especially in the valley and other areas within California where there is a maldistribution of providers. She added that when CDA has asked for the CODA process to see where De La Salle University, School of Dentistry and SUMP were within the CODA process, they wanted to see that there was this active application, understanding that it is not appropriate for the Board to approve different dental schools for licensure. However, they do agree there should be an extension and are in alignment with the proposal for an extension for those who are at SUMP and De La Salle University, School of Dentistry to be able to go through the process that has historically been within California. They would like to see this proof or reports of the schools actively going through the CODA process to show what is the feedback they are getting from CODA. CDA wants this to be a transparent process for the safety of those within California and for this process to ultimately go through CODA and make an equitable pathway. Ms. Zokaie indicated they are in complete alignment there is a need to do something.

Dr. Whitcher, CDA, conveyed they feel the CODA process is a fair and equitable process and noted they already have a letter that was handed out to the Board from De La Salle University, School of Dentistry indicating they anticipate completing the self-study process by June of 2025. He added that would be in keeping with the intent of this proposal, which is to allow matriculation so there is a pipeline and yet at the same time, assure there are some milestones as they go through the CODA process to ensure they are actually following through on that.

Dr. Howard Kim, a Dental Director for Via Care Community Health Center in East Los Angeles and the LA Dental Society President, stated that California children have among one of the worst rates of dental disease in the nation. He noted that an LA Times

article stated that a national survey from 2020 to 2021 found that 14.8% of the state's children ages 1 to 17 had decayed teeth or cavities in the last 12 months, ranking California 47 out of 51 states and the District of Colombia. Dr. Kim expressed a need for culturally competent care and dentists, and having a culturally competent dentist is a game changer in his health center and his patients and quality of care. He voiced that if a student is graduating with $700,000 in student loan debt, their motivations may be different than some of these foreign dental school students who graduate with less debt and are willing to go back to the communities and contribute there.

Dr. Montez reminded the Board Members they received a letter dated November 5, 2024, from De La Salle University, School of Dentistry and noted they are in the process of becoming CODA accredited. She added they had submitted an application and are on track for June 2025; they shared that their original 2018 submitted application did not meet the CODA application criteria. Therefore, they pulled that back and started the process over. They wanted the Board to know they support the CODA standards and the process, and they have retained a team to help them get through the CODA approval process. Dr. Montez reminded the Board it does not have authority to approve foreign dental schools at this time, which includes a provisional approval, and the regulations were established for this approval back in 2000. She added the regulations have not changed since then. Therefore, the approval that was given was based on the 2000 regulations that are 24 years old. She reminded the public that the schools can continue to matriculate students, and they could come and participate in a 2-year CODA program in the United States and become licensed. Dr. Montez expressed it is important for the Board to continue working with these stakeholders and to be engaged in any legislation, as there is a need. She added the transparency with CODA is extremely important so the Board has a better understanding, and it would be important if SUMP would work with the Board and keep it apprised of the application and the timeline. Although the Board does not have authority over CODA, if it is hindering the ability to get the schools accredited and meet the needs of the California population, that would be important to the Board Members. The Board would also have the ability to work with other departments that can deal more directly with health care.

In terms of the pathway that Dr. Montez referred to, Board Member Molina noted the process having their students matriculate and go to five years of dental school and then come back to the United States and go to a dental school here will be expensive because that process is two years, and they only have about 15 slots per school, which not all schools have. She expressed it is prohibitive to go to the schools and then ask them to go in and serve in underserved areas.

Ms. Quintana stated that a letter will be submitted from the Black Caucus who are supportive of this program. She added that when we are seeking culturally competent practitioners, they are supportive of SUMP because classes are taught in English, which would allow to fill the void that exists in African-American communities.

Agenda Item 27: Update, Discussion, and Possible Action on Legislative Proposals
Agenda Item 27.a.: Legislative Proposal to Amend BPC Sections 1628 and 1633 Regarding Dentist Licensure Requirements

Mr. Nelson provided the report, which is available in the meeting materials.

In terms of the remedial courses that were mentioned, Board Member Molina asked whether that curriculum has been developed and given to the dental schools in the area.

Paige Ragali responded the Board's current process in law under BPC section 1633 is any licensure applicant, a clinical examination applicant essentially, under section 1628 who fails the examination is required after three attempts of failure in any section to retake that section after completing 50 hours of remedial education at a Board or CODA approved school. The remedial education has to be in a university setting as it is required, and then they were to provide proof to the Board substantiating that the requirements have been met, and the Board would allow them to retake the examination or the failed sections of the examination. Ms. Ragali conveyed that after Board staff met with American Board of Dental Examiners, Inc. (ADEX), which now is the only clinical examination currently that the Board accepts as the portfolio pathway is phasing out and was underutilized. She noted the Western Regional Examination Board (WREB) and ADEX had merged previously, and ADEX was requiring already that any applicants who failed three times retook the entire exam. She added the Board was requiring that they retook each section; after that meeting, Board staff decided that it was not relevant for the statute to continue as there was not that connection with ADEX where it was proof of compliance for us, because ADEX already had that requirement and required them to retake the entire exam anyways. However, they did not have the remedial education, as far as we know, but they did have to prove their competence in the sections in order to pass the exam to be licensed.

Board Member Molina asked how they are proving their competency if they are not taking the remedial courses. Ms. Ragali responded they prove it by retaking and passing the examination.

Board Member Molina asked for confirmation they are not going to be taking the remedial classes and then taking the portion that they fail. Ms. Ragali responded they would not be required to take the remedial education and provide proof to the Board to retake one section after three failed attempts; they would just retake the entire exam.

Dr. Montez added that because this is a national exam and is consistent with what other states do, Board staff do not have concerns internally as a public safety issue because they do have to pass the exam.

(M/S/C) (Felsenfeld/McKenzie) to approve for submission to the California State Legislature the legislative proposal to amend BPC sections 1628 and 1633 regarding dentist licensure requirements.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Medina, Pacheco.
Recusals: None.

The motion passed.

Agenda Item 27.b.: Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements
Brant Nelson provided the report, which is available in the meeting materials.

(M/S/C) (David/Chan) to approve for submission to the California State Legislature the legislative proposal to amend BPC section 1635.5 regarding Licensure by Credential pathway requirements.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Zokaie, representing CDA, noted the goal of this licensure pathway was for those who want to work in public health settings, and as long as the integrity of the goal is maintained for those who are able to be licensed in other states and then can come work in California primarily in public health at the appropriate scope, that is all in alignment with CDA's initial goal of this language within the sunset bill.

Damian Alvarado, foreign graduate from Dominican Republic and currently a second year General Practice Resident (GPR) in the state of California in Fresno Community Regional and the VA Central Valley, noted that even after working more than 5,000 hours between the residency program and in the state of Massachusetts and having two years in a CODA accredited program and the ADEX as well, he still, because of the cap of the 2,000 hours on the Residency program, does not meet the credentials. He asked if the Board would consider the credentials of ADEX and the residency program as 5,000 hours or consider a permit for education if one still wishes to remain here in the Central Valley continuing their education and serving the underserved population.

President Felsenfeld advised Mr. Alvarado to send in his discussion points to Dr. Montez at the Board.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Medina, Pacheco.
Recusals: None.

The motion passed.

Agenda Item 27.c.: Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal
Mr. Nelson provided the report, which is available in the meeting materials.

Dr. Montez stated that DAC members and Board members are held to good attendance, taking training, reading materials, and being prepared before the meeting. She noted is important for EFCS Permit Credentialing Committee Members to be held to those same standards, and if there are issues, the Board has the option of removing them.

(M/S/C) (Yu/Chan) to approve for submission to the California State Legislature the legislative proposal to amend BPC section 1638.1 regarding removal of an EFCS Permit Credentialing Committee member.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Medina, Pacheco.
Recusals: None.

The motion passed.

At 11:54 a.m., the Board recessed for a break.

At 12:05 p.m., the Board reconvened.

Agenda Item 27.d.: Legislative Proposal to Amend BPC Section 1725 Regarding Dental Auxiliary Course and Educational Program Fees
This agenda item was tabled.

Agenda Item 27.e.: Potential Legislative Proposal to Amend BPC Section 1755 Regarding Infection Control Courses
Mr. Nelson provided the report, which is available in the meeting materials.

Dr. Montez stated that as Board staff prepared to implement this new statute, they realized there were some clarification issues needed with infection control course, and at this time, they are not prepared to bring a proposal to the Board. She noted Board staff is asking for additional time to review all the materials and utilize the Council and a two-person working group and move forward and keep the Board and the stakeholders apprised.

President Felsenfeld requested public comment on this item. The Board received public comment.

Dr. Whitcher, representing CDA, commented this is fine, and it is good to keep working on this. He added they understand that a complicated piece of legislation like SB 1453 is going to need some cleanup. Dr. Whitcher conveyed that this requirement for an infection control course for all persons working in a dental office who have any potential for exposure is a new and potentially onerous requirement. Their solution to this was the language in BPC section 1755. He cautioned against getting too far away from the online course concept because they firmly feel that an effective course can be given by distance learning. He noted they are satisfied with the existing course going along and advised that if the Board is going to do cleanup legislation, to think about a delayed implementation date to give them a chance to work through some of the issues.

Ms. Zokaie stated they saw that the other pathways that this new infection control course that would be online that was seen as effective during COVID-19 could continue, but it does not stop the other pathways and other courses from moving forward. As they do the cleanup, they want to make it clear that it does not affect the other courses. She reiterated they know that there is not a Board approved course yet, but they hope this pathway could lead to the development of one.

Ms. Welch requested some clarity from the Board. She noted there is a desire for online courses. She stated that the existing infection control course regulation requires clinical experience or clinical instruction, and that is one of the things that is very difficult to implement online. Typically, with clinical instruction, there is hands-on learning, which would not be able to be provided in an online course. Effectively, an online course would just be didactic and potentially laboratory instruction or pre-laboratory instruction. Anything that would not require the individuals to be personally familiar with how to dawn personal protective equipment (PPE) and how to sterilize tools and implements.

Ms. Welch stated that is one of the things Board staff is hoping to get clarity on, if the Board agrees with stakeholders that clinical experience is not required for infection control. She requested the Board give Board staff as to how the statute could be better structured and what it might look like.

Secretary Larin noted that none of the infection control courses that she has ever been to in 35 years is actually practical, and it has all been a speaker just standing up and the class watching videos. She believes that the online course is ideal, and it is going to be very difficult and probably expensive to take an eight-hour course in person.

Ms. Vallery responded that the eight-hour course requirement has been around since 2009. She added there are definitions in CCR, title 16, section 1070.1 that define clinical and laboratory experience and noted that Board staff need clarification on the interpretation of those in the new law as she believes they are being looked at differently than what current definitions are.

Shari Becker, representing the Alliance, voiced they are in support of maintaining a hands-on component for the eight-hour infection control course, and noted there are two types of infection control courses, the renewal course for licensure and the eight-hour infection control course for the unlicensed dental assistant. Ms. Becker stated they are in support of sending this back to the Council.

Amanda Saling, Central California Dental Academy (CCDA) instructor, expressed she is in agreement with sending it back for further review. As she teaches that course and is very passionate about it, she believes that the hands-on part is something you cannot get away from. She noted that infection control is the foundation of everything that is done in dentistry, and if she cannot physically see how they dawn their PPE, she cannot tell that they are putting it on in the right order.

Dr. Montez expressed that she would like the public to feel free to send her their comments about any changes they would like to make or what they would like to see in the bill.

Agenda Item 28: Update on Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession

Agenda Item 28.a.: 2025 Tentative Legislative Calendar – Information Only

Mr. Nelson provided an overview of the 2025 Tentative Legislative Calendar, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 28.b.: 2023-2024 End of Session Legislative Summary Report

Dr. Montez provided the report, which is available in the meeting materials.

Dr. Montez commended the Board for taking the positions they did and mentioned running into a legislator who called out the Board and thanked them for their letter submitted on one of the bills that was not chaptered.

Ms. Welch inquired whether this list was reflective of what was enacted. She noted that there was at least one or two bills on the list she believed was missing that the Board discussed and took action on, specifically one being about expedited licensure for certain groups of applicants. Ms. Welch believed one of the bills did not get through the legislative process and was held in committee, and the other one was vetoed by the Governor. Mr. Nelson responded he can look at that and work with staff and Counsel to make sure that is all included.

Dr. Montez noted that if the Board would like any bills on which they took a position to be included, that would be fine.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 29: Public Comment on Future Agenda Items
President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 30: Adjournment
President Felsenfeld adjourned the meeting at 12:26 p.m.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 4.:** Board President Report

Background

Dr. Steven Chan, President of the Dental Board of California (Board), will provide a verbal report.

Pursuant to Business and Professions Code (BPC) section 1601.1 and the Board Administrative Policy and Procedure Manual, the Board shall be organized into standing committees pertaining to examinations, enforcement, and other subjects the Board deems appropriate.

Committees meet when they have issues to be considered and make recommendations to the full Board.

The Board President and/or Committee Chair, in consultation with the Executive Officer, may appoint a two-person subcommittee at any time as deemed necessary.

The statutory and standing committees are as follows:

- Diversion Evaluation Committee (BPC section 1695.2)
- Elective Facial Cosmetic Surgery Permit Credentialing Committee (BPC section 1638.1)
- Enforcement Committee (BPC section 1601.1)
- Examination Committee (BPC section 1601.1)

Former specific needs committees are as follows:

- Access to Care Committee
- Anesthesia Committee
- Executive Committee
- Legislative and Regulatory Committee
- Licensing, Certification, and Permits Committee
- Substance Use Awareness Committee

Board President, Dr. Steven Chan and Executive Officer, Tracy Montez collaborated to establish committees for 2025. Members were given the opportunity to identify on which committees they would like to serve. Committee assignments will be posted on the Board's webpage.

For 2025, the following committees have been populated:

- Access to Care Committee – Dr. Larin (chair) and Dr. Thakur
- Anesthesia Committee – Dr. Felsenfeld (chair) and Dr. Chan
- Enforcement Committee – Mr. Cheng
- Licensing, Certification and Permits Committee – Dr. Yu (chair) and Dr. Forge
- Legislative and Regulatory Committee – Mr. David (chair)
- Substance Use Awareness Committee – Ms. Olague (chair) and Ms. Medina

Action Requested

No action is requested.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 5.:** Assistant Executive Officer Report

Background

Christy Bell, Assistant Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 6.:** Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

Ms. Melissa Gear, Deputy Director, Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested

No action requested.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

MEMORANDUM

DATE	January 06, 2025
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 7.:** Budget Report

Background

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board's administrative, licensing, and enforcement activities.

The Board receives the legislated annual budget appropriation upon the chaptering of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

2025-26 Governor's Budget

The following chart provides an overview of the newly released Governor's Budget for the Dental Board of California.

2025-26 Governor's Budget		
Fund	**Revenue**	**Expenditures***
State Dentistry Fund	$23,883,000	$20,272,000**

*$283,000 (net) reimbursements – probation monitoring and fingerprints

**Projected expenditures reduced $355,000 from the 2024-25 Budget Act to the 2025-26 Governor's Budget due to Section 3.60 Pension Contribution Adjustment of -$722,000. This reduction was partially offset by the $237,000 Allocation for Employee Compensation and $131,000 Allocation for Staff Benefits.

Analysis of Fund Condition Statement (see Attachment 3):

The attached fund condition statement (FCS) is based on the 2025-26 Governor's Budget. It has been updated with 2024-25 expenditure and revenue projections, which

resulted in a fund balance reserve of $24.7 million (13.4 months). Other adjustments have also been included.

Revenues (See Attachments 2&3) – The Board began 2024-25 with a fund balance of $19.2 million and is projected to collect approximately $20.3 million in revenues with $3.6 million from initial license fees and $15.3 million from license renewals.

The Board notes, SB 501, Dentistry: anesthesia and sedation: report (Chapter 929, Statutes of 2018), created additional anesthesia permit and certificate types and fees. The Office of Administrative Law approved this regulatory action in August of 2022. The first two years of implementation earned $172,000 and $284,000 of permit applicant revenue. Revenue fluctuates the first two years of implementation as existing permit holders transition to the new permit types but permit applicant revenues are estimated at $234,000 per year.

Expenditures (see Attachment 1) – The Board's 2024-25 appropriation is $20.6 million, and expenditures are projected to be $19.1 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise in future years. Personnel services, investigation costs, and statewide contributions make up the largest portion of the increases in out years.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

2024 Budget Act – The 2024 Budget Act puts the state, including the Board, on a long-term plan of budgetary reductions in 2024-25 and beyond. According to Budget Letter (BL) 24-10, the Department of Finance (Finance) will work with all state agencies in the coming months, to implement the two required budgetary reductions described below:

- **Control Section 4.12: Vacant Positions Funding reduction and Elimination of Positions** – Beginning in 2024-25 and continuing in 2025-26, agency budgets will be reduced by $1.5 billion ($762.5 million General Fund [GF]) for savings associated with vacant positions. Participation by all agencies and departments is encouraged. In 2025-26, Finance will also adjust the position authority to eliminate approximately 6,500 positions statewide.

  Per updated information from the Business, Consumer Services, and Housing Agency (Agency) and the Department of Finance (DOF), further direction has been provided on the vacancy elimination drill. The Board was tasked with

identifying 4.0 authorized positions for elimination. We are working with the Department of Consumer Affairs (DCA) Budget Office to address concerns with the elimination of mission critical positions.

- **Control Section 4.05: Ongoing Reduction to State Operations** – Beginning in 2024-25 and ongoing, agency budgets will be reduced by 7.95 percent, which includes, personal services, operating expenses and equipment, and consulting and professional services funded through General Fund and/or Other Funds.

  The Board's budget reduction will be a $147,000 permanent budget cut beginning in 2024-25. The cut would come from expenditure categories with historically significant savings in the past three fiscal years including: travel, communications, exam proctor, expert examiner, and interdepartmental services. The final budget reduction is dependent on DOF's review and approval. Please note, these reductions are not yet reflected in this Budget Memo or accompanying reports.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a $5 million loan transfer from the Fund to the GF. The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest rate for the Budget Act of 2020 loan will be .67% and is scheduled to be repaid on June 30, 2025.

Board staff notes, the $5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

Fund Balance Months in Reserve – The fund balance reserve reports the dollar amount remaining in the Fund at the end of any given fiscal year. This is used to calculate the Months in Reserve balance based on projected expenditures for the next fiscal year. Typically, a healthy fund has about 3 to 6 months in reserve.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund's revenues projected to stay stationary, and the fund's expenditures to increase by 3%. The fund should remain healthy through 2027-28, although, unforeseen expenditures can cause this to change.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

Action Required (future) – The Board will continue to monitor the Fund and work with DCA Budget Office to ensure solvency.

The Board had significant 2022-23 prior-year savings of approximately $2.7 million related to vacant positions. However, the Board is actively recruiting to fill these

positions and any savings will likely be reduced in the future as the positions are filled. As of January 2025, the Board has a 7% vacancy rate.

The Board further notes, most existing license fee types currently being assessed are set below their statutory maximums and will be increased through regulations, which could eliminate the existing structural imbalance. Proposals for regulatory fee changes typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Action Requested

This item is informational only. No action requested.

Attachment 1

Department of Consumer Affairs
Expenditure Projection Report
Dental Board of California
Fiscal Month: 5
Fiscal Year: 2024 - 2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS		$7,333,000	$6,202,335	$7,263,000	$2,788,064	$6,803,328	$459,672
5100 TEMPORARY POSITIONS		$284,000	$13,362	$284,000	$13,505	$165,668	$118,332
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		$130,000	$19,561	$130,000	$8,332	$63,572	$66,428
5150 STAFF BENEFITS		$4,405,000	$3,753,409	$3,944,000	$1,427,024	$3,549,770	$394,230
PERSONAL SERVICES		$12,152,000	$9,988,668	$11,621,000	$4,236,925	$10,582,338	$1,038,662

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE		$167,000	$150,827	$375,000	$40,627	$147,308	$227,692
5302 PRINTING		$85,000	$156,201	$75,000	$136,055	$152,770	-$77,770
5304 COMMUNICATIONS		$47,000	$33,343	$47,000	$6,251	$50,444	-$3,444
5306 POSTAGE		$54,000	$60,464	$54,000	$14,086	$63,642	-$9,642
5308 INSURANCE		$2,000	$19,301	$2,000	$18,850	$19,011	-$17,011
53202-204 IN STATE TRAVEL		$170,000	$59,207	$152,000	$20,820	$96,200	$55,800
53206-208 OUT OF STATE TRAVEL		$0	$0	$0	$0	$6,072	-$6,072
5322 TRAINING		$12,000	$7,822	$12,000	$2,200	$14,300	-$2,300
5324 FACILITIES		$855,000	$728,517	$716,000	$706,071	$747,723	-$31,723
5326 UTILITIES		$1,000	$0	$1,000	$0	$0	$1,000
53402-53403 C/P SERVICES (INTERNAL)		$2,564,000	$1,812,856	$2,487,000	$697,749	$2,161,194	$325,807
53404-53405 C/P SERVICES (EXTERNAL)		$1,024,000	$1,573,826	$1,275,000	$607,636	$1,043,332	$231,668
5342 DEPARTMENT PRORATA		$3,405,000	$2,965,277	$3,384,000	$1,703,500	$3,407,000	-$23,000
5342 DEPARTMENTAL SERVICES		$36,000	$229,837	$186,000	$51,802	$224,966	-$38,966
5344 CONSOLIDATED DATA CENTERS		$42,000	$54,226	$42,000	$0	$40,997	$1,003
5346 INFORMATION TECHNOLOGY		$304,000	$32,934	$32,000	$22,742	$49,734	-$17,734
5362-5368 EQUIPMENT		$112,000	$24,572	$89,000	$995	$176,688	-$87,688
5390 OTHER ITEMS OF EXPENSE		$5,000	$50,186	$5,000	$19,630	$91,557	-$86,557
54 SPECIAL ITEMS OF EXPENSE		$0	$9,504	$0	$2,035	$9,504	-$9,504
OPERATING EXPENSES & EQUIPMENT		$8,885,000	$7,968,902	$8,934,000	$4,051,050	$8,502,440	$431,560

OVERALL TOTALS		$21,037,000	$17,957,569	$20,555,000	$8,287,975	$19,084,778	$1,470,222
							7.15%

Department of Consumer Affairs
Revenue Projection Report
Dental Board of California
Fiscal Month: 5
Fiscal Year: 2024 - 2025

Revenue

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
Delinquent Fees		$359,000	$152,333	$358,547
Other Regulatory Fees		$275,000	$180,072	$385,246
Other Regulatory License and Permits		$3,352,000	$1,551,215	$3,574,678
Other Revenue		$205,000	$436,360	$721,367
Renewal Fees		$14,692,000	$8,208,035	$15,296,221
Revenue		$18,883,000	$10,528,015	$20,336,059

Reimbursements

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
Scheduled Reimbursements		$0	$10,650	$30,024
Unscheduled Reimbursements		$0	$204,354	$667,967
Reimbursements		$0	$215,004	$697,991

Non-DCA Revenue

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
CURES Assessment		$0	$130,035	$299,081
Non-DCA Revenue		$0	$130,035	$299,081

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)
2025-26 Governor's Budget With FM 5 Projections

Prepared 1.10.2025

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27	BY +2 2027-28
BEGINNING BALANCE	$ 17,639	$ 19,224	$ 24,702	$ 21,744	$ 18,516
Prior Year Adjustment	$ 402	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 18,041	$ 19,224	$ 24,702	$ 21,744	$ 18,516
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	$ 361	$ 359	$ 364	$ 364	$ 364
4127400 - Renewal fees	$ 14,741	$ 15,296	$ 14,791	$ 14,791	$ 14,791
4129200 - Other regulatory fees	$ 310	$ 385	$ 291	$ 291	$ 291
4129400 - Other regulatory licenses and permits	$ 3,474	$ 3,575	$ 3,431	$ 3,431	$ 3,431
4143500 - Miscellaneous Services to the Public	$ -	$ -	$ 15	$ 15	$ 15
4150500 - Interest Income from Interfund Loans	$ -	$ 393	$ -	$ -	$ -
4163000 - Income from surplus money investments	$ 859	$ 297	$ 176	$ 274	$ 216
4170400 - Capital Asset Sales Proceeds	$ 8	$ -	$ -	$ -	$ -
4171400 - Escheat of unclaimed checks and warrants	$ 19	$ 17	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 14	$ 14	$ 2	$ 2	$ 2
Totals, Revenues	$ 19,786	$ 20,336	$ 19,082	$ 19,180	$ 19,122
Transfers to/from Other Funds					
Loan repayment from the General Fund (0001) to the State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	$ -	$ 5,000	$ -	$ -	$ -
Totals, Transfers and Other Adjustments	$ -	$ 5,000	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 19,786	$ 25,336	$ 19,082	$ 19,180	$ 19,122
TOTAL RESOURCES	$ 37,827	$ 44,560	$ 43,784	$ 40,924	$ 37,638
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	$ 17,201	$ 18,387	$ 20,296	$ 20,905	$ 21,532
9892 Supplemental Pension Payments (State Operations)	$ 351	$ 241	$ 241	$ -	$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 1,051	$ 1,230	$ 1,503	$ 1,503	$ 1,503
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 18,603	$ 19,858	$ 22,040	$ 22,408	$ 23,035
FUND BALANCE					
Reserve for economic uncertainties	$ 19,224	$ 24,702	$ 21,744	$ 18,516	$ 14,603
Months in Reserve	11.6	13.4	11.6	9.6	7.4

NOTES:
1. Assumes workload and revenue projections are realized in BY+1 and ongoing.
2. Expenditure growth projected at 3% beginning BY+1.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 8.:** Presentation from DCA, Strategic Organizational Leadership and Individual Development (SOLID) on Strategic Planning

Background

SOLID consists of two units that support individual, team and program improvement, strategic planning, and educational needs for the employees at the Department of Consumer Affairs (DCA).

SOLID's mission is to partner with clients to promote positive change and increase effectiveness through innovative, customized solutions. SOLID offers a wide array of services for DCA and its programs to promote their vision for an effective workforce prepared to serve Californians.

Strategic planning, one of SOLID's many services, is critical to making state government programs and operations more efficient and effective. The strategic planning process produces fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. Legislation in the 1990s (SB 1082, Chapter 418, Statutes of 1993; AB 2711, Chapter 779, Statutes of 1994) required California State agencies to develop strategic plans, measurable performance objectives, and continuous improvement processes.

The SOLID Planning Unit assists in creating strategic plans designed to help programs achieve short-term and long-term objectives. Since the Board's 2022-20225 Strategic Plan (Dental Board of California Strategic Plan 2022 -2025) expires at the end of this year, SOLID will make a presentation to initiate the new strategic planning process.

Action Requested

No action is requested. This item is information only.

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 9.:** Report on Dental Hygiene Board of California Activities

Background

Mr. Anthony Lum, Executive Officer of the Dental Hygiene Board of California (DHBC), has provided a written report regarding the Dental Board of California's (Board) draft of California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control regulations and its collaboration with DHBC.

Action Requested

No action requested. This item is informational only.

Attachment:
California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

MEMORANDUM

DATE	January 9, 2025
TO	Dental Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.**

Background:

Business and Professions Code section 1680(ad) states in part "…The board (Dental Board of California - DBC) shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Board of California (DHBC) to establish a consensus. The hygiene board shall submit any recommended changes to the infection control guidelines for review to establish a consensus..."

In 2024, the DBC established an Infection Control Advisory Working Group, consisting of Joanne Pacheco (past Vice President, DBC), Cara Miyasaki (Chair, DBC Dental Assisting Council), and DHBC member Michael Long, to review California Code of Regulations (CCR), Title 16, section 1005 regarding "Minimum Standards for Infection Control" for clarity of language, necessity for amendments, and consistency with other governing agencies, such as the California Division of Occupational Safety and Health (CAL-OSHA), the California Environmental Protection Agency (CalEPA), and the Centers for Disease Control (CDC). The goal was to establish a consensus between the DHBC and DBC on the proposed regulatory amendments on 16 CCR section 1005 with subsequent implementation of the minimum standards.

Staff from both boards and the Department of Consumer Affairs' (DCA) Legal Unit drafted regulatory language to amend and update the infection control regulatory sections to be presented to both boards for approval. The DHBC reviewed and approved the draft language at its November 16, 2024, board meeting to provide consensus. With this approval of the proposed language, the amendments to 16 CCR section 1005 will be presented at the February 6-7, 2025, DBC Dental Assisting Council and subsequent DBC meeting for their approval and progression through the regulatory process.

GOALS:

1) The DBC and DHBC to collaborate and concur on newly revised and amended regulations addressing the minimum standards for infection control (IC), complete the revisions started in 2018, and finalize the updated IC standards.

2) To address outdated IC regulations, the DHBC and DBC would provide dental professionals a much-needed revision to IC regulations that haven't been updated in years, especially after the recent pandemic.

The DHBC thanks the DBC for the opportunity to collaborate on the infection control regulation, as the amendments to this section of law are overdue.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 10.:** Dental Assisting Council Meeting Report

Background

Ms. De'Andra Epps-Robbins, Chair of the Dental Assisting Council (Council), will provide a verbal report on the February 6, 2025 meeting of the Council.

Action Requested

No action requested.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 10, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 11.a.:** Status Update on Pending Regulations

Background

There are currently no pending regulations.

Action Requested

This item is informational only. No action is requested.

MEMORANDUM

DATE	January 16, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 11.b.:** Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Background

Business and Professions Code (BPC) section 1680(ad) requires the Dental Board of California (Board) to review infection control guidelines (Guidelines), if necessary, on an annual basis. Proposed changes to the Guidelines must be reviewed by the Dental Hygiene Board of California (DBC) by law. Section 1680 requires the DHBC to submit any recommended changes to the infection control guidelines to the Board for review "to establish a consensus." The Board has adopted its Guidelines at CCR section 1005.

The Board last revised CCR section 1005 in 2011. At that time, the purpose for amending the regulation was to revise the Board's existing infection control regulations to conform with recent changes in the Centers for Disease Control (CDC) "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008" (hereinafter "CDC guidelines") and incorporate revisions made to regulations of the California Division of Occupational Safety and Health ("Cal/OSHA") at California Code of Regulations, title 8, section 5193 (see **Attachment 3**). Although Cal/OSHA's regulation has not been revised since 2009, the CDC guidelines were last updated in June 2024 and are available online here: https://www.cdc.gov/infection-control/media/pdfs/guideline-disinfection-h.pdf).

At the February 9, 2024 Board meeting, the Board President appointed Dental Assisting Council (Council) Chair Cara Miyasaki and former Board Vice President Joanne Pacheco to serve as the Board's working group to review CCR section 1005 and develop recommendations to update the existing regulatory language. Over the course of many months, beginning on April 15, 2024, the working group met to discuss possible

updates to the Guidelines and further develop specific recommendations for discussion and possible action at future Council, DHBC and Board meetings. In addition to the CDC guidelines, the reference materials in Attachments 3 through 7 were consulted in the development of the proposal. Once agreement was reached on a draft proposal, the proposed regulatory language was provided to the DHBC subject matter experts: Adina A. Pineschi-Petty, DDS, and DHBC Board Member Michael Long, RDHAP for review. The two groups of experts then consulted on possible further revisions to the proposal in the development of an agreed-upon final draft. Agreements were reached and a final draft of proposed regulatory amendments to the existing Guidelines was finalized in November 2024 as set forth in **Attachment 1**.

To begin the process of establishing a "consensus" on the Guidelines, **Attachment 1** was brought to the DHBC's Legislation and Regulatory Committee on November 15, 2024 for review and action, and thereafter brought to the DHBC at its November 16, 2024 Board meeting. However, at these DHBC meetings, the California Dental Association (CDA) raised concerns about two issues in the proposed regulatory amendments:

> (1) additional training being proposed on the "written infection control plan" training for dental healthcare personnel (DHCP) employers to provide to other affected DHCP (see subsection (c), page 11 of Attachment 1) as "duplicative" of Cal/OSHA and other state-mandated trainings, and,
>
> (2) the requirement that safety glasses include "top and side shields" (see subsection (b)(4)(A) on p. 5 of Attachment 1). The CDA expressed concerns about meeting the "top shield" requirement, and such eyewear not being readily available to all dental personnel. After hearing from the Board's Executive Officer, who advocated for approval of the proposed regulatory language, the DHBC voted to approve **Attachment 1** as recommended by the working groups.

Following the November 15-16, 2024, DHBC meetings, Board staff requested input from the Board's and DHBC's subject matter experts regarding CDA's concerns about the "top shields" requirement for protective eyewear. Subject matter expert Joanne Pacheco indicated that shielding on all sides gives the best protection but agreed that clinicians may find it difficult to meet the ANSI/ISEA Z87.1-2020 industry standard with a top shield; Cara Miyaski concurred in that assessment. DHBC subject matter experts Dr. Petty and Michael Long recommended removal of the "top shields" requirement as well. Mr. Long indicated that the Cal/OSHA and the CDC guidelines both describe eye protection devices as glasses with "solid side shields" and that that there is no reference to a minimum standard requiring the inclusion of a top shield. Given this, Mr. Long recommended removing the reference to "top shields" and aligning the Guidelines with the established standards from OSHA and the CDC in the proposed text.

Discussion and Recommendations

Overview of Proposed Changes

The current proposal at **Attachment 1** contains updated Guidelines recommended by the Board's and the DHBC's subject matter experts. These updated Guidelines would include the following amendments to CCR section 1005:

(1) revised definitions in subsection (a) for standard precautions, critical items, semi-critical items, non-critical items, low-level disinfection, intermediate-level disinfection, high-level disinfection, sterilization, cleaning, personal protective equipment, and dental healthcare personnel (DHCP). New definitions for "Instrument/device classifications," "Disinfect" or "Disinfection", "Disinfection Classifications", "Cal/EPA registered" and "Contaminated medical waste" would be added to resolve potential ambiguities in new or existing language. The term and definition for "germicide" is proposed to be repealed since it would be replaced by the more accurate term "disinfectant" throughout this proposal.

(2) updated minimum infection control standard precautions in subsection (b), including:

(A) removal of requirements for a "written protocol" that is "periodically updated" and the addition of a new requirement for a "written infection control plan" as specified that is readily available to all DHCP and updated "annually" by the employer or employer-designated representative responsible for infection control compliance. A copy of CCR section 1005 must be included in the written infection control plan.

(B) revised requirements for using surgical facemasks, protective eyewear (safety glasses), chin-length face shields and face visors, chemical and puncture-resistant utility gloves and chemical-resistant PPE and protective attire.

(C) revised requirements for hand hygiene protocols and hand care, including hand washing, the use of alcohol-based hand rubs, and prohibitions on providing direct patient care and handling equipment if hand conditions such as "lesions" or a "rash" exist.

(D) revised requirements for wearing medical examination gloves, and chemical and puncture-resistant utility gloves, and the circumstances when gloves must be discarded. The proposal would add further specificity regarding when to perform hand hygiene protocols and hand care procedures and further specifies the prohibitions on reusing medical examination gloves.

(E) updated standard precautions and protocols for cleaning and disinfecting items or surfaces, including use of EPA-registered products, the prescribed order

for cleaning and disinfection, requirements for cleaning compromised (wet, torn or punctured) sterilized packaging and non-critical surfaces and patient care items, new standards for confirming results and the proper functioning of the sterilization cycle of all sterilization devices, and new requirements for the use and inspection of a chemical indicator inside every sterilization package.

(F) the addition of new requirements for using sterile water or other irrigation solutions containing disinfecting or antibacterial properties when performing procedures on exposed dental pulp.

(G) revised requirements for facilities (renamed more precisely “Treatment Facilities”) that includes requirements for non-critical items or clinical contact surfaces to be covered with disposable impervious barriers “approved by the FDA and designed by the manufacturer for that purpose,” the use of an intermediate level disinfectant on clinical contact surfaces if physically contaminated with blood, and the addition of a requirement that dental unit lines and devices be flushed “after the final patient of the day”.

(H) the addition of new requirements for laboratory equipment cleaning including requirements for heat sterilization or disposal (for single use items), storage requirements, and requirements for cleaning and disinfection of “intraoral items” before “and after” manipulation in the laboratory and before placement in the patient’s mouth.

(I) the addition of new “respiratory hygiene/cough etiquette” requirements to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens during seasonal outbreaks of infections, including influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus.

(3) The addition of a new training requirement in subsection (c) for all dental healthcare personnel (DHCP) employers to provide their DHCP with a training program on the minimum standards required by this section and their written infection control plan specified in subsection (b).

The training program shall be provided at no cost and during working hours as follows: (A) prior to assignment to tasks where OPIM exposure may take place, and, (B) within one year of the date of the DHCP's previous training thereafter. Additional training would be required prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan. The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

(4) The repeal of the requirement for the Board and the Dental Hygiene Committee to review this regulation annually. This would not prevent the Board or the DHBC from meeting annually, but rather remove the policy statement mandating annual reviews since it does not appear to be necessary. BPC section 1680 already requires the two Boards to review the Guidelines on an annual basis "if necessary."

(5) A footnote at the bottom of the regulation would be removed as those references are no longer accurate or provide any useful information regarding Cal/EPA contacts.

Proposed Additional Revisions

Board staff do not recommend removing the proposed training requirement in subsection (c) as requested by CDA. While this proposal may have some overlap with the Cal/OSHA bloodborne pathogens training set forth in **Attachment 3**, the Board's proposed training requirement would be unique to this Board's Guidelines and is therefore not duplicative. Training provides assurances that personnel are knowledgeable about the Board's Guidelines and their treatment facility's' individualized infection control plans.

However, Board staff do recommend revising the proposed regulatory language to make further changes to this proposal to remove the "top shields" reference from the safety glasses requirement as requested by CDA. The revision would strike the words "top and" from subsection (b)(4)(A), as follows:

> ~~(4)~~(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or ~~germicidal~~disinfectant agents, or OPIM. For the purposes of this section, "protective eyewear" includes safety glasses with ~~top and~~ side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

A final draft with that recommended change is included for the Board's review at **Attachment 2.** Considering the subject matter experts' recommendations, Board staff recommends that the Board consider approval of the text as set forth in **Attachment 2**.

Action Requested

The Board members should review the proposed regulatory text and consider whether they would support the staff's recommendation to adopt **Attachment 2** or if there are

suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Option 1 (if the Board agrees with the staff recommendation and has no changes)
I move to approve the proposed regulatory text in **Attachment 2**, and request that staff provide **Attachment 2** to the Dental Hygiene Board of California for their review and reconsideration of their prior action on this item, and to obtain a consensus with this Board on the Guidelines. Upon receiving notice that the Dental Hygiene Board of California has approved **Attachment 2** and thereby reached consensus with this Board, the Board further directs staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, section 1005.

Option 2 (The Board has suggested changes for the proposed regulatory text in **Attachment 2**.)

I move to approve the proposed regulatory text in **Attachment 2** with the following changes (Describe the proposed changes to the proposed text here), and request that staff provide **Attachment 2** as amended to the Dental Hygiene Board of California for their review and reconsideration of their prior action on this item, and to obtain a consensus with this Board on the Guidelines. Upon receiving notice that the Dental Hygiene Board of California has approved **Attachment 2** as amended and thereby reached consensus with this Board, the Board further directs staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, section 1005.

Attachments:

1. Proposed Regulatory Language for amendments to CCR Section 1005 dated 11/5/24
2. Proposed Regulatory Language for amendments to CCR Section 1005 dated 2/6/25
3. California Code of Regulations, title 8, section 5193

4. CDC's "About Handwashing," dated February 16, 2024
5. CDC's "Best Practices for Environmental Infection Prevention and Control," dated May 15, 2024
6. CDC's "Best Practices for Sterilization Monitoring in Dental Settings," dated May 15, 2024
7. CDC's "Dental Infection Prevention and Control – Standard Precautions," dated May 15, 2024

DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED REGULATORY LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text. Where the Board proposes to re-number existing paragraphs to a new paragraph within this section, the Board has ~~struck through~~ the existing number of the paragraph and underlined the new proposed paragraph number to show the proposed re-ordering of paragraphs within this section.

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) "Standard precautions" are ~~a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status,~~ infection prevention protocols and procedures established for use in any setting in which dental healthcare is delivered. These include: hand hygiene protocols and hand care, ~~use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure,~~ use of personal protective equipment, procedures for patient care items, ~~and~~ safe handling of sharps~~.~~, safe handling and disposal of contaminated medical waste, respiratory hygiene or cough etiquette, and use of disinfectant agents in accordance with this section. Standard precautions shall be used for care of all patients regardless of ~~their diagnoses or personal infectious status.~~ the procedure performed or the health history of the patient.

(4) "Instrument/device classifications" are categories used to identify patient care items ("items") as critical, semi-critical, or non-critical depending on the potential risk for infection associated with their intended use and their required level of sterilization or disinfection for safe practice, as follows:

~~(2)~~(A) "Critical items" ~~confer a high risk for infection if they are contaminated with any microorganism.~~ carry the highest risk of transmitting infection. These include all instruments, devices, and other items used to penetrate soft tissue or bone~~.~~, such as surgical instruments, periodontal instruments, hygiene scalers, and burs.

~~(3)~~ (B) "Semi-critical items" are instruments, devices, and other items that ~~are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-~~

~~intact skin or other potentially infectious materials (OPIM).~~ come into contact with oral tissue, blood, or OPIM without penetration, such as those items used for intraoral examination, and dental procedures including dental mouth mirrors, amalgam condensers, reusable dental impression trays, and orthodontic pliers with plastic parts.

~~(4)~~ (C) "Non-critical items" are instruments, devices, equipment, and surfaces ("clinical contact surfaces") that come in contact with soil (e.g., organic and inorganic material), debris, blood, OPIM and intact skin, but not oral mucous membranes, and are utilized extraorally or are indirectly contaminated with debris, blood, or OPIM during clinical procedures, such as dental X-ray machines, assistant cart attachments, dental material delivery systems, patient safety eyewear, plastic dental syringes, and countertops.

(5) "Disinfect" or "Disinfection" means the use of a chemical solution to reduce or lower the number of microorganisms on inanimate objects using a Cal/EPA-registered product.

(6) "Disinfection classifications" are categories used to determine the effectiveness of a disinfectant agent to inactivate mycobacterium during surface disinfection procedures and are as follows:

~~(5)~~ (A) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

~~(6)~~ (B) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

~~(7)~~ (C) "High-level disinfection" ~~kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.~~ inactivates all vegetative bacteria, mycobacteria, viruses, fungi, and some bacterial spores.

(7) "Cal/EPA-registered" means a product registered by the U.S. Environmental Protection Agency (EPA) and the California Environmental Protection Agency (Cal EPA) that has demonstrated bactericidal, fungicidal, and virucidal activity. The product used shall include a label from the manufacturer that indicates the level of disinfection (low, intermediate, or high) and both the EPA registration number and the California Department of Pesticide Regulation (Cal DPR) registration number.

~~(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.~~

~~(9)~~(8) "Sterilization" is a ~~validated process used to render a product free of all forms of viable microorganisms.~~ mechanical process used to eliminate all forms of microbial life using acceptable methods of sterilization set forth in this section with a device approved by the U.S. Food and Drug Administration (FDA) for sterilization.

~~(10)~~(9) "Cleaning" is the removal of visible soil ~~(e.g., organic and inorganic material),~~ debris, blood, and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products~~.~~ prior to the use of a sterilization device or disinfectant for surface disinfection, using one of the following applicable methods:

(A) Cleaning of clinical contact surfaces and non-critical items means hand scrubbing using water and a detergent, or a surface disinfectant, either of which is registered with Cal/EPA as a disinfectant to clean surfaces or items according to manufacturer's instructions.

(B) Cleaning of semi-critical or critical items means hand scrubbing with a long-handled brush or using an FDA-approved mechanical device to remove visible soil from contaminated items using detergents or enzymatic products. Acceptable mechanical cleaning devices shall include ultrasonic cleaners using enzymatic products or detergents that require manual drying, or devices manufactured specifically for washing and mechanical drying of dental instruments, cassettes, and devices prior to preparing for sterilization. All mechanical cleaning devices shall be used in accordance with the manufacturer's instructions for the device or item type and quantity being cleaned.

~~(11)~~(2) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear, and protective attire which are intended to prevent exposure to blood, ~~body fluids, OPIM~~other potentially infectious materials, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants, and shirts, are not considered to be PPE.

~~(12)~~(3) "Other Potentially Infectious Materials" (OPIM) means any ~~one~~ of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

~~(13)~~(10) "Dental Healthcare Personnel" (DHCP)~~,~~ are all paid and non-paid personnel in the ~~dental healthcare setting~~ treatment facility who might be occupationally exposed to infectious materials, including ~~body substances~~blood, OPIM, and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(11) "Contaminated medical waste" shall include "medical waste" as defined in Section 117690 of the Health and Safety Code occurring in the dental healthcare setting and shall not include those applicable items set forth in Section 117700 of the Health and Safety Code.

(b) All DHCP shall comply with all applicable infection control standard precautions and enforce the following applicable minimum standard precautions in the treatment facility to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be ~~practiced~~used in the care of all patients.

(2) A written ~~protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.~~ infection control plan detailing the protocols and procedures that shall be developed, maintained, and periodically updated for all standard precautions in accordance with the requirements of this section. The written infection control plan shall be made readily available to all DHCP at the treatment facility and reviewed and updated at least annually by the DHCP employer or employer-designated representative

responsible for infection control compliance, and as needed to maintain compliance with this section.

(3) A copy of this regulation shall be conspicuously posted in each ~~dental office.~~ treatment facility and included in the written infection control plan described in paragraph (2).

(4) Personal Protective Equipment~~:~~ (PPE):

~~(4)~~(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or ~~germicidal~~disinfectant agents, or OPIM. For the purposes of this section, "protective eyewear" includes safety glasses with top and side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

(B) A new, single-use, disposable surgical facemask shall be used for each patient at the beginning of their treatment session. Surgical facemask replacement shall occur at any point during a procedure where the mask becomes moist or soiled. ~~Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals.~~ After each patient treatment, surgical facemasks shall be changed and disposed when leaving laboratories or areas of patient care activities.

(C) Chin-length face shields and face visors are acceptable replacements for protective eyewear when worn in combination with a surgical facemask. Face shields and face visors shall not be used as a replacement for a surgical facemask. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed when leaving laboratories or areas of patient care activities.

(D) Chemical and puncture-resistant utility gloves and chemical-resistant PPE shall be worn when handling hazardous chemicals and shall be worn in accordance with paragraph (6).

(E) Reusable protective eyewear, face shields and visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients.

~~(5)~~(F) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of ~~germicides~~ disinfectants or when handling contaminated items. All DHCP shall wear reusable or disposable

protective attire during patient treatment, or whenever there is a potential for aerosol spray, splashing, or spattering of blood, OPIM, or chemicals and ~~germicidal~~ disinfectant agents. Protective attire ~~must~~shall be changed daily, or ~~between patients~~immediately if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

(5) Hand Hygiene~~:~~ Protocols and Hand Care:

~~(6)~~(A) All DHCP shall thoroughly wash their hands with soap and water (covering all surfaces of hands and fingers) for no less than 20 seconds at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated, an alcohol-~~-~~based hand rub, with an alcohol concentration between 60-95%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions. Hands shall be ~~thoroughly dried~~completely dry before donning gloves in order to prevent promotion of ~~bacterial~~ microbial growth and washed again immediately after glove removal.

(B) A DHCP shall refrain from providing direct patient care and from handling patient care equipment if hand conditions such as the presence of lesions, rash, or weeping dermatitis are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

~~(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves~~.

(6) Gloves:

~~(8)~~(A) Medical examination gloves shall be worn by DHCP whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. Medical examination gloves are disposable, synthetic single-use only items. Gloves shall be replaced when torn or punctured, upon completion of dental treatment, and before leaving laboratories or areas of patient care activities.

(B) Chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for clinical care break-down (setting up or breaking down a treatment room), cleaning, and disinfectant procedures. Chemical and

puncture-resistant utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(C) When processing contaminated sharp instruments, needles, and devices, DHCP shall wear ~~heavy-duty~~chemical and puncture-resistant utility gloves ~~to prevent puncture wounds~~. Utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(D) Gloves ~~must~~shall be discarded under any of the following circumstances:

(i) when torn or punctured~~,~~;

(ii) upon completion of dental treatment when using medical examination gloves;~~,~~ and,

(iii) before leaving laboratories or areas of patient care activities when using medical examination gloves.

(E) All DHCP shall perform hand hygiene protocols and hand care procedures specified in paragraph (5) before donning gloves and after removing and discarding medical examination gloves. Medical examination ~~G~~gloves shall not be washed before or after use, or reused.

(7) Needle and Sharps Safety:

~~(9)~~(A) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal.

(B) Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

(8) Sterilization and Disinfection:

~~(10)~~(A) All ~~germicides must~~ products used to clean or disinfect items or surfaces shall be used in accordance with intended use and label instructions.

~~(11)~~(B) Standard precautions for disinfection and sterilization shall be performed in the following order:

(i) first, use appropriate hand hygiene protocols and hand care in accordance with paragraph (5);

(ii) second, ~~C~~clean~~ing must precede~~ items or surfaces prior to any disinfection or sterilization process; and,

(iii) third, use the disinfection or sterilization standards required by this section. ~~Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions~~ Disinfection procedures shall include use of a Cal/EPA-registered product with an applicable disinfection classification in accordance with paragraph (6) of subsection (a) to disinfect items.

~~(12)~~(C) Critical instruments, items, and devices shall be ~~discarded or~~ pre-cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices~~,~~ shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(13)~~(D) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(14)~~(E) Non-critical surfaces and patient care items shall be cleaned and disinfected after every use with a ~~California Environmental Protection Agency (~~Cal/EPA~~)~~-registered hospital disinfectant (low-level disinfectant) spray or wipe ~~labeled effective against HBV and HIV~~. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

~~(15)~~(F) All high-speed dental hand pieces, low-speed hand pieces, rotary components, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

~~(16)~~(G) Single use critical, semi-critical, and non-critical disposable items such as scalpel blades, prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

~~(17)~~(H) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test) with results confirmed by either authorized DHCP or an independent laboratory. Test results shall be documented and maintained for 12 months.

(I)(i) A chemical indicator shall be used inside every sterilization package to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external chemical indicator shall also be used.

(ii) The chemical indicator shall be inspected immediately when removing packages from the sterilizer; if the chemical indicator did not register that the sterilizing agent has penetrated the package, the instruments shall be repackaged and sterilized again.

(9) Irrigation:

~~(18)~~(A) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone.

(B) When performing procedures on exposed dental pulp, water or other irrigation solutions shall be sterile or contain disinfecting or antibacterial properties.

(C) Sterile coolants/irrigants ~~must~~shall be delivered using a sterile delivery system.

(10) Treatment Facilities:

~~(19)~~(A) If non-critical items or clinical contact surfaces likely to be contaminated ~~are~~ or manufactured in a manner preventing cleaning and disinfection, they shall be ~~protected~~physically covered with disposable impervious barriers approved by the FDA and designed by the manufacturer for that purpose. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

~~(20)~~(B) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a ~~California Environmental Protection Agency (~~Cal/EPA~~)~~ ~~-~~-registered, hospital grade low- to intermediate-level ~~germicide~~disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use an intermediate-level disinfectant if visibly contaminated with blood. Use disinfectants in accordance with the manufacturer's instructions.

(C) Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA~~-~~-registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled, and DHCP shall follow all ~~material~~ safety data sheet (~~M~~SDS) handling and storage instructions.

~~(21)~~(D) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be ~~purged with air or~~ flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient and after the final patient of the day for a minimum of twenty (20) seconds.

~~(22)~~(E) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

(11) Lab Areas:

~~(23)~~(A) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new, disposable rag-wheel shall be used for each patient. ~~Devices~~

(B) Laboratory equipment, including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and ~~intraoral~~ prosthetic devices shall be cleaned, disinfected ~~or sterilized~~, properly packaged or wrapped, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item as specified in subparagraph (D) of paragraph (8), or if a single-use item, disposed of in accordance with subparagraph (G) of paragraph (8).

(C) Laboratory equipment shall be stored in a manner consistent with the same storage practices as a semi-critical item as specified in subparagraph (D) of paragraph (8).

~~(24)~~(D) All intraoral items such as impressions, bite registrations, and prosthetic and orthodontic appliances shall be cleaned and disinfected with ~~a~~an Cal/EPA-registered intermediate-level disinfectant before and after manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(12) Respiratory Hygiene/Cough Etiquette: Measures shall be implemented to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as follows.

(A) Prominently posting at least one sign at every point of entrance and reception or registration desk of the treatment facility, accessible to public view, in which case the signs shall be in at least 12-point type font. The signs shall contain instructions to patients who cough or sneeze at the treatment facility to do at least all of the following: (i) cover their mouths or noses when coughing or sneezing; (ii) use and dispose of tissues in waste receptables; and, (iii) wash hands with soap and water or use alcohol hand rub after coughing or sneezing.

(B) Provide tissues and no-touch receptacles (e.g. foot-pedal operated lid or open plastic-lined waste basket) for disposal of tissues.

(C) Have soap, warm running water, and paper towels, or alcohol hand rub available for use in or immediately adjacent to waiting areas.

(D) Offer masks to coughing or sneezing patients or other persons when they enter the treatment facility.

(E) Provide distance between patients who cough or sneeze in common waiting areas. If available, facilities shall place these patients in a separate area while waiting for care.

(c) DHCP who are employers of other DHCP shall provide those personnel with a training program on the minimum standards required by this section and the infection control plan specified in paragraph (2) of subsection (b). Such training program shall be provided at no cost to the DHCP and during working hours in accordance with all of the following.

(1) The training program shall be provided as follows:

(A) Prior to assignment to tasks where OPIM exposure may take place; and,

(B) Within one year of the date of the DHCP's previous training thereafter.

(2) DHCP employers shall provide additional training prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in paragraph (2) of subsection (b). The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

~~(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.~~

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~~[1] Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED REGULATORY LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text. Where the Board proposes to re-number existing paragraphs to a new paragraph within this section, the Board has ~~struck through~~ the existing number of the paragraph and underlined the new proposed paragraph number to show the proposed re-ordering of paragraphs within this section.

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) "Standard precautions" are ~~a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status,~~ infection prevention protocols and procedures established for use in any setting in which dental healthcare is delivered. These include: hand hygiene protocols and hand care, ~~use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure,~~ use of personal protective equipment, procedures for patient care items, ~~and~~ safe handling of sharps~~.~~, safe handling and disposal of contaminated medical waste, respiratory hygiene or cough etiquette, and use of disinfectant agents in accordance with this section. Standard precautions shall be used for care of all patients regardless of ~~their diagnoses or personal infectious status.~~ the procedure performed or the health history of the patient.

(4) "Instrument/device classifications" are categories used to identify patient care items ("items") as critical, semi-critical, or non-critical depending on the potential risk for infection associated with their intended use and their required level of sterilization or disinfection for safe practice, as follows:

~~(2)~~(A) "Critical items" ~~confer a high risk for infection if they are contaminated with any microorganism.~~ carry the highest risk of transmitting infection. These include all instruments, devices, and other items used to penetrate soft tissue or bone~~.~~, such as surgical instruments, periodontal instruments, hygiene scalers, and burs.

~~(3)~~ (B) "Semi-critical items" are instruments, devices, and other items that ~~are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-~~

~~intact skin or other potentially infectious materials (OPIM).~~ come into contact with oral tissue, blood, or OPIM without penetration, such as those items used for intraoral examination, and dental procedures including dental mouth mirrors, amalgam condensers, reusable dental impression trays, and orthodontic pliers with plastic parts.

~~(4)~~ (C) "Non-critical items" are instruments, devices, equipment, and surfaces ("clinical contact surfaces") that come in contact with soil (e.g., organic and inorganic material), debris, blood, OPIM and intact skin, but not oral mucous membranes, and are utilized extraorally or are indirectly contaminated with debris, blood, or OPIM during clinical procedures, such as dental X-ray machines, assistant cart attachments, dental material delivery systems, patient safety eyewear, plastic dental syringes, and countertops.

(5) "Disinfect" or "Disinfection" means the use of a chemical solution to reduce or lower the number of microorganisms on inanimate objects using a Cal/EPA-registered product.

(6) "Disinfection classifications" are categories used to determine the effectiveness of a disinfectant agent to inactivate mycobacterium during surface disinfection procedures and are as follows:

~~(5)~~ (A) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

~~(6)~~ (B) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

~~(7)~~ (C) "High-level disinfection" ~~kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.~~ inactivates all vegetative bacteria, mycobacteria, viruses, fungi, and some bacterial spores.

(7) "Cal/EPA-registered" means a product registered by the U.S. Environmental Protection Agency (EPA) and the California Environmental Protection Agency (Cal EPA) that has demonstrated bactericidal, fungicidal, and virucidal activity. The product used shall include a label from the manufacturer that indicates the level of disinfection (low, intermediate, or high) and both the EPA registration number and the California Department of Pesticide Regulation (Cal DPR) registration number.

~~(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.~~

~~(9)~~(8) "Sterilization" is a ~~validated process used to render a product free of all forms of viable microorganisms.~~ mechanical process used to eliminate all forms of microbial life using acceptable methods of sterilization set forth in this section with a device approved by the U.S. Food and Drug Administration (FDA) for sterilization.

~~(10)~~(9) "Cleaning" is the removal of visible soil ~~(e.g., organic and inorganic material),~~ debris, blood, and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products~~.~~ prior to the use of a sterilization device or disinfectant for surface disinfection, using one of the following applicable methods:

(A) Cleaning of clinical contact surfaces and non-critical items means hand scrubbing using water and a detergent, or a surface disinfectant, either of which is registered with Cal/EPA as a disinfectant to clean surfaces or items according to manufacturer's instructions.

(B) Cleaning of semi-critical or critical items means hand scrubbing with a long-handled brush or using an FDA-approved mechanical device to remove visible soil from contaminated items using detergents or enzymatic products. Acceptable mechanical cleaning devices shall include ultrasonic cleaners using enzymatic products or detergents that require manual drying, or devices manufactured specifically for washing and mechanical drying of dental instruments, cassettes, and devices prior to preparing for sterilization. All mechanical cleaning devices shall be used in accordance with the manufacturer's instructions for the device or item type and quantity being cleaned.

~~(11)~~(2) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear, and protective attire which are intended to prevent exposure to blood, ~~body fluids, OPIM~~other potentially infectious materials, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants, and shirts, are not considered to be PPE.

~~(12)~~(3) "Other Potentially Infectious Materials" (OPIM) means any ~~one~~ of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

~~(13)~~(10) "Dental Healthcare Personnel" (DHCP)~~,~~ are all paid and non-paid personnel in the ~~dental healthcare setting~~ treatment facility who might be occupationally exposed to infectious materials, including ~~body substances~~blood, OPIM, and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(11) "Contaminated medical waste" shall include "medical waste" as defined in Section 117690 of the Health and Safety Code occurring in the dental healthcare setting and shall not include those applicable items set forth in Section 117700 of the Health and Safety Code.

(b) All DHCP shall comply with all applicable infection control standard precautions and enforce the following applicable minimum standard precautions in the treatment facility to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be ~~practiced~~used in the care of all patients.

(2) A written ~~protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.~~ infection control plan detailing the protocols and procedures that shall be developed, maintained, and periodically updated for all standard precautions in accordance with the requirements of this section. The written infection control plan shall be made readily available to all DHCP at the treatment facility and reviewed and updated at least annually by the DHCP employer or employer-designated representative

responsible for infection control compliance, and as needed to maintain compliance with this section.

(3) A copy of this regulation shall be conspicuously posted in each ~~dental office.~~ treatment facility and included in the written infection control plan described in paragraph (2).

(4) Personal Protective Equipment~~:~~ (PPE):

~~(4)~~(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or ~~germicidal~~disinfectant agents, or OPIM. For the purposes of this section, "protective eyewear" includes safety glasses with side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

(B) A new, single-use, disposable surgical facemask shall be used for each patient at the beginning of their treatment session. Surgical facemask replacement shall occur at any point during a procedure where the mask becomes moist or soiled. ~~Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals.~~ After each patient treatment, surgical facemasks shall be changed and disposed when leaving laboratories or areas of patient care activities.

(C) Chin-length face shields and face visors are acceptable replacements for protective eyewear when worn in combination with a surgical facemask. Face shields and face visors shall not be used as a replacement for a surgical facemask. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed when leaving laboratories or areas of patient care activities.

(D) Chemical and puncture-resistant utility gloves and chemical-resistant PPE shall be worn when handling hazardous chemicals and shall be worn in accordance with paragraph (6).

(E) Reusable protective eyewear, face shields and visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients.

~~(5)~~(F) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of ~~germicides~~ disinfectants or when handling contaminated items. All DHCP shall wear reusable or disposable

protective attire during patient treatment, or whenever there is a potential for aerosol spray, splashing, or spattering of blood, OPIM, or chemicals and ~~germicidal~~ disinfectant agents. Protective attire ~~must~~shall be changed daily, or ~~between patients~~immediately if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

(5) Hand Hygiene~~:~~ Protocols and Hand Care:

~~(6)~~(A) All DHCP shall thoroughly wash their hands with soap and water (covering all surfaces of hands and fingers) for no less than 20 seconds at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated, an alcohol-~~-~~based hand rub, with an alcohol concentration between 60-95%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions. Hands shall be ~~thoroughly dried~~completely dry before donning gloves in order to prevent promotion of ~~bacterial~~ microbial growth and washed again immediately after glove removal.

(B) A DHCP shall refrain from providing direct patient care and from handling patient care equipment if hand conditions such as the presence of lesions, rash, or weeping dermatitis are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

~~(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves~~.

(6) Gloves:

~~(8)~~(A) Medical examination gloves shall be worn by DHCP whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. Medical examination gloves are disposable, synthetic single-use only items. Gloves shall be replaced when torn or punctured, upon completion of dental treatment, and before leaving laboratories or areas of patient care activities.

(B) Chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for clinical care break-down (setting up or breaking down a treatment room), cleaning, and disinfectant procedures. Chemical and

puncture-resistant utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(C) When processing contaminated sharp instruments, needles, and devices, DHCP shall wear ~~heavy-duty~~chemical and puncture-resistant utility gloves ~~to prevent puncture wounds~~. Utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(D) Gloves ~~must~~shall be discarded under any of the following circumstances:

(i) when torn or punctured~~,~~;

(ii) upon completion of dental treatment when using medical examination gloves;~~,~~ and,

(iii) before leaving laboratories or areas of patient care activities when using medical examination gloves.

(E) All DHCP shall perform hand hygiene protocols and hand care procedures specified in paragraph (5) before donning gloves and after removing and discarding medical examination gloves. Medical examination ~~G~~gloves shall not be washed before or after use, or reused.

(7) Needle and Sharps Safety:

~~(9)~~(A) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal.

(B) Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

(8) Sterilization and Disinfection:

~~(10)~~(A) All ~~germicides must~~ products used to clean or disinfect items or surfaces shall be used in accordance with intended use and label instructions.

~~(11)~~(B) Standard precautions for disinfection and sterilization shall be performed in the following order:

(i) first, use appropriate hand hygiene protocols and hand care in accordance with paragraph (5);

(ii) second, ~~C~~clean~~ing must precede~~ items or surfaces prior to any disinfection or sterilization process; and,

(iii) third, use the disinfection or sterilization standards required by this section. ~~Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions~~ Disinfection procedures shall include use of a Cal/EPA-registered product with an applicable disinfection classification in accordance with paragraph (6) of subsection (a) to disinfect items.

~~(12)~~(C) Critical instruments, items, and devices shall be ~~discarded or~~ pre-cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices~~,~~ shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(13)~~(D) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(14)~~(E) Non-critical surfaces and patient care items shall be cleaned and disinfected after every use with a ~~California Environmental Protection Agency (~~Cal/EPA~~)~~-registered hospital disinfectant (low-level disinfectant) spray or wipe ~~labeled effective against HBV and HIV~~. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

~~(15)~~(F) All high-speed dental hand pieces, low-speed hand pieces, rotary components, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

~~(16)~~(G) Single use critical, semi-critical, and non-critical disposable items such as scalpel blades, prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

~~(17)~~(H) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test) with results confirmed by either authorized DHCP or an independent laboratory. Test results shall be documented and maintained for 12 months.

(I)(i) A chemical indicator shall be used inside every sterilization package to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external chemical indicator shall also be used.

(ii) The chemical indicator shall be inspected immediately when removing packages from the sterilizer; if the chemical indicator did not register that the sterilizing agent has penetrated the package, the instruments shall be repackaged and sterilized again.

(9) Irrigation:

~~(18)~~(A) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone.

(B) When performing procedures on exposed dental pulp, water or other irrigation solutions shall be sterile or contain disinfecting or antibacterial properties.

(C) Sterile coolants/irrigants ~~must~~shall be delivered using a sterile delivery system.

(10) Treatment Facilities:

~~(19)~~(A) If non-critical items or clinical contact surfaces likely to be contaminated ~~are~~ or manufactured in a manner preventing cleaning and disinfection, they shall be ~~protected~~physically covered with disposable impervious barriers approved by the FDA and designed by the manufacturer for that purpose. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

~~(20)~~(B) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a ~~California Environmental Protection Agency (~~Cal/EPA~~)~~ registered, hospital grade low- to intermediate-level ~~germicide~~disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use an intermediate-level disinfectant if visibly contaminated with blood. Use disinfectants in accordance with the manufacturer's instructions.

(C) Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled, and DHCP shall follow all ~~material~~ safety data sheet (~~M~~SDS) handling and storage instructions.

~~(21)~~(D) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be ~~purged with air or~~ flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient and after the final patient of the day for a minimum of twenty (20) seconds.

~~(22)~~(E) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

(11) Lab Areas:

~~(23)~~(A) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new, disposable rag-wheel shall be used for each patient. ~~Devices~~

(B) Laboratory equipment, including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and ~~intraoral~~ prosthetic devices shall be cleaned, disinfected ~~or sterilized~~, properly packaged or wrapped, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item as specified in subparagraph (D) of paragraph (8), or if a single-use item, disposed of in accordance with subparagraph (G) of paragraph (8).

(C) Laboratory equipment shall be stored in a manner consistent with the same storage practices as a semi-critical item as specified in subparagraph (D) of paragraph (8).

~~(24)~~(D) All intraoral items such as impressions, bite registrations, and prosthetic and orthodontic appliances shall be cleaned and disinfected with ~~a~~an Cal/EPA-registered intermediate-level disinfectant before and after manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(12) Respiratory Hygiene/Cough Etiquette: Measures shall be implemented to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as follows.

(A) Prominently posting at least one sign at every point of entrance and reception or registration desk of the treatment facility, accessible to public view, in which case the signs shall be in at least 12-point type font. The signs shall contain instructions to patients who cough or sneeze at the treatment facility to do at least all of the following: (i) cover their mouths or noses when coughing or sneezing; (ii) use and dispose of tissues in waste receptables; and, (iii) wash hands with soap and water or use alcohol hand rub after coughing or sneezing.

(B) Provide tissues and no-touch receptacles (e.g. foot-pedal operated lid or open plastic-lined waste basket) for disposal of tissues.

(C) Have soap, warm running water, and paper towels, or alcohol hand rub available for use in or immediately adjacent to waiting areas.

(D) Offer masks to coughing or sneezing patients or other persons when they enter the treatment facility.

(E) Provide distance between patients who cough or sneeze in common waiting areas. If available, facilities shall place these patients in a separate area while waiting for care.

(c) DHCP who are employers of other DHCP shall provide those personnel with a training program on the minimum standards required by this section and the infection control plan specified in paragraph (2) of subsection (b). Such training program shall be provided at no cost to the DHCP and during working hours in accordance with all of the following.

(1) The training program shall be provided as follows:

(A) Prior to assignment to tasks where OPIM exposure may take place; and,

(B) Within one year of the date of the DHCP's previous training thereafter.

(2) DHCP employers shall provide additional training prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in paragraph (2) of subsection (b). The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

~~(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.~~

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~~[1] Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

Barclays California Code of Regulations
Title 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 4. Division of Industrial Safety
Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

8 CCR § 5193

§ 5193. Bloodborne Pathogens.

Currentness

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

EXCEPTION: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

"Biological Cabinet" means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

"Blood" means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needlelesss systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

“Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Facility” means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);

2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

4. An effective procedure for gathering the information required by the Sharps Injury Log.

5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

NOTE: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;

7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard.

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls--General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls--Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

a. Withdrawal of body fluids after initial venous or arterial access is established;

b. Administration of medications or fluids; and

c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

a. Market Availability. The engineering control is not required if it is not available in the marketplace.

b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.

c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.

d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices.

EXCEPTION: Contaminated sharps may be bent, recapped or removed from devices if:

a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and

b. The procedure is performed using a mechanical device or a one-handed technique.

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

4. Disposable sharps shall not be reused.

5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

8. Mouth pipetting/suctioning of blood or OPIM is prohibited.

9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

b. Maintained upright throughout use, where feasible; and

c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

a. Rigid;

b. Puncture resistant;

c. Leakproof on the sides and bottom;

d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and

e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage dur8ing handling, storage, transport, or shipping; and

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

a. Closable;

b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

a. Closable.

b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or

shipping.

(F) Handling Specimens of Blood or OPIM.

Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a ffacility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/containers leave the facility.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer’s ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

i. Location within the facility;

ii. Type of surface or equipment to be treated;

iii. Type of soil or contamination present; and

iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

i. Surfaces become overtly contaminated;

ii. There is a spill of blood or OPIM;

iii. Procedures are completed; and

iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

NOTE: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is

readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed prior to leaving the work area.

3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

a. Periodically reevaluate this policy;

b. Make gloves available to all employees who wish to use them for phlebotomy;

c. Not discourage the use of gloves for phlebotomy; and

d. Require that gloves be used for phlebotomy in the following circumstances:

i. When the employee has cuts, scratches, or other breaks in his or her skin;

ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

NOTE: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

EXCEPTION: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.

6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to

post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

2. Made available to the employee at a reasonable time and place;

3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

NOTE: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g).

7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;

4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);

3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);

4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;

2. The contents or a summary of the training sessions;

3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A. Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Credits

NOTE: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY

1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

7. Change without regulatory effect providing more legible illustrations for biohazard symbols filed 3-2-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 10).

8. Editorial correction of subsection (g)(2)(E) (Register 2015, No. 37).

This database is current through 12/27/24 Register 2024, No. 52.

Cal. Admin. Code tit. 8, § 5193, 8 CA ADC § 5

FEBRUARY 4

About Handwashing

KEY P NTS

- Many diseases and conditions are spread by not washing hands with soap and clean, running water.
- Handwashing with soap is one of the best ways to stay healthy.
- If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol to clean your hands.

Why it's important

Washing hands can keep you healthy and prevent the spread of respirator and diarrheal inf tions. Germs can spread from person to person or from surfaces to people when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch surfaces or objects that have germs on them
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Key times to wash hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How it works

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. **Scrub** ands **for at least 20 seconds.** Need a t me ? H um t e “Happ B t da ” s ng f m beg nn ng t end tw ce.

4. **Rinse** ands well nde clean, nn ng wate .

5. **Dry** ands s ng a clean t wel an a d e .

Use hand sanitizer when you can't use soap and water

Was ng ands w t s ap and wate st e best wa t get d f ge ms n m st s t at ns. If s ap and wate a e n t ead l ava lable, can se an alc l-based and san t ze t at c nta ns at least 60% alc l. Y can tell f t e san t ze c nta ns at least 60% alc l b l k ng at t e p d ct label.

K R i
Hand San t z Facts

What you can do

CDC as ealt p m ot n mate als t enc age k ds and ad lts t make andwas ng pa t f t e eve da l ves.

- S a e s c al med a g ap cs and messages.
- P nt st cke s and place cl ngs n bat m m s.
- P m ote andwas ng n a nd Gl bal Handwas ng Da , celeb ated eac ea n Oct be 15.
- D st b te fact s eets t s a e nf mat n ab t and g ene f spec fic a d ences. i

Resources

- F eq ent Q est ns Ab t Hand H yg ene i
- Hand H yg ene n Healt ca e Sett ngs
- T e *L fe s Bette w t Clean Hands* Campa gn

SOURCES

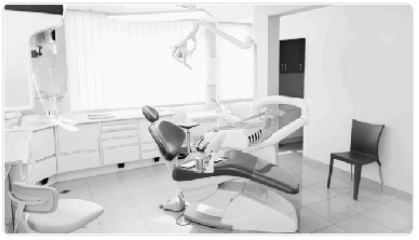
CONTENT SOURCE:
Nat nal C nt f Eme g ng and Z n t c Inf ct s D s as s (NCEZID) i

MAY 15, 2 2

t Practic for Environmental Inf ction Pr v ntion and Y Control

KE POINTS

In the dental operatory, environmental surfaces can become contaminated through touch, splash, or droplets generated during patient care. Y



Why it matt r

Certain surfaces, especially ones touched frequently—such as light handles, unit switches, and drawer knobs—can serve as reservoirs of Y microbial contamination. This may cause cross-contamination that can expose dental health care personnel or patients to disease.

R commendation

Full recommendations on cleaning and disinfecting environmental surfaces can be found on pages 25–28 in CDC's *Guidelines for Infection Control in Dental Health-Care Settings—2003* and in the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for* Y *Safe Care*. Y

Typ of d contamination Y

Cleaning removes debris and organic contamination from surfaces. Cleaning is the necessary first step of any disinfection process. If a surface is not cleaned first, the disinfection process can be compromised.

Disinfection eliminates many or all disease-causing microorganisms on an object. However, it does not remove bacterial spores.

Sterilization eliminates all disease-causing microorganisms, as well as bacterial spores. This is typically done by heat (steam autoclave, dry heat, and unsaturated chemical vapor) or liquid chemical sterilants. Sterilization is used for patient care items.

Choo ing th right product

The choice of specific cleaning or disinfecting agents is largely a matter of judgment, guided by product label claims and instructions and government regulations.

Choosing the correct product depends on the consideration of multiple factors, including the degree of microbial killing required; the nature and composition of the surface, item, or device to be treated; and the cost, safety, and ease of use.

A single product might not satisfy all disinfection requirements in a given dental facility. Y

Low-level disinfectants are Environmental Protection Agency (EPA)-registered **without** a **tuberculocidal claim**. The label may instead provide a hepatitis B virus (HBV) or HIV label claim. Low-level disinfection kills most vegetative bacteria, some viruses, and some fungi, but cannot be relied on to kill mycobacteria or bacterial spores.

Intermediate-level disinfectants are registered with the US EPA and have a **tuberculocidal claim.** Intermediate-level disinfection kills bacteria, most viruses and most fungi, but does not reliably kill bacterial spores. Y

High-level i i ecta t , such as glutaraldehyde, are used as chemical sterila ts. Because of their toxic ature, high level disi fecta ts **houl ever be u e** o e viro me tal surfaces.

What per o al protective equipme t (PPE) houl be u e whe clea i g the e tal operatory?

Because of t risks a sociated with xposure o chemical disi fecta ts a d c t mi ated surfa es, de tal health car per o el (DHCP) s uld wear appropri te PPE to p v t exposure to i f cti us age ts o chemicals. PPE ca i clude gl ves, gow s, masks, a d eye prote tio Chemical- a d pu cture-resista t utility gloves o fer more protectio tha patie t exami atio gloves whe usi g hazardous chemicals.

DHCP shoul fo low ma ufa ture i st uctio s a d review the ma uf cturer Safety Data Sheet (formerly ca led Material Safety Data Sheet) regardi g co rect procedures for ha dli g or worki g with hazardous chemicals. n

Cl n cal contact surfaces

Cli ical co tact ur ace , such as light ha dles, bracket trays, switches o de tal u its, a d computer equipme t, are likely be co tami ated by direct spray or spatter ge erated duri g de tal procedures. They ca also be co tami ated by co tact with co tami ated gloved ha ds. n

Ideally, cli ical co tact surfaces, especially those that are hard to clea , should be **barrier protecte** with a Food a d Drug Admi istratio (FDA)-approved surface barrier. This barrier should be cha ged betwee each patie t.

After removi g the barrier, **exami e the ur ace** to make sure it did ot become soiled. If it is co tami ated, the surface eeds to be clea ed a d disi fected before the ext patie t.

If surface barriers ca ot be used, clea a d the disi fect the surface with a EPA-registered, low-level hospital disi fecta t that is effective agai st HIV a d HBV.

If the surface is visibly co tami ated with blood or other pote tially i fectious material, clea a d the disi fect the surface with a **EPA-regi tere , i terme iate-level ho pital** disi fecta t with a tuberculocidal claim.

Housekeeping surfaces

Housekeepi g surfaces, such as floors, walls, a d si ks, do ot come i to co tact with patie ts or devices used i de tal procedures. These surfaces have a limited risk of disease tra smissio a d ca be deco tami ated with less rigorous methods tha those used o de tal patie t-care items a d cli ical co tact surfaces.

Housekeepi g surface ca be clea ed with soap a d water or clea ed a d disi fected if visibly co tami ated with blood.

Reusable mops a d cloths should be clea ed after use a d allowed to dry before reuse. Alter atively, use si gle-use disposable optio s.

Prepare fresh clea i g a d disi fecti g solutio s daily a d accordi g to the ma ufacturer's recomme datio s.

Disposing of medical waste

The majority of soiled items i de tal offices are **ge eral me ical wa te**. Examples i clude used gloves, masks, gow s, a d lightly soiled gauze or cotto rolls. No -regulated medical waste ca be disposed of with ordi ary waste.

Some waste—such as gauze soaked i blood, extracted teeth, a d used eedles—carries a substa tial risk of causi g i fectio duri g ha dli g a d disposal a d is **regulate me ical wa te**. This type of waste requires special storage, ha dli g, eutralizatio , a d disposal strategies.

Regulated medical waste that does ot have a y sharp items ca be co tai ed i a si gle leak-resista t biohazard bag. n

Sharp items, like scalpel blades, eedles, or syri ges, should be placed i pu cture-resista t co tai ers with a biohazard label (e.g., a sharps co tai er).

A y facility ge erati g regulated medical waste should have a pla for its ma ageme t that complies with federal, state, a d local regulatio s.

De tal health care facilities should dispose of medical waste regularly so that it does ot accumulate.

Amalgam n

Never i clude extracted teeth with amalgam i n waste that will be treated with heat or i ci eratio for fi al disposal.

Fre quently asked quest ons

Who regu e i infec n ?

EPA regulates low and intermediate level disinfectants that are used on environmental surfaces (clinical contact surfaces and housekeeping). FDA regulates liquid chemical sterilants/high level disinfectants (e.g., glutaraldehyde, hydrogen peroxide, and peracetic acid) used on heat sensitive semicritical patient care devices.

Doe CDC recommen pecific environmen urf ce i infec n ?

CDC does not test, evaluate, or otherwise recommend specific chemical germicides. The CDC dental guidelines provide overall guidance for dental health care personnel to choose from among general classes of products based on infection prevention and control principles. This guidance recommends appropriate application of liquid chemical disinfectants registered with the EPA for use in dental health care settings.

The EPA maintains a list of selected EPA registered disinfectants.

Since ubercu o i i no r n mi e by con min e environmen urf ce , why i i - impor n o e ec i infec n wi h ubercu oci c im?

The ability to kill *Mycobacterium tuberculosis* is used as a benchmark to measure how well a disinfectant can kill germs. Mycobacteria have among the highest levels of resistance of all microorganisms. Therefore, any germicide with a tuberculocidal claim is considered capable of inactivating a broad spectrum of pathogens, including less resistant organisms such as bloodborne pathogens (e.g., hepatitis B and C viruses, - HIV). The use of such products on environmental surfaces plays no role in preventing the spread of tuberculosis (which is airborne).

SOURCES

Nati nal Center f r C r ni isease Preventi n an Healt Pr moti n; ivisi n f Oral Healt

SOURCES

- Centers for Disease Control and Prevention. Basic Expectations for Safe Care Training Module 8 – Environmental Infection Prevention and Control. Accessed December 18, 2023. https://www.cdc.gov/dental_infection_control/hcp/safe_care_training_modules/index.html
- Environmental Infection Control Guidelines. Centers for Disease Control and Prevention. Accessed December 19, 2023. https://www.cdc.gov/infection_control/hcp/environmental_control/summary_recommendations.html
- Kohn WG, Collins AS, Cleveland JL, et al. Guidelines for infection control in dental health care settings—2003. *MMWR Recomm Rep.* 2003; 52(RR 17);1–61.
- Selected EPA Registered Disinfectants US Environmental Protection Agency. Accessed February 14, 2024. www.epa.gov/pesticide_registration/selected_epa_registered_disinfectants.
- Miller CH, Palenik CJ. Surface and Equipment Asepsis. Miller CH, Palenik DJ, eds. *Infection Control and Management of Hazardous Materials for the Dental Team.* 4th ed. Mosby: 2009:171–185.
- Molinari JA, Harte JA. How to Choose and Use Environmental Surface Disinfectants. Molinari JA, Harte JA, eds. *Cottone's Practical Infection Control in Dentistry.* 3rd ed. Lippincott Williams & Wilkins, 2009:185–193.
- Rutala WA, Weber DJ, and the Healthcare Infection Control Practices Advisory Committee. Guideline for disinfection and sterilization in healthcare facilities, 2008:1–158. Accessed February 14, 2024. https://www.cdc.gov/infection_control/hcp/disinfection_and_sterilization/index.html.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. 2007 Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings 2007:1–219. Accessed February 14, 2024. https://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.
- Occupational Exposure to Bloodborne Pathogens: Needlestick and Other Sharps Injuries: Final Rule. *Fed Regist.* 2001;66:5317–5325. To be codified at 29 CFR Part 1910.1030. Accessed February 14, 2024. https://www.osha.gov/law-regs/regulations/standardnumber/1910/1910.1030
- Hazard communication. *Fed Regist.* 2012;77:17574 1789629. CFR 1910.1200. Accessed February 14, 2024. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10099 -

MAY 15, 2 2 P

t Practic for St rilization Monitoring in D ntal S tting

KEY OINTS

- Sterilization monitoring is the process of using indicators to provide feedback on the effectiveness of instrument sterilization.
- Sterilization monitoring and equipment maintenance records are important components of a dental infection prevention program.

Why it matt r

Sterilization monitoring is a critical step in ensuring that instruments and devices are safe to use on another patient.

Dental health care personnel should use a combination of mechanical, chemical, and biological monitoring to check whether a sterilizer reached the conditions necessary to achieve sterilization.

R commendation

CDC provides recommendations for sterilization monitoring in the Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) as well as on page 24–25 of the *Guidelines for Infection Control in Dental Health-Care Settings (2003)* and in the *Summary of Infection Prevention in Dental Settings: Basic Expectations for Safe Care*.

M echanical monitoring

Mechanical monitoring involves checking the sterilizer gauges, computer displays, or printouts, and documenting in your sterilization records that pressure, temperature, and exposure time have reached the levels recommended by the sterilizer manufacturer. Since these parameters can be observed during the sterilization cycle, this might be the first indication of a problem. Mechanical monitoring should be conducted for every sterilizer load.

Do not use instrument packages if the mechanical monitoring indicates that the sterilizer did not reach the required temperature, time, or pressure to render the items sterile.

Ch mical monitoring

Chemical monitoring uses sensitive chemicals that change color when exposed to high temperatures or combinations of time and temperature.

A chemical indicator should be used inside **every package** to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external indicator should also be used.

Inspect the chemical indicator **immediately when removing packages** from the sterilizer; if the appropriate color change did not occur, **do not use the instruments**.

iological monitoring

Biological monitoring, also called a spore test, assesses the sterilization process directly by killing known highly resistant microorganisms. Because the spores used in biologic indicators are more resistant than the common microbial contaminants found on patient-care equipment, a negative spore test indicates that other potential microorganisms in the load have been killed.

A spore test should be used **at least weekly** to monitor sterilizers, and should use a matching control (i.e., biological indicator and control from same lot number). Follow the manufacturer's directions for how to place the biological indicator in the sterilizer.

A spore test should also be used for **every load** with an implantable device. Ideally, implantable items should not be used until they test negative. P

Sterilizati re r s

Sterilization monitoring records are an important component of a dental infection pre ention program. Maintaining accurate records ensures cycle parameters ha e been met and establishes accountability. In addition, if there is a problem with a sterilizer (e.g., unchanged chemical indicator, positi e spore test), documentation helps to determine if an instrument recall is necessary.

Maintain your sterilization monitoring records (mechanical, chemical, and biological) long enough to comply with state and local regulations.

Sterilizati failures

What causes a sterilization failure?

Mechanical, chemical, or biological monitoring failures can be caused by a number of issues, including but not limited to:

- Improper cleaning of instruments.
- Incorrect operation of the sterilizer.
- Improper loading or o erloading of the sterilizer.
- Improper packaging.
- Improper packaging material selected for the method of sterilization. v

Keep Reading:
Factors A fecting the Efficacy of Disinfection and Sterilization

What should I do if there's a positive spore test?

If the mechanical (e.g., time, temperature, pressure) and chemical (internal or external) indicators suggest that the sterilizer is functioning properly, a single positi e spore test result probably does not indicate sterilizer malfunction.

- First, **remove the sterilizer from service** and re iew the sterilization operating procedures to determine potential reasons for the failed test.
- **Recall and quarantine** any implantable items and do not use them until they are shown to be sterile.
- Items other than implantable items do not necessarily need to be recalled.
- **Repeat the spore test immediately** using the same cycle that produced the positi e spore test. v
- If the result of the repeat spore test is negati e and operating procedures were correct, then the sterilizer can be returned to ser ice.

If the repeat spore test result **is positive**, remo e the sterilizer from ser ice and **do not use until it** has been inspected or repaired and re-challenged with spore tests in three consecuti e fully loaded chamber sterilization cycles. v

When possible, items from suspect loads dating back to the last negati e spore test should be **recalled, rewrapped, and re-sterilized.**

See Table 12 of the Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) for the suggested protocol to manage a positi e biological indicator in a steam sterilizer.

t
Visit s te s for E aluating an Infection Control Breach for more information on at to do in this situation.

Freq e tly aske q esti s

Do I have to perform a spore test if I on't use my sterilizer on a full time asis?

CDC does not pro ide a separate recommendation for sterilizers that are used on a part-time basis. CDC recommends that dental health care personnel monitor sterilizers at least weekly by using a biological indicator with a matching control (i.e., biological indicator and control from same lot number).

SOURCES v

CONTENT SOURCE:
National Center for Chronic Disease Prevention and Health Promotion; Division of Oral Health

SOURCES

- Association for the Advancement of Medical Instrumentation, American National Standards Institute. Comprehensive guide to steam sterilization and sterility assurance in health care facilities. ANSI/AAMI ST79:2010; A1:2010; A2:2011; A3:2012; and A4: 2013. Association for the Advancement of Medical Instrumentation, 2010.
- Kohn WG, Collins AS, Cleveland JL, et al. Guidelines for infection control in dental health-care settings—2003. *MMWR Recomm Rep*. 2003; 52(RR-17);1–61.
- Harte JA, Molinari JA. Sterilization Procedures and Monitoring. Molinari JA, Harte JA, eds. *Cottone's Practical Infection Control in Dentistry*. 3rd ed. Lippincott Williams & Wilkins, 2010;148–170.
- Miller CH, Palenik CJ. Instrumentation Processing. Miller CH, Palenik DJ, eds. *Infection Control and Management of Hazardous Materials for the Dental Team*. 4th ed. Mosby, 2010;135–169.
- Rutala WA, Weber DJ, and the Healthcare Infection Control Practices Advisory Committee. *Guideline for disinfection and sterilization in healthcare facilities*. Centers for Disease Control and Prevention, US Department of Health and Human Services; 2008. Accessed February 14, 2024. https://www.cdc.gov/infection-control/hcp/disinfection-and-sterilization/index.html

MAY 15, 2 2

nd rd Prec u ions

WHAT TO KNOW

S andard Precau ions are designed o bo h pro ec den al heal h care personnel (DHCP) and preven DHCP from spreading infec ions among pa ien s. t

B ckground

S andard Precau ions are he minimum infec ion preven ion prac ices ha apply o all pa ien care, regardless of suspec ed or confirmed infec ion s a us of he pa ien , in any se ing where heal h care is delivered. S andard Precau ions include:

1. Hand hygiene.
2. Use of personal pro ec ive equipmen (e.g., gloves, masks, eyewear).
3. Respira ory hygiene/cough e ique e.
4. Sharps safe y (engineering and work prac ice con rols). t
5. Safe injec ion prac ices (i.e., asep ic echnique for paren eral medica ions).
6. S erile ins rumen s and devices.
7. Clean and disinfec ed environmen al surfaces.

Each elemen of S andard Precau ions is described in he following sec ions. Educa ion and raining are cri ical elemen s of S andard Precau ions, because hey help DHCP make appropria e decisions and comply wi h recommended prac ices.

When S andard Precau ions alone canno preven ransmission, hey are supplemen ed wi h Transmission-Based Precau ions. This second ier of infec ion preven ion is used when pa ien s have diseases ha can spread hrough con ac , drople or airborne rou es (e.g., skin con ac , sneezing, coughing), and are always used in addi ion o S andard Precau ions. Den al se ings are no ypically designed o carry ou all of he Transmission-Based Precau ions (e.g., Airborne Precau ions for pa ien s wi h suspec ed uberculosis, measles, or chickenpox) ha are recommended for hospi al and o her ambula ory care se ings. Pa ien s, however, do no usually seek rou ine den al ou pa ien care when acu ely ill wi h diseases requiring Transmission-Based Precau ions.

None heless, DHCP should develop and carry ou sys ems for early de ec ion and managemen of po en ially infec ious pa ien s a ini ial poin s of en ry o he den al se ing. To he ex en possible, his includes rescheduling non-urgen den al care un il he pa ien is no longer infec ious or referral o a den al se ing wi h appropria e infec ion preven ion precau ions when urgen den al rea men is needed.

H nd hygiene

Hand hygiene is he mos impor an measure o preven he spread of infec ions among pa ien s and DHCP. Educa ion and raining programs should horoughly address indica ions and echniques for hand hygiene prac ices before performing rou ine and oral surgical procedures.

For rou ine den al examina ions and nonsurgical procedures, use wa er and plain soap (hand washing), or an imicrobial soap (hand an isepsis) specific for heal h care se ings, or use an alcohol-based hand rub. Al hough alcohol-based hand rubs are effec ive for hand hygiene in heal h care se ings, soap and wa er should be used when hands are visibly soiled (e.g., dir , blood, body fluids). For surgical procedures, [A] perform a t surgical hand scrub before pu ing on s erile surgeon's gloves. For all ypes of hand hygiene produc s, follow he produc manufac urer's label

for instr tions o leteg idan e on how and when hand hygiene sho ld be perfor d, inel ding re o ndations egarding s rgi al hand n antisepsis and artifi ial nails, an be fo nd in the Guideli e for Ha d Hygie e i Healthcare Setti gs

Key Recommendations for HAND HYGIENE in Dental Settings

1. Perfor Hand Hygiene:
   a. When hands are visibly soiled
   b. After barehanded to hing of instr nts, eq ip nt, e terials, and other obje ts likely to be onta nated by blood, saliva, or respiratory se retions
   c. Before and after treating ea h patient
   d. Before p tting on gloves and again i diately after re ving gloves
2. Use soap and water when hands are visibly soiled (e g , blood, body fl ids); otherwise, an al ohol-based hand r b y bea sed

Personal protective equipment

Personal prote tive eq ip nt (PPE) refers to wearable eq ip nt that is designed to prote t DH CP fro expos re to or onta t with infe tio s agents PPE that is appropriate for vario s types of patient intera tions and effe tively overs personal lothing and skin likely to be soiled with blood, saliva, or other potentially infe tio s terials (OPIM) sho ld be available These in l de gloves, fa e sks, a prote tive eye wear, fa e shields, and prote tive lothing (e g , re sable or disposable gown, ja ket, laboratory oat) Exa les of appropriate se of PPE for adheren e to Standard Pre a tions in l de:

- Use of gloves in sit ations involving possible onta t with blood or body fl ids, o s ranes, non-inta t skin (e g , exposed skin that is happed, abraded, or with der titis) or OPIM .
- Use of prote tive lothing to prote t skin and lothing d ring pro ed res or a tivities where onta t with blood or body fl ids is anti ipated
- Use of th, nose, and eye prote tion d ring pro ed res that are likely to generate splashes or sprays of blood or other body fl ids

DH CP sho ld be trained to sele t and p t on appropriate PPE and re ve PPE so that the han e for skin or lothing onta nation is red ed Hand hygiene is always the final step after re ving and disposing of PPE Training sho ld also stress preventing f rther spread of onta nation while wearing PPE by:

- Keeping hands away fro fa e
- Li ting s rfa es to hed
- Re ving PPE when leaving work areas
- Perfor ng hand hygiene

The appli ation of Standard Pre a tions and g idan e on appropriate sele tion and an exa le of p tting on and re val of personal prote tive eq ip nt is des ribed in detail in the 2007 Guideli e for Isolatio Precautio s

Keep Reading:
Best Practices for Perso al Protective Equipme t

Key Recommendations for PERSONAL PROTECTIVE EQUIPMENT (PPE) in Dental Settings

1. Provide s ffi ient and appropriate PPE and ens re it is a essible to DH CP
2. Ed ate all DH CP on proper sele tion and se of PPE
3. Wear gloves whenever there is potential for onta t with blood, body fl ids, o s ranes, non-inta t skin, or onta nated eq ip nt e
   a. Do not wear the sa pair of gloves for the are of re than one patient
   b. Do not wash gloves Gloves annot be re sed
   c. Perfor hand hygiene i diately after re ving gloves
4. Wear prote tive lothing that overs skin and personal lothing d ring pro ed res or a tivities where onta t with blood, saliva, or OPIM is anti ipated
5. Wear th, nose, and eye prote tion d ring pro ed res that are likely to generate splashes or spattering of blood or other body fl ids n

6. Remove e o e leaving the wo k a ea.

Respirat ry hygiene/c ugh etiquette

Respi ato y hygiene/cough etiquette in ection p evention measu es a e designed to limit the t ansmission o espi ato y pathogens sp ead y d oplet o ai o ne outes. The st ategies ta get p ima ily patients and individuals accompanying patients to the dental setting who might have undiagnosed t ansmissi le espi ato y in ections, ut also apply to anyone (including DHC) with signs o illness including cough, congestion, unny nose, o inc eased p oduction o espi ato y sec etions.

DHC should e educated on p eventing the sp ead o espi ato y pathogens when in contact with symptomatic pe sons. Respi ato y hygiene/cough etiquette measu es we e added to Standa d ecautions in 2007. Additional in o mation elated to espi ato y hygiene/cough etiquette can e ound in the 2007 Guideline for Isolation Precautions. Recommendations o p eventing the sp ead o influenza a e availa le at: Infection Control in Health Care Facilities | CDC. o

Key Recommendations for RESPIRATORY HYGIENE/COUGH ETIQUETTE in Dental Settings

1. Implement measu es to contain espi ato y sec etions in patients and accompanying individuals who have signs and symptoms o a espi ato y in ection, eginning at point o ent y to the acility and continuing th oughout the visit.
   a. ost signs at ent ances with inst uctions to patients with symptoms o espi ato y in ection to (1) cove thei mouths/noses when coughing o sneezing; (2) use and dispose o tissues; and (3) pe o m hand hygiene a te hands have een in contact with espi ato y sec etions.
   b. ovide tissues and no-touch eceptacles o disposal o tissues.
   c. ovide esou ces o pe o ming hand hygiene in o nea waiting a eas.
   d. O fe ma k to coughing patients and othe y matic pe sons when they ente he dental se ting.
   e. ov d p ce and encou age p sons with symptoms o spi ato y in ections to sit as a away om othe s as po si le. I availa le, o acilities may wish to place these patients in a sepa ate a ea while waiting o ca e.
2. ducate DHC on the impo tance o in ection p evention measu es to contain espi ato y sec etions to p event the sp ead o espi ato y pathogens when examining and ca ing o patients with signs and symptoms o a espi ato y in ection.

Sharps safety

Most pe cutaneous inju ies (e.g., needlestick, cut with a sha p o ject) among DHC involve u s, needles, and othe sha p inst uments. Implementation o the OSHA Blood o ne athogens Standa d has helped to p otect DHC om lood exposu e and sha ps inju ies. Howeve , sha ps inju ies continue to occu and pose the isk o lood o ne pathogen t ansmission to DHC and patients. Most exposu es in dentist y a e p eventa le; the e o e, each dental p actice should have policies and p ocedu es availa le add essing sha ps sa ety. DHC should e awa e o the isk o inju y wheneve sha ps a e exposed. When using o wo king a ound sha p devices, DHC should take p ecautions while using sha ps, du ing cleanup, and du ing disposal.

nginee ing and wo k-p actice cont ols a e the p ima y methods to educe exposu es to lood and O HM om sha p inst uments and needles. Wheneve possi le, enginee ing cont ols should e used as the p ima y method to educe exposu es to lood o ne pathogens. nginee ing cont ols emove o isolate a haza d in the wo kplace and a e equently technology ased (e.g., sel -sheathing anesthetic needles, sa ety scalpels, and needleless IV po ts). mploye s should involve those DHC who a e di ectly esponsi le o patient ca e (e.g., dentists, hygienists, dental assistants) in identi ying, evaluating, and selecting devices with enginee ed sa ety eatu es at least annually and as they ecome availa le. Othe examples o enginee ing cont ols include sha ps containe s and needle ecapping devices.

When enginee ing cont ols a e not availa le o app op iate, wo k-p actice cont ols should e used. Wo k-p actice cont ols a e ehavio - ased and a e intended to educe the isk o lood exposu e y changing the way DHC pe o m tasks, such as using a one-handed scoop technique o ecapping needles etween uses and e o e disposal. Othe wo k-p actice cont ols include not ending o eaking needles e o e disposal, not passing a sy inge with an unsheathed needle y hand, emoving u s e o e disassem bling the handpiece om the dental unit, and using inst uments in place o finge s o tissue et action o palpation du ing sutu ing and administ ation o anesthesia.

All used disposa le sy inges and needles, scalpel lades, and othe sha p items should e placed in app op iate punctu e- esistant containe s located close to the a ea whe e they a e used. Sha ps containe s should e disposed o acco ding to state and local egulated medical waste ules.

Fo mo e in o mation a out sha ps sa ety, see the *Guidelines for Infection Control in Dental Health-Care Settings—2003*, the CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program, and the CDC Sample Screening PDF and Device Evaluation Forms PDF o Dentist y.

Key Recommendations for SHARPS SAFETY in Dental Settings

1. Conside sha p items (e.g., needles, scale s, u s, la knives, and wi es) that a e contaminated with patient lood and saliva as potentially o in ective and esta lish enginee ing cont ols and wo k p actices to p event inju ies.

2. Do not r s d n dl s by sing both h nds or ny oth r t hniq th t involv s dir ting th oint of n dl toward ny rt of th body.

3. Us ith r on -h nd d s oo t hniq or me h ni l d vi d sign d for holding th n dl wh n r ing n dl s (.g. b twe n multi l inj tions nd b for r moving from non-dis os bl s ir ting syring).

4. Pl s d dis os bl syring s nd n dl s s l l bl d s nd oth r sh r it ms in ro ri t n t r -r sist nt ont in rs lo t d s los s ossibl to th r wh r th it ms r s d.

Safe injection practices

S f inj tion r ti s r int nd d to r v nt tr nsmission of inf tio s dis s s b twe n on ti nt nd noth r or b twe n ti nt nd DHCP d ring r r tion nd dministr tion of r nt r l (.g. intr v no s or intr mus l r inj tion) medi tions. S f inj tion r ti s r s t of me s r s DHCP sho ld follow to rform inj tions in th s f st ossibl m nn r for th rot tion of ti nts. DHCP most fr q ntly h ndl r nt r l medi tions wh n dminist ring lo l n sth si d ring whi h n dl s nd rtridg s ont ining lo l n sth ti s r s d for on ti nt only nd th d nt l rtridg syring is l n d nd h t st riliz d b twe n ti nts. Oth r s f r ti s d s rib d h r rim rily ly to s of r nt r l medi tions ombin d with fl id inf sion syst ms s h s for ti nts nd rgoing ons io s s d tion. Uns f r ti s th th v l d to ti nt h rm in l d (1) s of singl syring —with or witho t th s m n dl —to dminist r medi tion to multi l ti nts (2) r ins rtion of s d syring —with or witho t th s m n dl —into medi tion vi l or sol tion ont in r (.g. s lin b g) to obt in ddition l medi tion for singl ti nt nd th n sing th t vi l or sol tion ont in r for s bs q nt ti nts nd (3) , r r tion of m di tions in los roximity to ont min t d s li s or q i ment.

S f inj tion r ti s w r ov r d in th S i l Consid r tions s tion (As ti T hniq for P r nt r l Medi tions) of th 2003 CDC d nt l g id lin s. How v r b s of r orts of tr nsmission of inf tio s dis s s by in ro ri t h ndling of inj t bl medi tions CDC now onsid rs s f inj tion r ti s to b formal l ment of St nd rd Pr tions. Compl t g id n on s f inj tion r ti s n b fo nd in th 2007 Guideline for Isolation Precautions. Addition l mat ri ls in l ding list of frequently asked questions from providers nd a patient notification toolkit r lso v il bl . ,

Keep Reading:
Best Practices for Safe Injections

Key Recommendations for SAFE INJECTION PRACTICES in Dental Settings ,

1. Pr r inj tions sing s ti t hniq [B] in l n r .

2. Disinf t th r bb r s t m on medi tion vi l with l ohol b for i r ing.

3. Do not s n dl s or syring s[C] for mor th n on ti nt (this in l d s man f t r d r fill d syring s nd oth r d vi s s h s ins lin ns).

4. Medi tion ont in rs (singl nd multidos vi ls mp l s nd b gs) r nt r d with n w n dl nd n w syring v n wh n obt ining ddition l dos s for th s me ti nt.

5. Us singl -dos vi ls for r nt r l medi tions wh n ossibl .

6. Do not s singl -dos (singl - s) medi tion vi ls mp l s nd b gs or bottl s of intr v no s sol tion for mor th n on ti nt.

7. Do not ombin th l ftov r ont nts of singl - s vi ls for l t r s .

8. Th following ly if multidos vi ls r s d:

   a. D di t m ltidos vi ls to singl ti nt wh n v r ossibl .

   b. If multidos vi ls will b s d for mor th n on ti nt th y sho ld b r stri t d to ntr liz d medi tion r nd sho ld not nt r th , immedi t ti nt tr tment r (.g. d nt l o r tory) to r v nt in dv rt nt ont min tion.

   c. If multidos vi l nt rs th immedi t ti nt tr tment r it sho ld b d di t d for singl - ti nt s nd dis rd d immedi t ly ft r s .

   d. D t multidos vi ls wh n first o n d nd dis rd within 28 d ys nl ss th man f t r r s ifi s short r or long r d t for th t o n d vi l.

9. Do not s fl id inf sion or dministr tion s ts (.g. IV b gs t bings onn tions) for mor th n on ti nt.

SOURCES

CONTENT SOURCE: ,

National Center for Chronic Disease Prevention and Health Promotion; Division of Oral Health g

FOOTNOTES

A. itio from 2003 C C tal Guid li s—Oral sur ical prgc dur s i volv th i cisio , xcisio , or r fl gtio of tissu that xpos s th ormally st ril ar as of th oral cavity. Exampl s i clud biopsy, p riodo tal sur ry, apical sur ry, impla t sur ry, a d sur ical xtractio s of t th (. ., r moval of rupt d or o rupt d tooth r quiri l vatio of mucop riost al flap, r moval of bo or s ctio of tooth, a d suturi if d d).

B. A t ch iqu that pr v ts or r duc s th spr ad of microor a isms from o sit to a oth r, such as from pati t to HCP, from pati t to g op ratory surfac s, or from o op ratory surfac to a oth r.

C. A Not about Admi ist ri Local tal A sth sia: Wh usi a d tal cartrid syri to admi ist r local a sth sia, do ot us th dl or a sth tic cartrid for mor tha o pati t. E sur that th d tal cartrid syri is appropriat ly cl a d a d h at st riliz d b for us o a oth r pati t.

SOURCES

- Si l J , Rhi hart E, Jackso M, Chiar llo L; H ealthcar I f ctio Co trol Practic s Advisory Committ . Ma a m e t of multidru - r sista t or a isms i h alth car s tti s, 2006. *Am J I f ct Co trol.* 2007;35(10 Suppl2):S165–S193.
- Hart JA. Sta dard a d tra smissio -bas d pr cautio s: a updat for d tistry. *J Am t Assoc.* 2010;141(5):572–581.
- C t rs for is as Co trol a d Pr v tio . Ha d Hy i i H ealth car S tti s Educatio al R sourc s. Acc ss d F bruary 14, 2024. https://www.cdc.gov/clean-hands/hcp/training/index.html
- C t rs for is as Co trol a d Pr v tio . Occupatio ally-Acquir d I f ctio s i H ealth car S tti s. F bruary 14, 2024. https://www.cdc.gov/infection-control/hcp/safety/index.html.
- C t rs for is as Co trol a d Pr v tio . I f ctio Co trol i H ealth Car Faciliti s. F bruary 14, 2024. www.cdc.gov/flu/professionals/infectioncontrol/ g

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

MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Chief of Licensing and Examination Dental Board of California
SUBJECT	**Agenda item 11.c.:** Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees

Background

As of December 31, 2024, Business and Professions Code (BPC) section 1632, subdivision (c), specified that the Dental Board of California (Board) shall require each dentist license applicant to have taken and received a passing score on one of the following examinations: (1) the Portfolio examination conducted while the applicant is enrolled in a dental school program; (2) the clinical and written examination administered by the Western Regional Examining Board (WREB -- within five years prior to the date of their application for a license); or (3) the clinical and written examination developed by the American Board of Dental Examiners, Inc. (ADEX -- within five years prior to the date of their application for a license). The American Board of Dental Examiners, Inc.'s ADEX examination was reviewed and adopted by the Board on November 15, 2019, for use as an examination for licensure. As of January 1, 2025, the Portfolio examination has been legislatively eliminated as a pathway for dentist licensure.

Board regulations related to application for licensure as a dentist in California Code of Regulations (CCR), title 16, section 1028, were last substantively amended in 2014 and currently only refer to the WREB and Portfolio examination pathways. In addition, the regulation does not reflect changes in statutes, other regulations, and program recommendations for processing licensing applications that have occurred since 2014, including the Board's online application process, elimination of the Portfolio examination pathway, standards for denying an application based upon revised standards set forth in BPC section 480, requirements for collecting U.S. military service information, requirements for waiving the initial license and application fee for individuals married to

or in a domestic partnership with an active duty member of the U.S. Armed Forces, or other requirements for expediting the licensure process (see BPC §§ 114.5, 115.4, 115.5 and 135.4).

At the November 2023 Board Meeting, Board staff presented a rulemaking proposal to update the Board's application regulations for licensure by examination to reflect changes in law and regulations and changes to the licensing unit's processes and procedures. The Board approved these proposed changes at its November 2023 Board meeting. (See November 8-9, 2023 Meeting Materials, Agenda Item 24.c).

However, this rulemaking was placed on hold after the introduction of Senate Bill (SB) 1453 (SB 1453), which included many substantive changes to the Dental Practice Act including the repeal of the Portfolio examination pathway to licensure. As a result of this and other legislative and programmatic changes, the Board staff are recommending revisions to the prior rulemaking proposal as specified below and in **Attachment 1**.

Discussion and Recommendations

Applications for Licensure Process and Requirements

As noted above and after review of the current requirements, Board staff recommend updating specified dentist licensing fees and applications to make further changes to existing dentist licensure application regulations as set forth in **Attachment 1**. In consultation with Board Regulations Counsel, Board staff have made significant and substantive revisions since the text was last approved by the Board at its November 2023 meeting to account for law changes (e.g., repeal of Portfolio examination under SB 1453, and new application expedite requirements as per BPC section 115.4(b) effective July 1, 2024 for members of the U.S. Armed Forces enrolled in the Department of Defense's Skillbridge program), and further application processing details not included in the prior proposal. These changes would include:

(1) elimination of all references in regulations to the Portfolio examination, including the application form in **Attachment 3** and the associated fee, and related Portfolio licensing standards (CCR §§ 1021, 1028, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, 1035, and 1036.01).

(2) a fee increase for processing the initial dentist license application using either the ADEX or WREB pathway from $400 to $490.

Board staff conducted new desk audits to support the fee increases in this proposal that considered both possible methods of application submission, either via paper or online, and revised 2025-26 salary rate calculators to support the fees proposed. The workload analysis is provided in **Attachment 7**. In November 2023, staff had recommended the initial license application fee be increased to $500. This number is now being proposed

to be reduced to $490 after release of the Governor's 2025-26 Budget on January 10, 2025 that indicates a reduction in costs to the Board due primarily to reductions in retirement benefits, the Board's Department of Consumer Affairs (DCA) pro rata charges (administrative charges paid by the Board for its share of administrative services provided by DCA per BPC section 201), and other cost cutting measures. BPC section 1724, subdivision (a), currently caps at $1,500 the dentist licensure application fee for applicants using the WREB examination and $1,000 for applicants using the ADEX examination. The proposed $90 increase for both pathways would maintain the application for licensure fee well within the Board's statutory fee cap authority.

(3) a fee increase for the processing of the law and ethics examination application from $125 to $180 in CCR 1021. Board staff conducted desk audits to support the fee increases in this proposal that considered the online and paper method of application submission for this application, and also used the revised calculators noted above to support the fee proposed. The workload analysis is provided in **Attachment 8**.

(4) significant amendments to CCR sections 1028, 1028.4, and 1028.5 to repeal the forms incorporated by reference in these sections regarding submission of paper forms for the (A) initial application for licensure for the WREB examination pathway, (B) the application for issuance of license number and registration of place of practice pursuant to BPC section 1650, and (C) the application for California law and ethics examination pursuant to Section 1632(b) as set forth in **Attachments 2, 4 and 5**. This proposal would instead place those applications and associated requirements in a narrative form to allow for electronic or paper application submission options as specified.

These proposed changes were made to implement the transition to the Board's online, electronic applications and licensing system ("BreEZe") for all these licensing applications that includes electronic submission of data, payment, filing and signature requirements not included in the prior proposal. Under this proposal, all applications would also be accepted if submitted by mail or hand delivery as specified.

This falls in line with many DCA boards and bureaus who are moving to this model because they want to be able to facilitate the ability of the applicants to use a variety of methods of submission. Regardless of the submission method chosen by the applicant, the qualification requirements would be the same.

(5) a new convenience fee for those submitting applications online in CCR sections 1028, 1028.4, and 1028.5. The Board has historically not passed along the cost for the convenience fee charged by credit card companies to the applicant using the Board's online application process through BreEZe (only credit cards Visa, Mastercard, or Discover are accepted forms of payment through BreEZe). This proposal would pass the credit card convenience fee charged by the credit card directly to the applicant whenever BreEZe is used to submit a credit card for payment of the application fee in accordance with Government Code section 6159. Applicants choosing to use a paper

option would not pay a convenience fee but would be required to pay by cash, check, money order, or cashier's check payable to the Dental Board of California.

(6) implement requirements in CCR section 1030 for applicants to show proof of successful completion of the National Board Dental Examinations of the Joint Commission on National Dental Examinations. This proposal would also add the requirement that applicants submit confirmation thereof to the Board within one year from the date of submission of the initial licensure application in CCR Section 1028, by mail or electronically, as specified.

Action Requested

Board staff requests that the members review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Option 1 (The Board has no suggested changes for the proposed regulatory text.)

Move to rescind the Board's prior November 9, 2023 motion approving prior text for this item, and instead approve the proposed regulatory text in **Attachment 1**, including the repeal of the forms incorporated by reference in **Attachments 2 through 6**. I further direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, for amendments to sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and for the repeal of sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01.

Option 2 (The Board has suggested changes for the proposed regulatory text.)

Move to rescind the Board's prior November 9, 2023 motion approving prior text for this item and instead move to approve the proposed regulatory text in **Attachment 1**, including the repeal of the forms incorporated by reference in **Attachments 2 through 6**, with the following changes. (Describe the proposed changes to the proposed text). I further direct staff to submit the text as amended to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes

to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, for amendments to sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and for the repeal of sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01.

Attachments:

1. Proposed Regulatory Language -- Applications for Dentist Licensure and Fees
2. Repealer “Application for Licensure to Practice Dentistry” (WREB) Form 33A-22W (Revised 11/06)
3. Repealer “Application for Determination of Licensure Eligibility (Portfolio)” Form 33A-22P (New 11/2014)
4. Repealer “Application for Issuance of License Number and Registration of Place of Practice,” (Rev. 02-07)
5. Repealer “Application for Law and Ethics Examination” (Rev. 12/07)
6. Repealer of “Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination requirements for re-examination Eligibility” (Form New 08/13)
7. Tables entitled “Dental Board of California Licensure By Examination (CCR 1021(a)) Licensing Workload” (Table 1: Costs - Paper Based and Table 2: Costs - Online)
8. Tables entitled “Dental Board of California Licensure By Examination (CCR 1021(a)(c)) Law & Ethics Examination App Workload” (Table 1: Costs - Paper Base and Table 2: Costs - Online)

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED TEXT

Applications for Dentist Licensure and Fees

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

Amend Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) and (c)(2) of the Business and Professions Code (the Code) $~~400~~490

(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code $800

~~(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code $400~~

(~~d~~c) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code $525

(~~e~~d) Initial License $650 [FN*]

(~~f~~e) Biennial License Renewal fee $650

(~~g~~f) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (~~f~~e).

(~~h~~g) Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(~~i~~h) Substitute Certificate or Pocket License $111

(~~j~~i) Application for an Additional Office Permit $350

(~~k~~j) Biennial Renewal of Additional Office Permit $250

(~~l~~k) Late Change of Practice Registration $50

(~~m~~l) Fictitious Name Permit
The fee prescribed by Section 1724.5 of the Code

(~~n~~m) Fictitious Name Permit Renewal $325

(~~o~~n) Delinquency fee--Fictitious Name Permit Renewal.
The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

(~~p~~o) Continuing Education Registered Provider fee $410

(~~q~~p) Application for General Anesthesia or Moderate Sedation Permit $524

(~~r~~q) Application for Pediatric Minimal Sedation Permit $459

(~~s~~r) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee $325

(~~t~~s) Pediatric Minimal Sedation Permit Renewal fee $182

(~~u~~t) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee $2,000

(~~v~~u) Application for a Special Permit $1,000

(~~w~~v) Special Permit Renewal $125

(~~x~~w) Initial Application for an Elective Facial Cosmetic Surgery Permit $850

(~~y~~x) Elective Facial Cosmetic Surgery Permit Renewal $800

(~~z~~y) Application for an Oral and Maxillofacial Surgery Permit $500

(~~aa~~z) Oral and Maxillofacial Surgery Permit Renewal $650

(a~~b~~a) Continuing Education Registered Provider Renewal $325

(a~~c~~b) License Certification $50

(a~~d~~c) Application for Law and Ethics Examination $~~125~~180

(a~~e~~d) Application for ~~Use of Oral Conscious Sedation of~~ Adult Oral Conscious Sedation Certificate~~Patients~~ $459

(a~~f~~e) Adult Oral Conscious Sedation Certificate Renewal $168

(a~~g~~f) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees) $532

(a~~h~~g) Application for Pediatric Endorsement for Moderate Sedation Permit $532

[FN*]
Fee pro-rated based on applicant's birth date.
[FN**]
Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1638, 1638.1, 1638.3, 1640, 1640.3, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1028. Application for Licensure.

(a) An applicant for licensure as a dentist qualifying pursuant to Section 1632(c)(1) or (2) of the Code shall submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section. ~~shall submit an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06), which is hereby incorporated by reference, or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014), which are hereby incorporated by reference,~~

(1) For purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial application fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office at the address listed on the Board's website, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

(i) The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

(ii) After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

(iii) Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(iv) Except as otherwise specified in paragraphs (3), (4), (16) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

(iv) The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board, and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed ~~A~~a applications ~~be accompanied by~~ include the following information and fees:

(1) The non-refundable initial application ~~and examination(s)~~ fee~~s~~ as set by Section 1021 unless the applicant meets the requirements for waiver of the fee specified in paragraph (8);

(2) Satisfactory evidence that the applicant has met all applicable requirements in Sections 1628 and 1632 of the Code;

(3) The applicant shall furnish two classifiable sets of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check in accordance with subsection (e). The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check as set forth in subsection (e);

(4) Where applicable, a record of any previous dental practice and certification ~~of~~ from the applicant's licensing entity or jurisdiction containing the applicant's license number, date of issue, and license status in each state or jurisdiction in which licensure as a dentist has been attained. Certifications sent by mail ~~must~~shall be sent to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the licensing entity or jurisdiction to DentalBoard@dca.ca.gov;

(5) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),

(B) Other name(s) applicant has used or has been known by,

(C) Applicant's physical address,

(D) Applicant's ~~social security number, address of residency,~~ mailing address if different from the applicant's physical address ~~of residency~~. The mailing address may be a post office box number or other alternative address,

(E) Applicant's email address, if any,

(F) Applicant's ~~date of birth,~~ telephone number(s),

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number; and,

(H) Applicant's birthdate (month, date, and year) ~~and gender of applicant~~;

(6) Whether the applicant is serving in, or has previously served in, the United States military;

(7) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the

application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge;

(8) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review and an initial application fee waiver per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California;

(9) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(10) If the applicant answers "yes" to the question in paragraph (9), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the "SI" or "SQ",

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code;

(11) Whether the applicant is an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates);

(12) Information as to whether the applicant is currently registered with the federal Drug Enforcement Administration (DEA) to prescribe or dispense controlled substances. If the applicant answers "yes," the applicant shall provide their DEA registration number;

(~~6~~13) Information as to whether the applicant has ever taken the California Law and Ethics written examination;

(~~7~~14) Any request for accommodation pursuant to the Americans with Disabilities Act;

~~(8) A 2-inch by 2-inch passport style photograph of the applicant, submitted with the "Application for Licensure to Practice Dentistry (WREB)" Form 33A-22W (Revised 11/06), or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014);~~

(~~9~~15) Information regarding the applicant's education including dental education and postgraduate study, if applicable. This information shall include the name(s) and location(s) of institution(s) attended, periods of attendance (showing dates listed by month and year), the type of degree or diploma granted, and the date such degree or diploma was granted;

(~~10~~16)(A) A document containing an acceptable ~~C~~certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated. An acceptable certification shall include:

(i) The name of the dental school,

(ii) The date the applicant first enrolled in the school's educational program,

(iii) The applicant's years of attendance,

(iv) The date the applicant completed the clinical and didactic requirements of the educational program and graduated,

(v) The type of degree granted to the applicant by the dental school,

(vi) A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

(vii) The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted;

~~(11) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;~~

(17) A written statement, signed and dated by the applicant, that states the applicant authorizes the release to the Board of any information about the applicant from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration (DEA) within the United States Department of Justice;

(12~~8~~) Excluding actions based upon the applicant's criminal conviction history, ~~i~~information regarding any prior disciplinary action(s) taken against the applicant within the preceding seven years from the date of the application regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service, DEA, or other federal or state government entity ("licensing jurisdiction"). "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 license. If an applicant answers "yes", ~~he or she~~ the applicant shall provide ~~the date of~~ a written statement that includes the name of the licensing jurisdiction, the effective date of disciplinary action, the state, district, or territory where the discipline occurred, the date(s) when the conduct occurred, the charges ~~convicted of~~proven, the disposition of the action, and any other information requested by the ~~b~~Board;

(13~~9~~) Excluding investigations related to the applicant's criminal conviction history, ~~l~~information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers "yes," the applicant ~~he or she~~ shall provide any additional information requested by the ~~b~~Board if known or reasonably available to the applicant, including the date the pending investigation was initiated, the name of the licensing entity or jurisdiction, and a description of the allegations that are still pending at the time of application;

(~~14~~20) Excluding denials based upon the applicant's criminal conviction history, ~~l~~information regarding any instances in which the applicant was denied a dental license or DEA registration, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers "yes", ~~he or she~~ the applicant shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the ~~b~~Board;

(~~15~~21) Excluding surrenders based upon the applicant's criminal conviction history, ~~l~~information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers "yes," additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the ~~b~~Board;

~~(16) Information as to whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code;~~

(22) A written statement, signed and dated by the applicant, that they have read the following notice:

> "Effective January 1, 2008, certain nondentists may, upon your death or incapacity, contract with another licensed dentist or dentists to continue your dental practice for a period not exceeding 12 months if certain conditions are met. Sections 1625.3 and 1625.4 of the Business and Professions Code permit the legal guardian or conservator or authorized representative of an incapacitated dentist, the executor or administrator of the estate of a deceased dentist, or the named trustee or successor trustee of a trust or subtrust who meets certain requirements, to contract with a licensed dentist or dentists to continue the incapacitated or deceased dentist's dental practice for a period not to exceed 12 months from the date of death or incapacity if the practice meets specified criteria and if certain other conditions are met, including providing a specific notification to the Dental Board of California. You and your estate planner should become familiar with these requirements and the notification process. Please contact the Dental Board of California for additional information."

(23) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided

by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per California Business and Professions Code (BPC) sections 1628, 1628.5, 1629, and 1632, and California Code of Regulations, title 16, section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by California Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

(~~17~~24) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant that the information provided by the applicant on or with the application is true and correct.

(c) In addition to complying with the applicable provisions contained in subsection~~s (a) through~~ (b) above, an applicant ~~submitting an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06),~~ for licensure as a dentist who seeks to qualify upon passage of Western Regional Examining Board ("WREB") examination shall also furnish evidence of having successfully passed ~~on or after January 1, 2005,~~ the WREB examination within five years prior to the date of their application.

(d) In addition to complying with the applicable provisions contained in subsection (b) above, an applicant for licensure who seeks to qualify upon passage of the American Board of Dental Examiners, Inc.'s (CDCA-WREB-CITA) "ADEX" examination shall also authorize the CDCA-WREB-CITA to provide the Board the applicant's cumulative score report showing the applicant's name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed, on or after November 15, 2019, and within five years prior to the date of their application, the ADEX examination. The applicant shall sign any release, waiver, or consent forms required by CDCA-WREB-CITA to authorize the release and submission of their cumulative score report to the Board. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed in compliance with the examination requirements of paragraph (2) of subdivision (c) of Section 1632 of the Code.

(e) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a license to practice dentistry.

(1) Subject to paragraph (3), all applicants shall submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for

Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant shall pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks and Live Scan locations, please visit the Office of the Attorney General website at: https://oag.ca.gov/fingerprints.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order, or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(4) Resubmission process. Applicants will be notified if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Applicants submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

~~(d) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) shall also furnish certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;~~

~~(e) An "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board shall not issue a license, until receipt of a certification from the dean of the school attended by~~

~~the applicant, certifying the date the applicant graduated with no pending ethical issues on school letterhead.~~

~~(1) The earliest date upon which a candidate may submit their portfolio for review by the board shall be within 90 days of graduation. The latest date upon which a candidate may submit their portfolio for review by the board shall be no more than 90 days after graduation.~~

~~(2) The candidate shall arrange with the dean of his or her dental school for the school to submit the completed portfolio materials to the Board.~~

~~(3) The Board shall review the submitted portfolio materials to determine if it is complete and the candidate has met the requirements for Licensure by Portfolio Examination.~~

(f) After receipt of the application required by this section, an applicant shall receive written confirmation of the receipt of their application and their assigned application file number ("file number") from the Board to be used in all communications with the Board. The Board shall mail a written deficiency letter or an approval letter, as applicable, to the applicant that includes confirmation of receipt and lists their file number.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 135.4, 144, 480, 494.5, 1625.5, 1628, 1628.5, 1629 ~~and~~ 1632 and 1650.1, Business and Professions Code; Sections 1633.2, 1633.7, and 1798.17, Civil Code; Sections 16.5 and 6159, Government Code.

§ 1028.4. Application for Issuance of License Number and Registration of Place of Practice Pursuant to Section 1650.

(a) ~~Upon being found eligible for licensure~~ Within 30 days of the date of receiving written notice of their eligibility for licensure as a dentist from the Board, the applicant shall ~~file~~ submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section to obtain a license number and be deemed compliant with Section 1650 of the Code.

(1) For the purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial license fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fees shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. Required fees shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

(i) The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

(ii) After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

(iii) Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(iv) Any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

(iv) Required fees shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

~~an "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 02-07) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.~~

(b) A completed application for issuance of license number and registration of place of practice shall include the following:

(1) The initial license fee set forth in Section 1021 unless the applicant meets the requirements for waiver of the initial license fee as set forth in Section 115.5 of the Code and further specified in paragraph (4).

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's address of record.

(C) Applicant's address of place of practice ("practice address"), if different from address of record. Applicants who do not have a practice address in California may leave this section blank.

(D) Applicant's telephone number.

(E) Applicant's email address.

(F) Applicant's file number, which is issued by the Board upon receipt of the application as described in subsection (f) of Section 1028.

(3) Whether the applicant is requesting a reasonable accommodation pursuant to subdivision (b) of Section 12944 of the Government Code. If the applicant affirmatively states they are requesting an accommodation, the applicant shall provide medical documentation consisting of a written document with the name, license number, telephone number, date, and signature of a physician confirming the existence of the applicant's disability or medical condition (as defined in Section 12926 of the Government Code) and the need for the reasonable accommodation.

(4) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(5) Whether the applicant is an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their

respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(6) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(8) If the applicant answers "yes" to the question in paragraph (7), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(9) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine compliance with California Business and Professions Code (BPC) section 1650 and California Code of Regulations, title 16, section 1028.4, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(8) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

(c) If an applicant files an application per subsection (b) and leaves the practice address "blank," the licensee must immediately report their practice address to the Board in writing, if and when the licensee has a practice address in California, by either of the following methods: (1) by mail to the attention of the Board's Licensing and Examination Unit at the Board office at the address listed on the Board's website, or (2) by email to DentalBoard@dca.ca.gov.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 115.4, 115.5, 135.4 and,1650, Business and Professions Code.

§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).

(a) Application for the California law and ethics examination shall be made ~~on an "Application for Law and Ethics Examination" (Rev. 12/07) that is incorporated herein by reference~~by submitting to the Board a completed application as specified in subsection (b) and meeting the other applicable requirements of this section.

(1) For the purposes of this section "submitting to the Board" means to transmit an application and the application for law and ethics examination fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall submit the application according to the following requirements:

(i) The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

(ii) After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

(iii) Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(iv) Except as otherwise specified in paragraph (8) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

(iv) The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed application for the California law and ethics examination shall include the following:

(1) The application for law and ethics examination fee set forth in Section 1021.

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's mailing address.

(C) Applicant's telephone number.

(D) Applicant's email address.

(E) Applicant's Social Security Number or Individual Taxpayer Identification Number.

(F) Applicant's birthdate (month, date, and year).

(3) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(4) Whether the applicant is an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(5) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review and an initial license fee waiver per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary

evidence of legal union with an active-duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(6) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(7) If the applicant answers "yes" to the question in paragraph (6), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the "SI" or "SQ",

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) (A) A document containing an acceptable certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant

to certify the date the applicant graduated or is expected to graduate. An acceptable certification shall include:

(i) The name of the dental school,

(ii) The date the applicant first enrolled in the school's educational program,

(iii) The applicant's years of attendance,

(iv) The date the applicant completed the clinical and didactic requirements of the educational program,

(v) The type of degree granted to the applicant by the dental school or the date the applicant is expected to graduate and receive their degree,

(vi) A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

(vii) The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted.

(9) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for examination and licensure per California Business and Professions Code (BPC) sections 1628,

1629 and 1632 and California Code of Regulations, title 16, section 1028.5, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(10) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 30, 31, 115.4, 115.5, 135.4, and 1632, Business and Professions Code.

§ 1030. Theory Examination.

An applicant shall successfully complete the National Board Dental Examinations of the Joint Commission on National Dental Examinations and shall submit confirmation thereof to the Board within one year from the date of submission of the application in Section 1028 in compliance with this section. ~~prior to submission of the "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 11-07)~~ Applicants shall submit proof of successful completion to the Board using one of the following methods:

(a) The applicant's submission of an original score card by mail with postage prepaid or by hand delivery to the Board office at the address listed on the Board's website, and that is issued by the Joint Commission on National Dental Examinations ("Joint Commission") containing all of the following:

(1) Name of the applicant;

(2) Test date;

(3) Name of the examination taken;

(4) Status showing a "pass" for all required sections (either Part I and Part II, or the Integrated National Board Dental Examination); and

(5) Printed on the Joint Commission's proprietary watermark and colored paper.

(b) The applicant shall access online the Joint Commission's website at www.jcnde.ada.org, and follow all instructions required by the Joint Commission to authorize the electronic release and email of the applicant's National Board Dental Examination (NBDE) score directly to the Board to the following email address: DentalBoard@dca.ca.gov. The confirming email shall contain all of the following: first and last name of the applicant; name of the examination taken; birth date; exam date; score result; and, whether the applicant passed or failed the examination.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1634.1, Business and Professions Code.

~~§ 1032. Portfolio Examination: Eligibility.~~

~~The portfolio examination shall be conducted while the candidate is enrolled in a Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.~~

~~§ 1032.1. Portfolio Examination: Definitions.~~

~~As used in this Article, the following definitions shall apply:~~

~~(a) "Candidate" means a dental student who is taking the examination for the purpose of applying to the Board for licensure.~~

~~(b) "Case" means a dental procedure which satisfies the required clinical experiences.~~

~~(c) "Clinical experiences" means procedures, performed with or without faculty intervention, that the candidate must complete to the satisfaction of his or her clinical faculty prior to submission of his or her portfolio examination application. Clinical experiences have been determined as a minimum number in order to provide a candidate with sufficient understanding, knowledge, and skill level to reliably demonstrate competency.~~

~~(d) "Competency examination" means a candidate's final assessment in a portfolio examination competency, performed without faculty intervention and graded by competency examiners registered with the Board.~~

~~(e) "Critical error" means a gross error that is irreversible or may impact the patient's safety and wellbeing.~~

~~(f) "Patient management" means the interaction between patient and candidate from initiation to completion of treatment, including any post-treatment complications that may occur.~~

~~(g) "Portfolio" means the cumulative documentation of clinical experiences and competency examinations submitted to the Board.~~

~~(h) "Portfolio competency examiner" means the dental school faculty examiner. The portfolio competency examiner shall be a faculty member chosen by the school, registered with the Board, and shall be trained and calibrated to conduct and grade the portfolio competency examinations.~~

~~(i) "School" means a Board-approved dental school located in California.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.~~

§ 1032.2. Portfolio Examination: Requirements for Demonstration of Clinical Experience.

(a) Each candidate shall complete at least the minimum number of clinical experiences in each of the competencies prior to submission of their portfolio to the Board. All clinical experiences shall be performed on patients under the supervision of school faculty and shall be included in the portfolio submitted to the Board. Clinical experience shall be performed at the dental school clinic, an extramural dental facility or a mobile dental clinic approved by the Board. The portfolio shall contain documentation that the candidate has completed the minimum number of clinical experiences as follows:

(1) Oral diagnosis and treatment planning (ODTP) clinical experiences shall include a minimum of twenty (20) patient cases. Clinical experiences for ODTP include: comprehensive oral evaluations, limited (problem-focused) oral evaluations, and periodic oral evaluation.

(2) Direct restorative clinical experiences shall include a minimum of sixty (60) restorations. The restorations completed in the clinical experiences may include any restoration on a permanent or primary tooth using standard restorative materials including: amalgams, composites, crown build-ups, direct pulp caps, and temporizations.

(3) Indirect restorative clinical experiences shall include a minimum of fourteen (14) restorations. The restorations completed in the clinical experiences may be a combination of the following procedures: inlays, onlays, crowns, abutments, pontics, veneers, cast posts, overdenture copings, or dental implant restorations.

(4) Removable prosthodontic clinical experiences shall include a minimum of five (5) prostheses. One of the five prostheses may be used as a portfolio competency examination provided that it is completed in an independent manner with no faculty intervention. A prosthesis shall include any of the following: full denture, partial denture (cast framework), partial denture (acrylic base with distal extension replacing a minimum number of three posterior teeth), immediate treatment denture, or overdenture retained by a natural tooth or dental implants.

(5) Endodontic clinical experiences on patients shall include five (5) canals or any combination of canals in three separate teeth.

(6) Periodontal clinical experiences shall include a minimum of twenty-five (25) cases. A periodontal experience shall include the following: An adult prophylaxis, treatment of periodontal disease such as scaling and root planing, any periodontal surgical procedure, and assisting on a periodontal surgical procedure when performed by a faculty or an advanced education candidate in periodontics. The combined clinical

periodontal experience shall include a minimum of five (5) quadrants of scaling and root planning procedures.

(b) Completion of all required clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be included in the candidate's portfolio.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.3. Portfolio Examination: Oral Diagnosis and Treatment Planning (ODTP).

(a) The portfolio examination shall contain the following documentation of the minimum ODTP clinical experiences and documentation of ODTP portfolio competency examination:

(1) Evidence of successful completion of the ODTP clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the ODTP competency examination. For purpose of this section, satisfactory proof means the ODTP competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The ODTP competency examination shall include:

(1) Fifteen (15) scoring factors:

(A) Medical Issues That Impact Dental Care;

(B) Treatment Modifications Based on Medical Conditions;

(C) Patient Concerns/Chief Complaint;

(D) Dental History;

(E) Significant Radiographic Findings;

~~(F) Clinical Findings;~~

~~(G) Risk Level Assessment;~~

~~(H) Need for Additional Diagnostic Tests/Referrals;~~

~~(I) Findings From Mounted Diagnostic Casts;~~

~~(J) Comprehensive Problem List;~~

~~(K) Diagnosis and Interaction of Problems;~~

~~(L) Overall Treatment Approach;~~

~~(M) Phasing and Sequencing of Treatment;~~

~~(N) Comprehensiveness of Treatment Plan; and~~

~~(O) Treatment Record.~~

~~(2) Initiation and completion of one (1) multidisciplinary portfolio competency examination.~~

~~(3) The treatment plan shall involve at least three (3) of the following six disciplines: periodontics, endodontics, operative (direct and indirect restoration), fixed and removable prosthodontics, orthodontics, and oral surgery.~~

~~(4) Patient's Medical History: The medical history shall include: an evaluation of past illnesses and conditions, hospitalizations and operations, allergies, family history, social history, current illnesses and medications, and their effect on dental condition.~~

~~(5) Patient's Dental History: The dental history shall include: age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts.~~

~~(6) Documentation of a comprehensive examination of patient's current oral health condition and vital signs. The documentation shall include:~~

~~(A) Interpretation of radiographic series;~~

~~(B) Performance of caries risk assessment;~~

~~(C) Determination of periodontal condition;~~

~~(D) Performance of a head and neck examination, including oral cancer screening;~~

~~(E) Screening for temporomandibular disorders;~~

~~(F) Assessment of vital signs;~~

~~(G) Performance of a clinical examination of dentition; and~~

~~(H) Performance of an occlusal examination.~~

~~(7) Documentation the candidate evaluated data to identify problems. The documentation shall include:~~

~~(A) Chief complaint;~~

~~(B) Medical problem;~~

~~(C) Stomatognathic problems; and~~

~~(D) Psychosocial problems.~~

~~(8) Documentation the candidate worked-up the problems and developed a tentative treatment plan. The documentation shall include:~~

~~(A) Problem definition, e.g., severity/chronicity and classification;~~

~~(B) Determination if additional diagnostic tests are needed;~~

~~(C) Development of a differential diagnosis;~~

~~(D) Recognition of need for referral(s);~~

~~(E) Pathophysiology of the problem;~~

~~(F) Short term needs;~~

~~(G) Long term needs;~~

~~(H) Determination interaction of problems;~~

~~(I) Development of treatment options;~~

~~(J) Determination of prognosis; and~~

~~(K) Patient information regarding informed consent.~~

~~(9) Documentation the candidate developed a final treatment plan. The documentation shall include:~~

~~(A) Rationale for treatment;~~

~~(B) Problems to be addressed, or any condition that puts the patient at risk in the long term; and~~

~~(C) Determination of sequencing with the following framework:~~

~~(i) Systemic: medical issues of concern, medications and their effects, effect of diseases on oral condition, precautions, treatment modifications;~~

~~(ii) Urgent: Acute pain/infection management, urgent esthetic issues, further exploration/additional information, oral medicine consultation, pathology;~~

~~(iii) Preparatory: Preventive interventions, orthodontic, periodontal (Phase I, II), endodontic treatment, caries control, other temporization;~~

~~(iv) Restorative: operative, fixed, removable prostheses, occlusal splints, implants;~~

~~(v) Elective: esthetic (veneers, etc.) any procedure that is not clinically necessary, replacement of sound restoration for esthetic purposes, bleaching; and~~

~~(vi) Maintenance: periodontic recall, radiographic interval, periodic oral examination, caries risk management.~~

~~(c) Acceptable Patient Criteria for ODTP Competency Examination. The patient used for the competency examination shall meet the following criteria:~~

~~(1) Maximum of ASA II, as defined by the American Society of Anesthesiologists (ASA) Physical Status Classification System;~~

~~(2) Missing or will be missing two or more teeth, not including third molars; and~~

~~(3) At least moderate periodontitis with probing depths of 5 mm or more.~~

(d) Competency Examination Scoring: The scoring system used for the ODTP competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.4. Portfolio Examination: Direct Restoration.

(a) The portfolio examination shall contain the following documentation of the minimum direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination:

(1) Evidence of successful completion of the direct restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the direct restoration competency examination. For purpose of this section, satisfactory proof means the direct restoration competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The direct restoration portfolio shall include documentation of the candidate's clinical competency to perform a direct restoration on teeth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials. The case selection shall be based on minimum direct restoration criteria for any permanent anterior or posterior teeth. Each procedure may be considered a clinical experience. The direct restoration competency examination shall include:

(1) Seven (7) scoring factors:

(A) Case Presentation;

(B) Outline and Extensions;

(C) Internal Form;

(D) Operative Environment;

(E) Anatomical Form;

(F) Margins; and

(G) Finish and Function.

(2) Two (2) restorations: One (1) Class II amalgam or composite, maximum one slot preparation; and one (1) Class III/IV composite.

(3) Restoration can be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately.

(4) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(5) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(6) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Direct Restoration Examination: The tooth used for each of the competency examinations shall meet the following criteria:

(1) A Class II direct restoration shall be performed on any permanent posterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) More than one test procedure shall be performed on a single tooth; teeth with multiple lesions may be restored at separate appointments.

~~(C) Caries as shown on either of the two required radiographic images of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.~~

~~(D) The tooth to be treated shall be in occlusion.~~

~~(E) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.~~

~~(F) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.~~

~~(G) Any tooth with bonded veneer is not acceptable.~~

~~(2) A Class III/IV direct restoration shall be performed on any permanent anterior tooth.~~

~~(A) The treatment shall be performed in the sequence described in the treatment plan.~~

~~(B) Caries as shown on the required radiographic image of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.~~

~~(C) Carious lesions shall involve the interproximal contact area.~~

~~(D) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.~~

~~(E) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.~~

~~(F) The lesion shall not be acceptable if it is in contact with circumferential decalcification.~~

~~(G) Procedural approach shall be appropriate for the lesion on the tooth.~~

~~(H) Any tooth with bonded veneer is not acceptable.~~

~~(d) Competency Examination Scoring. The scoring system used for the direct restoration competency examination is defined as follows:~~

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; multiple major deviations that are correctable.

(3) A score of 2 is unacceptable; one major deviation that is correctable.

(4) A score of 3 is acceptable; minimum competence.

(5) A score of 4 is adequate; less than optimal.

(6) A score of 5 is optimal.

A score rating of "3" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 16327 and 1632.1, Business and Professions Code.

§ 1032.5. Portfolio Examination: Indirect Restoration.

(a) The portfolio examination shall contain the following documentation of the minimum indirect restoration clinical experiences and documentation of the indirect restoration portfolio competency examination:

(1) Evidence of successful completion of the indirect restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the indirect restoration competency examination. For purpose of this section, satisfactory proof means the indirect restoration competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The indirect restoration competency examination shall include documentation of the candidate's competency to complete a ceramic onlay or more extensive, a partial gold restoration onlay or more extensive, a metal-ceramic restoration, or full gold restoration. The indirect restoration competency examination shall include:

(1) Seven (7) scoring factors:

(A) Case Presentation;

~~(B) Preparation;~~

~~(C) Impression;~~

~~(D) Provisional;~~

~~(E) Candidate Evaluation of Laboratory Work;~~

~~(F) Pre-Cementation~~

~~(G) Cementation and Finish.~~

~~(2) One (1) indirect restoration which may be any of the following procedures.~~

~~(A) Ceramic restoration shall be onlay or more extensive;~~

~~(B) Partial gold restoration shall be onlay or more extensive;~~

~~(C) Metal ceramic restoration; or~~

~~(D) Full gold restoration.~~

~~(3) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.~~

~~(4) Patient Management. The candidate shall be familiar with the patient's medical and dental history.~~

~~(5) Implementation of any treatment modifications needed that are consistent with the patient's medical history.~~

~~(c) Acceptable Criteria for Indirect Restoration Examination: The tooth used for the competency examination shall meet the following criteria:~~

~~(1) Treatment shall be performed in the sequence described in the treatment plan.~~

~~(2) The tooth shall be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment.~~

~~(3) The tooth selected for restoration, shall have opposing occlusion that is stable.~~

~~(4) The tooth shall be in occlusal contact with a natural tooth or a permanent restoration. Occlusion with a full or partial denture is not acceptable.~~

~~(5) The restoration shall include at least one cusp.~~

~~(6) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the tooth adjacent to the planned restoration shall be either~~

an enamel surface or a permanent restoration; temporary restorations or removable partial dentures are not acceptable adjacent surfaces.

(7) The tooth selected shall require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns.

(8) The candidate shall not perform any portion of the crown preparation in advance.

(9) The direct restorative materials which are placed to contribute to the retention and resistance form of the final restoration may be completed in advance, if needed.

(10) The restoration shall be completed on the same tooth and same patient by the same candidate.

(11) A validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of the existing crown.

(12) Teeth with cast post shall not be allowed.

(13) A facial veneer is not acceptable documentation of the candidate's competency to perform indirect restorations.

(d) Competency Examination Scoring. The scoring system used for the indirect restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error

(2) A score of 1 is unacceptable; multiple major deviations that are correctable

(3) A score of 2 is unacceptable; one major deviation that is correctable

(4) A score of 3 is acceptable; minimum competence

(5) A score of 4 is adequate; less than optimal

(6) A score of 5 is optimal

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.6. Portfolio Examination: Removable Prosthodontics.

(a) The portfolio examination shall contain the following documentation of the minimum removable prosthodontic clinical experiences and documentation of the removable prosthodontic portfolio competency examination:

(1) Evidence of successful completion of the removable prosthodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the removable prosthodontic competency examination. For purpose of this section, satisfactory proof means the removable prosthodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The removable prosthodontic competency examination shall include:

(1) One (1) of the following prosthetic treatments from start to finish on the same patient:

(A) Denture or overdenture for a single edentulous arch; or

(B) Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch.

(2) Scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch or scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:

(A) Nine (9) scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch, as follows:

(i) Patient Evaluation and Diagnosis

(ii) Treatment Plan and Sequencing

(iii) Preliminary Impressions

(iv) Border Molding and Final Impressions

(v) Jaw Relation Records

(vi) Trial Dentures

~~(vii) Insertion of Removable Prosthesis~~

~~(viii) Post-Insertion~~

~~(ix) Laboratory Services for Prosthesis~~

~~(B) Twelve (12) scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:~~

~~(i) Patient Evaluation and Diagnosis~~

~~(ii) Treatment Plan and Sequencing~~

~~(iii) Preliminary Impressions~~

~~(iv) RPD Design~~

~~(v) Tooth Modification~~

~~(vi) Border Molding and Final Impressions~~

~~(vii) Framework Try-in~~

~~(viii) Jaw Relation Records~~

~~(ix) Trial Dentures~~

~~(x) Insertion of Removable Prosthesis~~

~~(xi) Post-Insertion~~

~~(xii) Laboratory Services for Prosthesis~~

~~(3) Documentation the candidate developed a diagnosis, determined treatment options and prognosis for the patient to receive a removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate obtained a patient history, (e.g. medical, dental and psychosocial).~~

~~(B) Evaluation of the patient's chief complaint.~~

~~(C) Radiographs and photographs of the patient.~~

~~(D) Evidence the candidate performed a clinical examination, (e.g. hard/soft tissue charting, endodontic evaluation, occlusal examination, skeletal/jaw relationship, VDO, DR, MIP).~~

~~(E) Evaluation of existing prosthesis and the patient's concerns.~~

~~(F) Evidence the candidate obtained and mounted a diagnostic cast.~~

~~(G) Evidence the candidate determined the complexity of the case based on ACP classifications.~~

~~(H) Evidence the patient was presented with treatment plan options and assessment of the prognosis, (e.g. complete dentures, partial denture, overdenture, implant options, FPD).~~

~~(I) Evidence the candidate analyzed the patient risks/benefits for the various treatment options.~~

~~(J) Evidence the candidate exercised critical thinking and made evidence based treatment decisions.~~

~~(4) Documentation of the candidate's competency to successfully restore edentulous spaces with removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan for the removable prosthesis.~~

~~(B) Evidence the candidate obtained diagnostic casts.~~

~~(C) Evidence the candidate performed diagnostic wax-up/survey framework designs.~~

~~(D) Evidence the candidate performed an assessment to determine the need for pre-prosthetic surgery and made the necessary referral.~~

~~(E) Evidence the candidate performed tooth modifications and/or survey crowns, when indicated.~~

~~(F) Evidence the candidate obtained master impressions and casts.~~

~~(G) Evidence the candidate obtained occlusal records.~~

~~(H) Evidence the candidate performed a try-in and evaluated the trial dentures.~~

~~(I) Evidence the candidate inserted the prosthesis and provided the patient with post-insertion care.~~

~~(J) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(5) Documentation of the candidate's competency to manage tooth loss transitions with immediate or transitional prostheses. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan that identified teeth that could be salvaged and or teeth that needed extraction.~~

~~(B) Evidence the candidate educated the patient regarding the healing process, denture experience, and future treatment need.~~

~~(C) Evidence the candidate developed prosthetic phases which included surgical plans.~~

~~(D) Evidence the candidate obtained casts (preliminary and final impressions).~~

~~(E) Evidence the candidate obtained the occlusal records.~~

~~(F) Evidence the candidate did try-ins and evaluated trial dentures.~~

~~(G) Evidence the candidate competently managed and coordinated the surgical phase.~~

~~(H) Evidence the candidate provided the patient post insertion care including adjustment, relines and patient counseling within the established standards of care.~~

~~(I) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(6) Documentation of the candidate's competency to manage prosthetic problems. The documentation shall include:~~

~~(A) Evidence the candidate competently managed real or perceived patient problems.~~

~~(B) Evidence the candidate evaluated existing prosthesis.~~

~~(C) Evidence the candidate performed uncomplicated repairs, relines, re-base, re-set or re-do, if needed.~~

~~(D) Evidence the candidate made a determination if specialty referral was necessary.~~

~~(E) Evidence the candidate obtained impressions/records/information for laboratory use.~~

~~(F) Evidence the candidate competently communicated needed prosthetic procedure to laboratory technician.~~

~~(G) Evidence the candidate inserted the prosthesis and provided the patient follow-up care.~~

~~(H) Evidence the candidate performed in-office maintenance, (e.g. prosthesis cleaning, clasp tightening and occlusal adjustments).~~

~~(7) Documentation the candidate directed and evaluated the laboratory services for the prosthesis. The documentation shall include:~~

~~(A) Complete laboratory prescriptions sent to the dental technician.~~

~~(B) Copies of all communications with the laboratory technicians.~~

~~(C) Evaluations of the laboratory work product, (e.g. frameworks, processed dentures).~~

~~(8) Prosthetic treatment for the examination shall include an immediate or interim denture.~~

~~(9) Patients shall not be shared or split between examination candidates.~~

~~(10) Patient Management. The candidate shall be familiar with the patient's medical and dental history.~~

~~(11) Implementation of any treatment modifications needed that are consistent with the patient's medical history.~~

~~(12) Case complexity shall not exceed the American College of Prosthodontics Class II for partially edentulous patients.~~

~~(c) Acceptable Criteria for Removable Prosthodontics Examination. Prosthetic procedures shall be performed on patients with supported soft tissue, implants, or natural tooth retained overdentures.~~

(d) Competency Examination Scoring. The scoring system used for the removable prosthodontics competency examination is defined as follows:

(1) A score of 1 is unacceptable with gross errors

(2) A score of 2 is unacceptable with major errors

(3) A score of 3 is minimum competence with moderate errors that do not compromise outcome

(4) A score of 4 is acceptable with minor errors that do not compromise outcome

(5) A score of 5 is optimal with no errors evident

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.7. Portfolio Examination: Endodontics.

(a) The portfolio examination shall contain the following documentation of the minimum endodontic clinical experiences and documentation of the endodontic portfolio competency examination:

(1) Evidence of successful completion of the endodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the endodontic competency examination. For purpose of this section, satisfactory proof means the endodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The endodontic examination shall include:

(1) Ten (10) scoring factors:

(A) Pretreatment Clinical Testing and Radiographic Imaging;

~~(B) Endodontic Diagnosis;~~

~~(C) Endodontic Treatment Plan;~~

~~(D) Anesthesia and Pain Control;~~

~~(E) Caries Removal, Removal of Failing Restorations, Evaluation of Restorability, Site Isolation;~~

~~(F) Access Opening;~~

~~(G) Canal Preparation Technique;~~

~~(H) Master Cone Fit;~~

~~(I) Obturation Technique;~~

~~(J) Completion of Case.~~

~~(2) One (1) clinical case.~~

~~(3) Documentation the candidate applied case selection criteria for endodontic case. The portfolio shall contain evidence the case selected met the American Association of Endodontics case criteria for minimum difficulty such that treated teeth have uncomplicated morphologies, have signs and symptoms of swelling and acute inflammation and have not had previously completed or initiated endodontic therapy. The documentation shall include:~~

~~(A) The determination of the diagnostic need for endodontic therapy;~~

~~(B) Charting and diagnostic testing;~~

~~(C) A record of radiographs performed on the patient and an interpretation of the~~

~~(D) Evidence of a pulpal diagnosis within approved parameters, including consideration and determination following the pulpal diagnosis that it was within the approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpits, irreversible pulpits, and necrotic pulp.~~

~~(E) Evidence of a periapical diagnosis within approved parameters, including consideration and determination following the periapical diagnosis that it was within the approved parameters. The approved parameters for periapical diagnosis shall be normal periapex, asymptomatic apical periodontitis, symptomatic apical periodontitis, acute apical abscess, and chronic apical abscess.~~

~~(F) Evidence of development of an endodontic treatment plan that included trauma treatment, management of emergencies, and referrals when appropriate. An appropriate treatment plan may include an emergency treatment due to a traumatic~~

~~dental injury or for relief of pain or acute infection. The endodontic treatment may be done at a subsequent appointment.~~

~~(4) Documentation the candidate performed pretreatment preparation for endodontic treatment. The documentation shall include:~~

~~(A) Evidence the patient's pain was competently managed.~~

~~(B) Evidence the caries and failed restorations were removed.~~

~~(C) Evidence of determination of tooth restorability.~~

~~(D) Evidence of appropriate isolation with a dental dam.~~

~~(5) Documentation the candidate competently performed access opening. The documentation shall include:~~

~~(A) Evidence of creation of the indicated outline form.~~

~~(B) Evidence of creation of straight line access.~~

~~(C) Evidence of maintenance of structural integrity.~~

~~(D) Evidence of completion of un-roofing of pulp chamber.~~

~~(E) Evidence of identification of all canal systems.~~

~~(6) Documentation the candidate performed proper cleaning and shaping techniques. The documentation shall include:~~

~~(A) Evidence of maintenance of canal integrity.~~

~~(B) Evidence of preservation of canal shape and flow.~~

~~(C) Evidence of applied protocols for establishing working length.~~

~~(D) Evidence of demonstration of apical control.~~

~~(E) Evidence of applied disinfection protocols.~~

~~(7) Documentation of performance of proper obturation protocols, including selection and fitting of master cone, determination of canal condition before obturation, and verification of sealer consistency and adequacy of coating.~~

~~(8) Documentation of demonstrated proper length control of obturation, including achievement of dense obturation of filling material and obturation achieved to a clinically appropriate height for the planned definitive coronal restoration.~~

(9) Documentation of a competently completed endodontic case, including evidence of an achieved coronal seal to prevent recontamination and creation of diagnostic, radiographic, and narrative documentation.

(10) Documentation of provided recommendations for post-endodontic treatment, including evidence of recommendations for final restoration alternatives and recommendations for outcome assessment and follow-up.

(11) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(12) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Endodontics Competency Examination. The procedure shall be performed on any tooth to completion by the same candidate on the same patient. A "completed case" means a tooth with an acceptable and durable coronal seal.

(d) Competency Examination Scoring. The scoring system used for the endodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable.

(3) A score of 2 is acceptable; minimum competence.

(4) A score of 3 is adequate; less than optimal.

(5) A score of 4 is optimal.

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.8. Portfolio Examination: Periodontics.

(a) The portfolio examination shall contain the following documentation of the minimum periodontic clinical experiences and documentation of the periodontic portfolio competency examination:

(1) Evidence of successful completion of the periodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New

~~08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the periodontic competency examination. For purpose of this section, satisfactory proof means the periodontic competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The periodontic competency examination shall include:~~

~~(1) One (1) case to be scored in three parts, as follows:~~

~~(A) Part A: Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;~~

~~(B) Part B: Calculus detection and effectiveness of calculus removal; and~~

~~(C) Part C: Periodontal re-evaluation.~~

~~(2) Nine (9) scoring factors:~~

~~(A) Review Medical and Dental History (Part A);~~

~~(B) Radiographic Findings(Part A);~~

~~(C) Comprehensive Periodontal Data Collection (Part A);~~

~~(D) Evaluate Periodontal Etiology/Risk Factors (Part A);~~

~~(E) Comprehensive Periodontal Diagnosis (Part A);~~

~~(F) Treatment Plan (Part A);~~

~~(G) Calculus Detection (Part B);~~

~~(H) Effectiveness of Calculus Removal (Part B); and~~

~~(I) Periodontal Re-evaluation (Part C).~~

~~(3) All three parts of the examination shall be performed on the same patient. In the event the patient does not return for periodontal re-evaluation (Part C), the student~~

~~shall use a second patient for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination.~~

~~(4) Documentation the candidate performed a comprehensive periodontal examination. The documentation shall include:~~

~~(A) Evidence that the patient's medical and dental history was reviewed.~~

~~(B) Evidence that the patient's radiographs were evaluated.~~

~~(C) Evidence of performance of an extra-oral and intra-oral examination on the patient.~~

~~(D) Evidence of performance of comprehensive periodontal data collection. Evidence shall include evaluation of patient's plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment, furcations, and tooth mobility.~~

~~(E) Evidence of performance of an occlusal assessment.~~

~~(5) Documentation the candidate diagnosed and developed a periodontal treatment plan. The documentation shall include:~~

~~(A) Evidence of determination of periodontal diagnosis.~~

~~(B) Evidence of formulation of an initial periodontal treatment plan that demonstrates~~

~~(i) Determination of periodontal diagnosis.~~

~~(ii) Formulation of an initial periodontal treatment plan that demonstrates the following:~~

~~(a) Determination to treat or refer patient to periodontist or periodontal surgery;~~

~~(b) Discussion with patient regarding etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient-specific oral hygiene instructions;~~

~~(c) Determination on non-surgical periodontal therapy;~~

~~(d) Determination of re-evaluation need; and~~

~~(e) Determination of recall interval.~~

~~(6) Documentation of performance of non-surgical periodontal therapy. The documentation shall include:~~

~~(A) Detected supragingival and subgingival calculus;~~

~~(B) Performance of periodontal instrumentation, including:~~

~~(i) Removed calculus;~~

~~(ii) Removed plaque; and~~

~~(iii) Removed stains;~~

~~(C) Demonstration that excessive soft tissue trauma was not inflicted; and~~

~~(D) Demonstration that anesthesia was provided to the patient.~~

~~(7) Documentation of performance of periodontal re-evaluation. The documentation shall include:~~

~~(A) Evidence of evaluation of effectiveness of oral hygiene;~~

~~(B) Evidence of assessment of periodontal outcomes, including:~~

~~(i) Review of the patient's medical and dental history;~~

~~(ii) Review of the patient's radiographs;~~

~~(iii) Performance of comprehensive periodontal data collections (e.g. evaluation of plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility.~~

~~(C) Evidence of discussion with patient regarding current periodontal status as compared to the pre-treatment status, patient-specific oral hygiene instructions, and modifications of specific risk factors;~~

~~(D) Evidence of determination of further periodontal needs including the need for referral to a periodontist and periodontal surgery; and~~

~~(E) Evidence of establishment of a recall interval for periodontal treatment.~~

~~(c) Acceptable Patient Criteria for Periodontics Competency Examination:~~

~~(1) The examination, diagnosis, and treatment planning shall include:~~

~~(A) A patient with a minimum of twenty (20) natural teeth, with at least four (4) molars;~~

~~(B) At least one probing depth of five (5) mm or greater shall be present on at least four (4) of the teeth, excluding third molars, with at least two of these teeth with clinical attachment loss of 2 mm or greater;~~

~~(C) A full mouth assessment or examination~~

~~(D) The patient shall not have had previous periodontal treatment at the dental school where the examination is being conducted. Additionally, the patient shall not have had previous non-surgical or surgical periodontal treatment within the past six (6) months.~~

~~(2) Calculus detection and periodontal instrumentation (scaling and root planing) shall include:~~

~~(A) A patient with a minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which shall be a molar. Third molars may be used if they are fully erupted.~~

~~(B) At least one probing depth of five (5) mm or greater shall be present on at least two (2) of the teeth that require scaling and root planing.~~

~~(C) A minimum of six (6) surfaces of clinically demonstrable subgingival calculus shall be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus shall be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.~~

~~(3) Re-evaluation shall include:~~

~~(A) A thorough knowledge of the patient's case;~~

~~(B) At least two (2) quadrants of scaling and root planing on the patient being reevaluated.~~

(C) At least two documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is completed. The scaling and root planing shall be completed within an interval of 6 weeks or less.

(D) A patient with a minimum twenty (20) natural teeth with at least four (4) molars.

(E) Baseline probing depth of at least five (5) mm on at least four (4) of the teeth, excluding third molars.

(d) Competency Examination Scoring. The scoring system used for the periodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.9. Portfolio Examination: Competency Examiner Qualifications.

(a) Portfolio competency examiners shall meet the following criteria:

(1) An examiner shall be full-time or part-time faculty member of a Board-approved California dental school.

(2) An examiner shall have a minimum of one (1) year of previous experience in administering clinical examinations.

(3) An examiner shall undergo calibration training in the Board's standardized evaluation system through didactic and experiential methods as established in section 1032.10. Portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination and annually thereafter.

(b) At the beginning of each school year, each school shall submit to the Board the names, credentials and qualifications of the dental school faculty to be approved or disapproved by the Board as portfolio competency examiners. Documentation of qualifications shall include a letter from the dean of the California dental school stating that the dental school faculty satisfies the criteria and standards established by the dental school to conduct portfolio competency examinations in an objective manner, and has met the requirements of subdivision (a)(1) through (a)(3) of this section.

(c) In addition to the names, credentials and qualifications, the dean of the California dental school shall submit documentation that the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board's requirements established in section 1032.10.

(d) Any changes to the list of portfolio competency examiners shall be reported to the Board within thirty (30) days, including any action taken by the school to replace an examiner.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.10. Portfolio Examination: Competency Examiner Training Requirements.

(a) Prospective portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination. Each of the schools will designate faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board developed calibration course for said examiners. Examiners may grade any competency examination in which they have completed the required calibration. Each training session shall be presented by designated Portfolio competency examiners at their respective schools and require the prospective examiners to participate in both didactic and hands-on activities.

(b) Didactic Training Component. During didactic training, designated Portfolio competency examiners shall present an overview of the examination and its evaluation (grading) system through lecture, review of examiner training materials, including slide presentations, sample documentation, and sample cases.

(c) Hands-On Component. Training shall include multiple examples of performance that clearly relate to the specific judgments that examiners are expected to provide during the portfolio competency examinations. Hands-on training sessions include an overview of the rating process, clear examples of rating errors, examples of how to mark the grading forms, a series of several sample cases for examiners to hone their skills, and opportunities for training staff to provide feedback to individual examiners.

(d) Calibration of Examiners. The calibration of portfolio competency examiners shall be conducted to maintain common standards as an ongoing process. Portfolio competency examiners shall be provided feedback about their performance and how their scoring varies from their fellow examiners. Portfolio competency examiners whose error rate exceeds psychometrically accepted standards for reliability shall be re-calibrated. A school shall notify the Board if, at any time, it is determined that a competency examiner is unable to meet the Board's calibration standards. If any portfolio competency examiner is unable to be re-calibrated, the Board shall disapprove the portfolio competency examiner from further participation in the portfolio examination process.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1033.1. General Procedures and Policies for Portfolio Examination.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the portfolio examination.

(a) The candidate shall be able to read and interpret instructions and examination material as part of the examination.

(b) A patient shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate must obtain the necessary written medical clearance and/or, evidence of premedication before the patient will be accepted. If the patient's well-being is put into jeopardy at any time during the portfolio competency examination, the examination shall be terminated. The candidate shall fail the examination, regardless of performance on any other part of the examination.

(c) The use of local anesthetics shall be administered according to the school's protocol and standards of care. The type and amount of anesthetics shall be consistent with the patient's medical history and current condition.

(d) A candidate may be dismissed from the entire examination, and a statement of issues may be filed against the candidate, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

(1) Allowing another person to take the portfolio examination in the place of, and under the identity of, the candidate.

~~(2) Presenting purported carious lesions which are artificially created, whether or not the candidate created the defect.~~

~~(3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the candidate.~~

~~(4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic during any portfolio competency examination.~~

~~(5) Assisting another candidate during the portfolio examination process.~~

~~(6) Failing to comply with the board's infection control regulations. Candidates shall be responsible for maintaining all of the standards of infection control while treating patients. This shall include the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by the California Division of Occupational Safety and Health (Cal/OSHA) and~~ California Code of Regulations, Title 16, Section 1005~~.~~

~~(7) Treating a patient, or causing a patient to receive treatment outside the designated examination settings and timeframes.~~

~~(e) Candidates shall wear personal protective equipment (PPE) during the portfolio competency examinations. PPE shall include masks, gloves, and eye protection during each portfolio competency examination.~~

~~(f) Radiographs for each of the portfolio competency examinations shall be of diagnostic quality. Digital or conventional radiographs may be used.~~

~~(g) Dental dams shall be used during endodontic treatment and the preparation of amalgam and composite restorations. Finished restorations shall be graded without the dental dam in place.~~

~~(h) Candidates shall provide clinical services upon patients of record of the dental school who fulfill the acceptable criteria for each of the six (6) portfolio competency examinations.~~

~~(i) Candidates shall be allowed three (3) hours and thirty (30) minutes for each patient treatment session.~~

~~(j) Each portfolio competency examination shall be performed by the candidate without faculty intervention. Completion of a successful portfolio competency examination may be~~

~~counted as a clinical experience for the purpose of meeting the requirements of section 1032.2.~~

~~(k) Candidates who fail a portfolio competency examination three (3) times shall not be permitted to retake the portfolio competency examination until remediation has been completed as specified in section 1036.~~

~~(*l*) Readiness for a candidate to take a portfolio competency examination shall be determined by the dental school's clinical faculty.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.~~

~~§ 1034. Portfolio Competency Examination Grading.~~

~~This section shall apply, in addition to any other examination rules set forth in this Chapter, for the purpose of uniform conduct of the portfolio examination grading.~~

~~(a) Each portfolio competency examination shall be graded by two (2) independent portfolio competency examiners and shall use the Board's standardized scoring system as specified in subdivision (f) of this section. There shall be no communication between grading examiners.~~

~~(b)~~

~~(c) A candidate shall be deemed to have passed the portfolio competency examination if his or her overall scaled score is at least 75 in each of the portfolio competency examinations.~~

~~(d) The Board shall notify candidates who have passed or failed the portfolio examination.~~

~~(e) Each portfolio competency examination shall be signed by the school portfolio competency examiners who performed the grading.~~

~~(f) Competency Examination Scoring: The portfolio competency examiners shall use the following scoring system for each of the competency examinations:~~

~~(1) The scoring system used for the ODTP competency examination as specified in Section 1032.3(d).~~

~~(2) The scoring system used for the direct restoration competency as specified in Section 1032.4(d).~~

~~(3) The scoring system used for the indirect restoration competency examination as specified in Section 1032.5(d).~~

~~(4) The scoring system used for the removable prosthodontics competency examination as specified in Section 1032.6(d).~~

~~(5) The scoring system used for the endodontics competency examination as specified in Section 1032.7(d).~~

~~(6) The scoring system used for the periodontics competency examination as specified in Section 1032.8(d).~~

~~(g) If a candidate commits a critical error, the candidate shall not proceed with the portfolio competency examination. If the candidate makes a critical error at any point during a portfolio competency examination, a score of "0" shall be assigned and the portfolio competency examination shall be terminated immediately.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, 1632.1 and 1634, Business and Professions Code.~~

§ 1035. Examination Review Procedures; Appeals.

(a) A~~n~~ candidate who has failed an examination administered pursuant to subdivision (b) of Section 1632 of the Code shall be provided with notice, upon written request, of those areas in which ~~he/she is~~ they were deficient.

(b) An unsuccessful candidate who has been informed of the areas of deficiency in ~~his/her~~ their performance and who has determined that one or more of the following errors was made during the course of ~~his/her~~their examination and grading may appeal to the B~~b~~oard within ~~sixty (60)~~fifteen (15) days following receipt of ~~his/her~~their examination results:

(1) Significant procedural error in the examination process.~~;~~

(2) Evidence of adverse discrimination.~~;~~

(3) Evidence of substantial disadvantage to the candidate.

(c) The~~Such~~ appeal provided in subsection (b) shall be made by means of a written letter specifying the grounds upon which the appeal is based. The B~~b~~oard's designee shall respond to the appeal in writing and may request a personal appearance by the candidate. The B~~b~~oard shall thereafter take such action as it deems appropriate.

~~(c) This section shall not apply to the portfolio examination of a candidate's competence to enter the practice of dentistry.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630~~,~~ and 1632, Business and Professions Code.

~~§ 1036.01. Remedial Education: Portfolio Competency Examinations.~~

~~A candidate, who fails to pass a portfolio competency examination after three attempts, shall not be eligible for further re-examination until the candidate has successfully completed the required additional education as specified in Section 1633(b) of the Business and Professions Code.~~

~~(a) The course work shall be taken at a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.~~

~~(1) The course of study must be didactic, laboratory or a combination of the two. Use of patients is optional.~~

~~(2) Instruction must be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.~~

~~(3)) Pre-testing and post-testing must be part of the course of study.~~

~~(b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.~~

~~(1) Evidence of successful completion must be on the "Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination requirements for re-examination Eligibility" (Form New 08/13), that is hereby incorporated by reference, that is submitted prior to the examination.~~

~~(2) The form must be signed and sealed by the Dean of the dental school providing the remedial education course.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632.5, Business and Professions Code.~~

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)

FEES

Application Fee: $100.00
Fingerprint Fee: $51.00
(Livescan applicants pay fee at time of service)

ALL FEES ARE NON-REFUNDABLE

For Office Use Only

ATS# _____
REC# _____
Fee Pd _____

Date Cashiered _____

For Office Use Only

Received

QM		Reviewed By:		FP		DC	
Conf Sent		WREB score		NB		LC	
		CBT		SCH			
Def Sent		Notify		CODE		Law	P/F
DOJ		FBI		YG		Ethics	P/F
ATI		ENF					

For Office Use Only

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE | U.S. Social Security Number

2. List other names you have used:

3. Address: Street City State Zip Code

4. Mailing Address: Street City State Zip Code

5. Birthdate MM/DD/YR | Sex: Male ☐ Female ☐ | TELEPHONE NUMBER: Day Evening

6. Do you have a certified disability or condition that requires special accommodations for testing? YES ☐ NO ☐
   If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.
7. Have you previously taken the California Law and Ethics Examination? YES ☐ NO ☐
8. Have you ever been issued a dental license in any State or Country? YES ☐ NO ☐
   If yes, a Certification of License must be submitted for each State/country

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE

~~Passport style Photograph~~

33A-22W (revised 11/06)

9. DENTAL EDUCATION:

Name and Location of institution(s) attended

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted DATE GRANTED

☐ D.D.Sc. ☐D.D.S. ☐D.M.D. ☐ Other (please specify)

10. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES ☐ NO ☐

Name of Specialty Board

11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HERE BY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____ day of _____ and attended _____ years,

Has completed the clinic and didactic requirements and

☐HAS GRADUATED, OR ☐WILL GRADUATE OR ☐IS EXPECTED TO GRADUATE* with the

Degree of ☐D.D.Sc., ☐ D.D.S., ☐D.M.D. on the _____ day of _____ _____

_____
SIGNATURE OF DEAN

***The Dean must certify actual graduation, if certification is signed that applicant will graduate or is expected to graduate. Certification must be completed on official school letterhead including the Dean's signature and seal of the Dental School.**

12. Do you have any pending of have you ever had any disciplinary action taken or changes filed against a dental license of other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government 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 of action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

Yes ☐ No ☐

13. Are there any pending investigations by any State or Federal agencies against you?

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

Yes ☐ No ☐

14. Have you ever been denied a dental license or permission to take a dental examination?

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

Yes ☐ No ☐

15. Have you ever surrendered a license, either voluntarily of otherwise?

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

Yes ☐ No ☐

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code?

If yes, provide a detailed explanation.

Yes ☐ No ☐

17. With the exception of a conviction for an infraction resulting in a fine of less than $300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

Yes ☐ No ☐

19. Executed in _____ (City), on the _____ Day of _____, 20_____

I am the applicant for licensure referred to in this application. I have carefully 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 information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business & Professions Code.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815, Executive Officer, 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. 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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

FEES	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: $350.00 Fingerprinting: All applicants are required to submit via Live Scan. Applicants will pay a fee of $49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.	ID NUMBER _____ Receipt Number _____ Fee Paid _____ Date Cashiered _____	

(Please print or type)

1. United States Social Security Number		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 27):			
6. Alternate Address(If you do not want your home or work address available to the public, provide an alternate address):			
7. Home/Cellular Telephone (Include area code):		8. Gender: Male ☐ Female ☐	
9. Have you previously taken the California Dentistry Law and Ethics Examination		Yes ☐	No ☐
10. Do you have a certified disability or condition that requires special accommodations for testing? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.		Yes ☐	No ☐
11. Have you been issued a dental license in any State or Country? If yes, a Certification of License must be submitted for each State/Country		Yes ☐	No ☐
State/Country:	License Number:	Issue Date:	

Passport Style Photograph

Tape photo here

FOR OFFICE USE ONLY

12. DENTAL EDUCATION:

_____

Name and Location of Institution(s) attended

_____ Date Graduated _____

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted: ☐ D.D.Sc. ☐ D.D.S. ☐ D.M.D. ☐ Other (please specify) _____

14.CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____

FULL NAME OF STUDENT

matriculated in the _____

NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has completed the clinic and didactic requirements and is in good academic standings with no pending ethical issues and ☐ HAS GRADUATED, ☐ WILL GRADUATE* OR ☐ IS EXPECTED TO GRADUATE* with degree of ☐ D.D.Sc., ☐ D.D.S., ☐ D.M.D. on the _____ day of _____, 20_____.

SEAL OF COLLEGE OR UNIVERSITY

_____

SIGNATURE OF DEAN

*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.

15. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license, pursuant to California Code of Regulations, Title 16, Section 1028(b)(11)? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. Federal Government entity, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12). 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 license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12).	Yes ☐ No ☐
16. Are there any pending investigations by any State or Federal agencies against you? If yes, provide a detailed explanation of the circumstances surrounding the investigation and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(13).	Yes ☐ No ☐
17. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of the circumstances surrounding the denial and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(14).	Yes ☐ No ☐
18. Have you ever surrendered a license, either voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender pursuant to California Code of Regulations, Title 16, Section 1028(b)(15).	Yes ☐ No ☐
19. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code? (Cal. Code of Regs., Title 16, Section 1028(b)(17)). If yes, provide an explanation.	Yes ☐ No ☐
20. Have you ever been convicted of any crime including infractions, misdemeanors and felonies, with the exception of an infraction with a fine of less than $1,000 that did not involve alcohol or drugs? Information as to whether the applicant has ever been convicted of any violation of the law in this or any other state, the United States or other county, omitting traffic infractions under $1,000.00 not involving alcohol, dangerous drugs, or controlled substances, pursuant to California Code of Regulations, Title 16, Section 1028(b)(16). "Conviction" means a plea or verdict of guilty or a conviction following a please of nolo contendere or "no contest" and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. (Cal. Code of Regs., Title 16, Section 1028(b)(16)). If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	Yes ☐ No ☐

21. Executed in _____, on the _____day of _____, 20 _____
City

I am the applicant for licensure referred to in this application. I have carefully 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 information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

_____ _____
Date Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480(c) of the Business & Professions Code.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 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. 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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

Application for Issuance of License Number and Registration of Place of Practice*

Business & Professions Code §§ 1650

OFFICE USE ONLY

Date Application Received

OFFICE USE ONLY

ATS #_____

Rec #_____

Fee Paid _____

Date cashiered _____

Date License mailed _____

License # _____

Complete this form to obtain your license. Please print legibly.

Name _____
Last First Middle

Address of Record (will be public information)

Street and Number _____

City _____ State _____ Zip Code_____

Address of Practice, if different
Street and Number _____

City _____ State_____ ZIP Code _____

***Note: If you do not yet have a practice address in California, you may leave this section blank. However, if and when you do have a practice address in California, you must report it to the Board immediately.**

Telephone number (____) _____ Email address (optional) _____

Applicant's File Number issued by Dental Board of California _____

Certification

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct.

_____ _____
Date Signature of Applicant

The information requested herein is mandatory unless designated as optional and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq.

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. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

Rev(11/07)

Dental Board of California

Initial Dental License Fee Calculation

Business & Professions Code §1715.

Your first license fee will be pro-rated. California dental licenses expire every two years on the last day of the month of your birthday.

For example, if your birthday is June 14, 1982 (an even year), your license will expire:

June 30, 2018

June 30, 2020, etc.

However, if your birthday is June 14, 1983 (an odd year), your license will expire:

June 30, 2019

June 30, 2021, etc.

To calculate the fee for your initial (pro-rated) license:

1. Count the number of months between the day you send payment until the date your license will expire. If you send payment on the 15th day of the month or later, do not count that month.

2. Find that number below to know your initial license fee.

# of months	Initial license fee
1*	
2**	
3	$81.25
4	$108.33
5	$135.42
6	$162.50
7	$189.58
8	$216.67
9	$243.75
10	$270.83
11	$297.92
12	$325.00
13	$352.08
14	$379.17
15	$406.25
16	$433.33
17	$460.42
18	$487.50
19	$514.58
20	$541.67
21	$568.75
22	$595.83
23	$622.92
24	$650.00
25*	$677.09
26**	$704.17

If you need assistance calculating your initial license fee, call the Licensing Unit at 916-263-2300.

*If the number of months until your birthday is 1, use the $ amount for 25 months.

**If the number of months until your birthday is 2, use the $ amount for 26 months.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
1432 Howe Avenue, Suite 85, Sacramento, CA 95825
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only	*For Office Use Only*
ATS#_____	**Received**

No Fee Required

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE

2. ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

5. Preferred Examination: Northern California □ Southern California □ Month: _____

_____ _____
Date Signature of Applicant

---

6. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____day of _____and attended _____years,

has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE
with the degree of:

Circle One D.D.Sc., D.D.S., D.M.D.

on the _____day of _____, 20_____.

(SEAL OF COLLEGE OR UNIVERSITY)

_____
SIGNATURE OF DEAN

12/07

Dental Board of California
Licensure By Examination (CCR 1021(a))
Licensing Workload (Costs - Paper Based)

Workload Tasks	Per Application	Minutes per Application	MST	SSA	AGPA	SSMI
Receive Application and assign to staff	1	15	0	0	15	0
Process Application/Communicate Deficiencies to Applicant	1	75	0	75	0	0
Respond to Inquiries	1	60	0	60	0	0
Confirm Completeness of Application and Background Checks	1	60	0	60	0	0
Final Review	1	30	0	0	0	30
Cashiering and Data Entry	1	20	20	0	0	0
Issuing License	1	30	0	30	0	0
		Minutes per Classification:	20	225	15	30
		Hours per Classification:	0.3	3.8	0.3	0.5
		Costs per Classification:	$30	$370	$28	$62
		Total Costs:	**$490**			

MST: Management Services Technician - $92 per hour (includes benefits, OE&E and DCA distributed administration)
SSA: Staff Services Analyst - $97 per hour (includes benefits, OE&E, and DCA distributed administration)
AGPA: Associate Governmental Program Analyst - $112 per hour (includes benefits, OE&E, and DCA distributed administration)
SSMI: Staff Services Manager I - $122 per hour (includes benefits, OE&E, and DCA distributed administration)

Dental Board of California
Licensure By Examination (CCR 1021(a))
Licensing Workload (Costs - Online)

Workload Tasks	Per Application	Minutes per Application	MST	SSA	AGPA	SSMI
Receive Application and assign to staff	1	15	0	0	15	0
Process Application/Communicate Deficiencies to Applicant	1	75	0	75	0	0
Respond to Inquiries	1	60	0	60	0	0
Confirm Completeness of Application and Background Checks	1	60	0	60	0	0
Final Review	1	30	0	0	0	30
Download and Print Applications and Attachments	1	20	20	0	0	0
Issuing License	1	30	0	30	0	0
		Minutes per Classification:	20	225	15	30
		Hours per Classification:	0.3	3.8	0.3	0.5
		Costs per Classification:	$30	$370	$28	$62
		Total Costs:	**$490**			

MST: Management Services Technician - $92 per hour (includes benefits, OE&E and DCA distributed administration)
SSA: Staff Services Analyst - $97 per hour (includes benefits, OE&E, and DCA distributed administration)
AGPA: Associate Governmental Program Analyst - $112 per hour (includes benefits, OE&E, and DCA distributed administration)
SSMI: Staff Services Manager I - $122 per hour (includes benefits, OE&E, and DCA distributed administration)

Dental Board of California
Licensure By Examination (CCR 1021(a)(c))
Law & Ethics Examination App Workload (Costs - Paper Base)

Workload Tasks	Per Application	Minutes per Application	MST	SSA	AGPA
Assign work to staff	1	15	0	0	15
Receive and Process Application/Communicate Deficiencies to Applicant	1	30	0	30	0
Respond to Inquiries	1	30	0	30	0
Confirm Completeness of Application and Supporting Documentation	1	15	0	15	0
Cashiering and Data Entry	1	20	20	0	0
		Minutes per Classification:	20	75	15
		Hours per Classification:	0.3	1.3	0.3
		Costs per Classification:	$31	$121	$28
		Total Costs:		**$180**	

MST: Management Services Technician - $92 per hour (includes benefits, OE&E and DCA distributed administration)
SSA: Staff Services Analyst - $97 per hour (includes benefits, OE&E, and DCA distributed administration)
AGPA: Associate Governmental Program Analyst - $112 per hour (includes benefits, OE&E, and DCA distributed administration)

Dental Board of California
Licensure By Examination (CCR 1021(a)(c))
Law & Ethics Examination App Workload (Costs - Online)

Workload Tasks	Per Application	Minutes per Application	MST	SSA	AGPA
Assign work to staff	1	15	0	0	15
Receive and Process Application/Communicate Deficiencies to Applicant	1	30	0	30	0
Respond to Inquiries	1	30	0	30	0
Confirm Completeness of Application and Supporting Documentation	1	15	0	15	0
Download and Print Applications and Attachments	1	20	20	0	0
Minutes per Classification:			20	75	15
Hours per Classification:			0.3	1.3	0.3
Costs per Classification:			$31	$121	$28
Total Costs:			**$180**		

MST: Management Services Technician - $92 per hour (includes benefits, OE&E and DCA distributed administration)
SSA: Staff Services Analyst - $97 per hour (includes benefits, OE&E, and DCA distributed administration)
AGPA: Associate Governmental Program Analyst - $112 per hour (includes benefits, OE&E, and DCA distributed administration)

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento CA 95815
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MEMORANDUM

DATE	January 3, 2025
TO	Members of the Dental Board of California
FROM	Ricky Eaddy, Staff Services Manager I Dental Board of California
SUBJECT	**Agenda Item 12.a.:** Update on Dental Licensure and Permit Statistics

Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of December 31, 2024.

NOTE: Canceled and Withdrawn applications have been removed from reporting as they are used internally for cleanup and not pertinent to DBC reporting.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 21/22	138	85	75	22	28	27	38	31	71	83	109	123	**830**
WREB 22/23	71	58	42	35	29	28	38	26	31	41	48	80	**527**
WREB 23/24	38	32	21	14	8	7	10	9	15	8	10	7	**179**
WREB 24/25	5	6	5	3	8	4	0	0	0	0	0	0	**31**
Residency 21/22	93	23	12	5	1	6	3	8	8	6	3	14	**182**
Residency 22/23	13	5	1	2	4	1	2	4	4	6	3	12	**57**
Residency 23/24	11	2	0	0	1	1	3	0	5	3	3	3	**32**
Residency 24/25	8	2	0	1	2	3	0	0	0	0	0	0	**16**
Credential 21/22	45	51	44	20	8	17	19	19	23	14	19	27	**306**
Credential 22/23	20	17	18	20	12	20	28	17	30	20	28	20	**250**
Credential 23/24	27	26	19	19	17	16	25	17	21	19	36	18	**260**
Credential 24/25	25	19	27	22	22	28	0	0	0	0	0	0	**143**
Portfolio 21/22	0	0	0	0	0	1	0	0	0	0	1	1	**3**
Portfolio 22/23	0	0	0	0	0	0	0	0	1	0	0	1	**2**
Portfolio 23/24	0	1	1	0	0	0	0	0	0	0	0	0	**2**
Portfolio 24/25	0	0	0	0	1	0	0	0	0	0	0	0	**1**
ADEX 21/22	82	34	17	11	5	9	17	20	19	22	78	117	**431**
ADEX 22/23	69	51	23	22	17	12	30	18	55	118	137	188	**740**
ADEX 23/24	56	34	32	36	32	33	41	31	64	140	200	213	**912**
ADEX 24/25	89	74	53	38	36	43	0	0	0	0	0	0	**333**

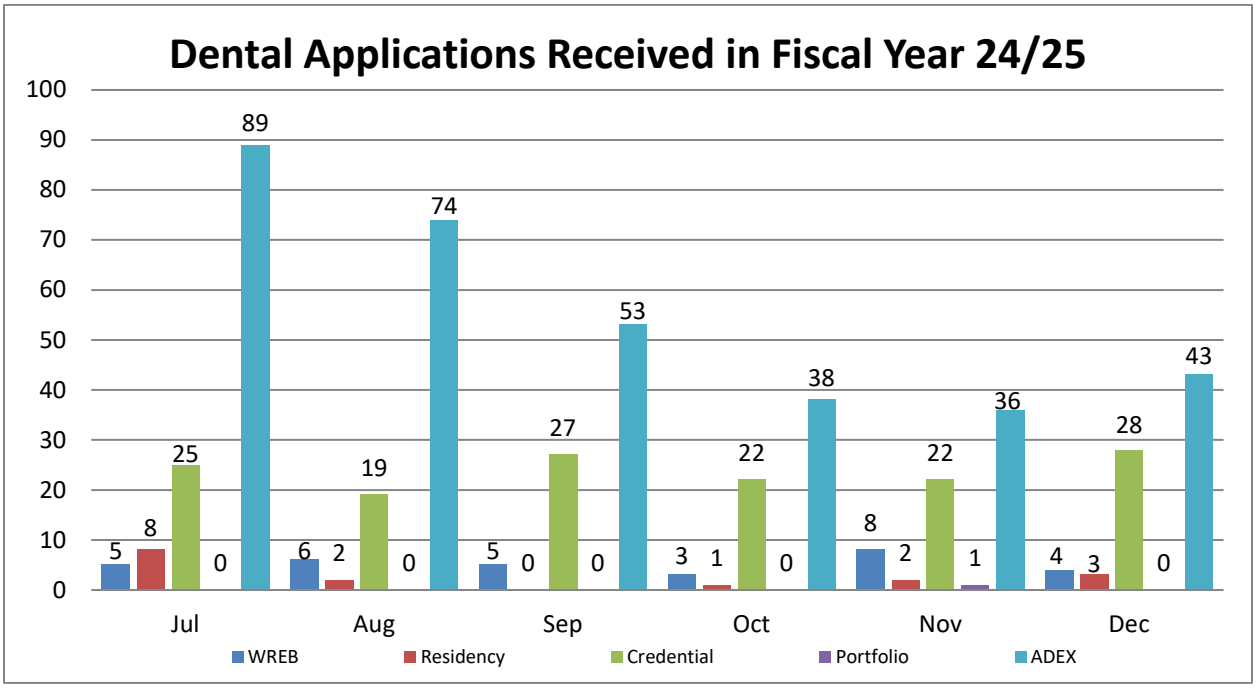
Dental Applications Approved by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	**879**
WREB 22/23	79	134	135	58	18	43	35	39	17	20	25	18	**621**
WREB 23/24	10	27	44	13	5	10	6	18	12	12	8	8	**173**
WREB 24/25	6	8	6	6	5	5	0	0	0	0	0	0	**36**
Residency 21/22	110	54	27	12	6	7	2	4	0	1	7	5	**235**
Residency 22/23	2	18	14	5	1	1	3	2	3	1	4	1	**55**
Residency 23/24	0	2	18	4	0	1	2	4	1	2	3	1	**38**
Residency 24/25	4	9	4	1	3	3	0	0	0	0	0	0	**24**
Credential 21/22	36	60	38	20	9	19	9	13	14	4	24	5	**251**
Credential 22/23	11	18	24	21	13	29	13	28	13	17	16	12	**215**
Credential 23/24	1	18	27	23	28	4	17	15	22	11	16	9	**191**
Credential 24/25	10	19	31	35	17	26	0	0	0	0	0	0	**138**
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 21/22	189	79	43	21	4	7	13	5	3	5	16	31	**416**
ADEX 22/23	43	95	98	40	14	23	23	25	16	22	34	52	**485**
ADEX 23/24	91	199	228	58	36	37	18	59	32	35	39	126	**958**
ADEX 24/25	126	263	134	81	56	55	0	0	0	0	0	0	**715**
Dental Licenses Issued by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 21/22	198	71	48	35	14	42	35	28	22	20	24	51	**588**
WREB 22/23	71	127	131	58	27	39	30	40	18	16	32	20	**609**
WREB 23/24	14	26	46	11	5	9	9	15	12	9	8	11	**175**
WREB 24/25	6	9	6	4	9	9	0	0	0	0	0	0	**38**
Residency 21/22	51	30	15	12	6	5	4	2	1	3	7	5	**141**
Residency 22/23	3	15	12	6	2	2	3	2	1	1	3	2	**52**
Residency 23/24	1	2	18	4	0	1	0	2	2	3	2	2	**37**
Residency 24/25	3	10	5	1	3	0	0	0	0	0	0	0	**22**
Credential 21/22	8	16	22	19	10	19	11	9	9	4	18	10	**155**
Credential 22/23	8	19	23	23	12	18	18	25	12	16	18	18	**210**
Credential 23/24	4	14	22	24	25	13	17	9	23	11	21	8	**191**
Credential 24/25	14	22	22	34	15	21	0	0	0	0	0	0	**128**
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**

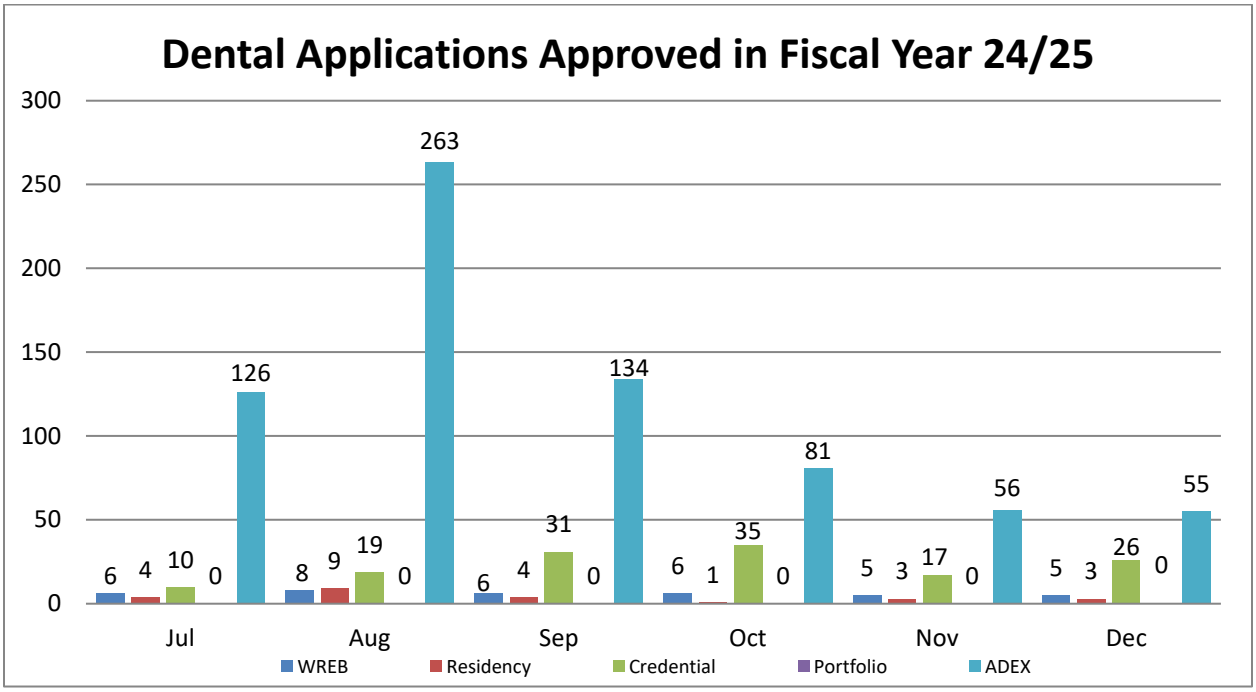
Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	**272**
ADEX 22/23	39	94	96	40	20	22	19	24	17	23	33	53	**480**
ADEX 23/24	80	190	217	57	43	38	28	60	35	29	44	117	**938**
ADEX 24/25	123	249	141	79	54	46	0	0	0	0	0	0	**692**
Denied Dental Applications by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 21/22	0	1	0	0	0	0	0	0	0	0	0	0	**1**
WREB 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**
WREB 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
WREB 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 22/23	0	0	0	0	1	0	0	0	0	1	0	0	**2**
Credential 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 21/22	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 22/23	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 23/24	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 24/25	0	0	0	0	0	0	0	0	0	0	0	0	**0**

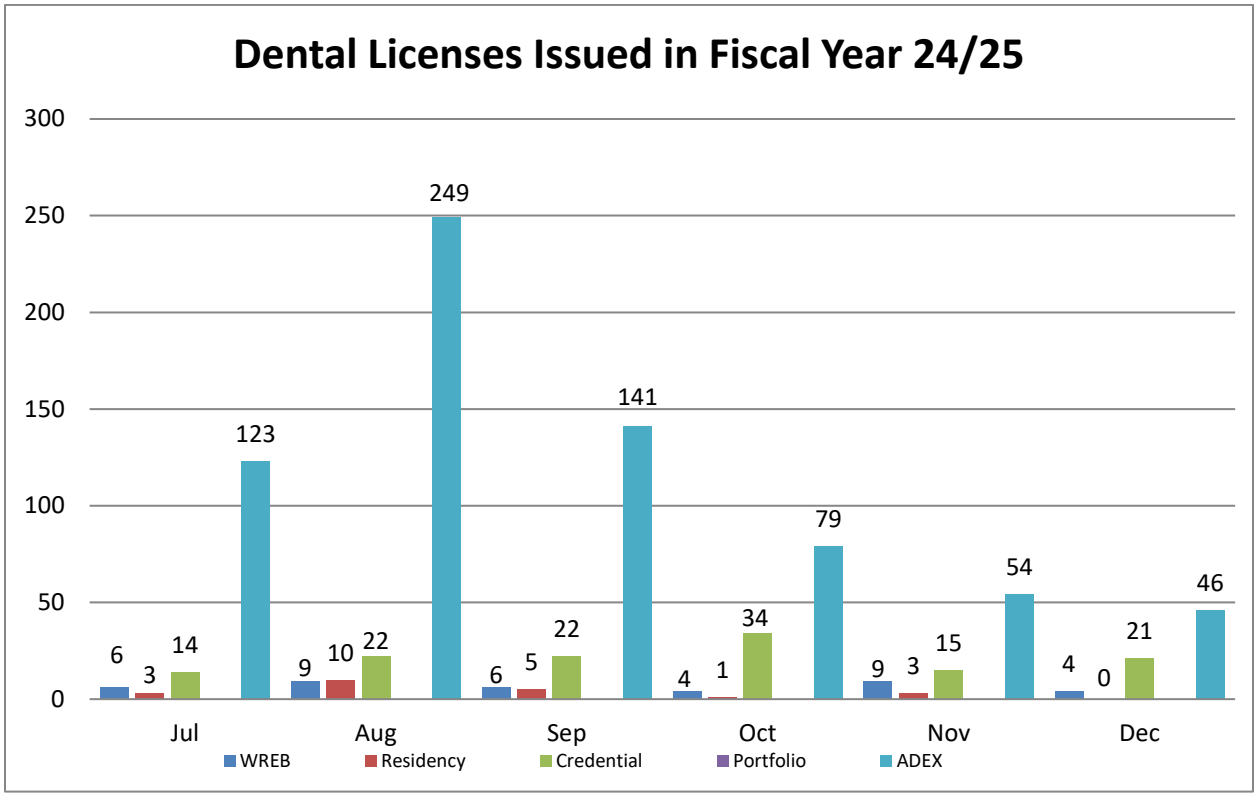
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

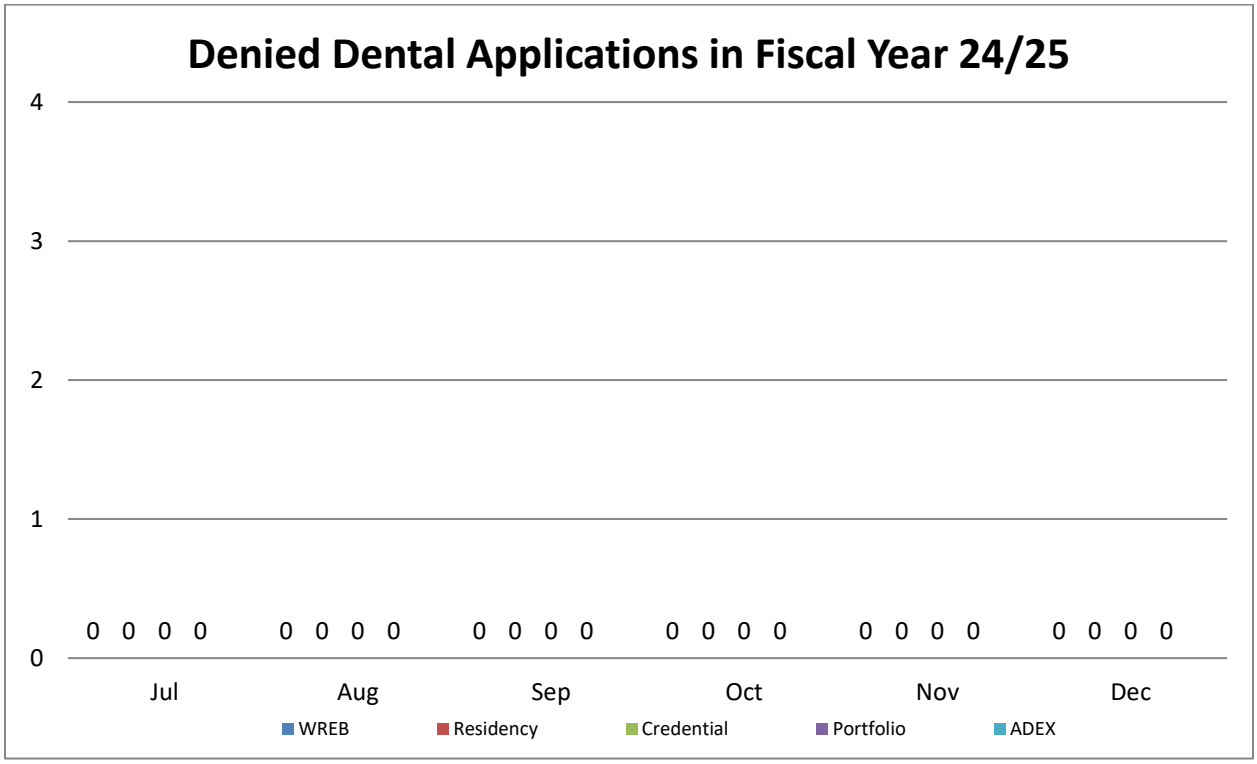
Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2024–25 as of December 31, 2024.






Dental Licenses Issued in Fiscal Year 24/25
300
250
200
150
100
50
0
6 3 14
123
9 10 22
249
6 5 22
141
4 1 34
79
9 3 15
54
4 0 21
46
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
ADEX


Denied Dental Applications in Fiscal Year 24/25
4
3
2
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
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
ADEX

Dental Law and Ethics Written Examination Statistics

License Type		DDS				
Exam Title		Dental Law and Ethics Examination				
Licensure Pathway		WREB	LBR	PORT	ADEX	Pathway not chosen
2021/22	# of 1st Time Candidates	55	85	0	271	73
	Pass %	70.60%	81.18%	N/A	74.17%	71.23%
2022/23	# of 1st Time Candidates	444	52	N/A	761	199
	Pass %	74.55%	88.46%	N/A	83.57%	69.35%
2023/24	# of 1st Time Candidates	90	18	N/A	587	563
	Pass %	91.11%	94.44%	N/A	90.12%	82.42%
2024/25	# of 1st Time Candidates	21	6	N/A	347	180
	Pass %	95.24%	100.00%	N/A	92.51%	86.67%
Date of Last Occupational Analysis: 2024						
Name of Developer: Office of Professional Examination Services						
Target Occupational Analysis Date: 2029						

*Pathway not chosen denotes applicants who have tested, but not yet chosen a pathway to licensure.

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of December 31, 2024.

Dental Licenses Issued via Pathway	Total Issued in 21/22	Total Issued 22/23	Total Issued 23/24	Total Issued 24/25	Total Issued to Date	Date Pathway Implemented
WREB Exam	588	609	175	38	12,887	January 1, 2006
Licensure by Residency	141	52	38	22	2,426	January 1, 2007
Licensure by Credential	155	210	191	128	3,963	July 1, 2002
(LBC Clinic Contract)	14	13	16	3	84	July 1, 2002
(LBC Faculty Contract)	1	5	4	1	27	July 1, 2002
Portfolio	0	0	0	0	79	November 5, 2014
ADEX	272	480	958	692	3,079	November 15, 2019
Total	**1,156**	**1,351**	**1,362**	**884**	**22,545**	

The following table provides statistics on dental license and permit status statistics by fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of December 31, 2024.

Anesthesia Unit permits with pediatric endorsements have been added and is a newly tracked metric for 24-25. They are listed as PE Under 13 & PE Under 7.

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Dental License	Active	34,619	34,710	35,078	35,301
	Inactive	1,727	1,691	1,661	1,597
	Retired/ReducedFee	1,251	1,168	1,132	1,113
	Disabled	95	87	94	93
	Delinquent	6,002	6,180	6,069	6,255
	Cancelled	19,604	20,703	21,735	20,703
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Additional Office Permit	Active	2,556	2,375	2,522	2,572
	Delinquent	1,204	1,390	1,285	1,300
	Cancelled	7,418	7,726	7,979	8,075
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Conscious Sedation	Active	554	380	126	0
	Delinquent	63	219	0	0
	Cancelled	606	625	1,098	1,224
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Continuing Education Registered Provider Permit	Active	744	746	724	734
	Delinquent	776	660	625	593
	Cancelled	2,471	2,663	2,782	2.845

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Elective Facial Cosmetic Surgery Permit	Active	29	27	27	31
	Delinquent	6	6	6	6
	Cancelled	3	4	5	5
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Extramural Facility Registration	Active	205	60	67	85
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Fictitious Name Permit	Active	6,782	6,485	6,877	7,133
	Delinquent	2,394	2,855	2,731	2,748
	Cancelled	7,808	8,350	8,875	9,080
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
General Anesthesia Permit	Active	925	949	941	943
	Delinquent	38	41	49	47
	Cancelled	1,067	1,095	1,131	1,154
	PE Under 7	-	-	-	118
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Mobile Dental Clinic Permit	Active	44	45	50	59
	Delinquent	44	39	40	38
	Cancelled	81	88	96	98
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Medical General Anesthesia	Active	156	153	150	154
	Delinquent	27	32	39	36
	Cancelled	226	242	267	284
	PE Under 7	-	-	-	92
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Moderate Sedation Permit	Active	N/A	192	445	575
	Delinquent	N/A	1	4	2
	Cancelled	N/A	3	10	30
	PE Under 13	-	-	-	53
	PE Under 7	-	-	-	51
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Oral Conscious Sedation Certificate (Adult Only 1,202; Adult & Minors 0)	Active	2,352	1,971	1,460	1,202
	Delinquent	702	386	412	422
	Cancelled	1,185	1,960	2,562	2,860
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Oral and Maxillofacial Surgery Permit	Active	94	96	96	94
	Delinquent	10	9	10	12
	Cancelled	25	27	27	27
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**

Pediatric Minimal Sedation Permit	Active	N/A	102	309	385
	Delinquent	N/A	1	3	6
	Cancelled	N/A	0	0	0

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Referral Service Registration	Active	161	7	7	6
	Delinquent	N/A	0	0	0
	Cancelled	N/A	2	2	3
License Type	**License Status**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**
Special Permit	Active	35	34	38	36
	Delinquent	7	6	8	9
	Cancelled	195	203	207	212

Status Definitions	
Active	Current and can practice without restrictions *(BPC §1625)*
Inactive	Current but cannot practice, continuing education not required (*CCR §1017.2)*
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practicewith restrictions *(BPC §1716.1a)*
Disabled	Current with disability but cannot practice *(BPC §1716.1b)*
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)* Total number of licenses / permits cancelled to date.

The following table provides statistics on population, current and active dental licenses by County, and population (Pop.) per dental license by County for fiscal years 2022–23, 2023–24 and 2024–25 as of December 31, 2024. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Alameda	1,485	1,651,979	1,112	1,472	1,651,979	1,112	1,480	1,641,869	1,109
Alpine	0	1,200	0	0	1,200	0	0	1,179	0
Amador	21	40,297	1,918	23	40,297	1,918	25	39,611	1,584
Butte	124	201,608	1,625	118	201,608	1,625	114	205,928	1,806
Calaveras	21	45,049	2,145	21	45,049	2,145	17	44,842	2,637
Colusa	6	21,807	3,634	4	21,807	3,634	3	21,743	7,247
Contra Costa	1,103	1,156,555	1,048	1,092	1,156,555	1,048	1,096	1,146,626	1,046
Del Norte	11	27,218	2,474	11	27,218	2,474	14	26,345	1,881
El Dorado	152	190,465	1,253	148	190,465	1,253	148	188,583	1,274
Fresno	620	1,011,273	1,631	625	1,011,273	1,631	637	1,017,431	1,597
Glenn	7	28,750	4,107	7	28,750	4,107	8	28,736	3,592
Humboldt	63	135,168	2,145	66	135,168	2,145	68	133,100	1,957
Imperial	39	179,329	4,598	40	179,329	4,598	42	182,881	4,354
Inyo	5	18,978	3,795	7	18,978	3,795	7	18,856	2,693
Kern	341	909,813	2,668	350	909,813	2,668	353	910,300	2,578
Kings	61	152,023	2,492	58	152,023	2,492	56	152,627	2,725
Lake	39	67,407	1,728	37	67,407	1,728	39	67,001	1,717
Lassen	22	30,274	1,376	18	30,274	1,376	18	28,197	1,566
Los Angeles	8,416	9,861,224	1,171	8,464	9,861,224	1,171	8,458	9,824,091	1,161
Madera	44	157,396	3,577	47	157,396	3,577	56	159,328	2,845
Marin	290	257,135	886	279	257,135	886	270	252,844	936
Mariposa	7	17,045	2,435	6	17,045	2,435	6	16,966	2,827
Mendocino	49	89,999	1,836	45	89,999	1,836	48	89,476	1,864
Merced	92	284,338	3,090	98	284,338	3,090	96	287,303	2,992

County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Modoc	3	8,690	2,896	5	8,690	1,738	5	8,484	1,696
Mono	5	13,379	2,675	5	13,379	2,675	3	12,861	4,287
Monterey	248	433,716	1,748	244	433,716	1,777	252	437,614	1,736
Napa	110	136,179	1,237	106	136,179	1,284	105	135,029	1,285
Nevada	72	101,242	1,406	69	101,242	1,467	66	100,177	1,517
Orange	4,073	3,162,245	776	4,183	3,162,245	755	4,218	3,150,835	746
Placer	472	409,025	866	482	409,025	848	481	412,844	858
Plumas	13	18,942	1,457	13	18,942	1,457	12	18,841	1,570
Riverside	1,142	2,435,525	2,132	1,163	2,435,525	2,094	1,182	2,442,378	2,066
Sacramento	1,176	1,576,618	1,340	1,207	1,576,618	1,306	1,204	1,578,938	1,311
San Benito	23	65,479	2,846	26	65,479	2,518	28	65,853	2,351
San Bernardino	1,398	2,187,665	1,564	1,403	2,187,665	1,559	1,447	2,181,433	1,507
San Diego	2,820	3,287,306	1,165	2,853	3,287,306	1,152	2,857	3,291,101	1,151
San Francisco	1,151	842,754	732	1,127	842,754	747	1,128	843,071	747
San Joaquin	376	784,298	2,085	393	784,298	1,995	390	791,408	2,029
San Luis Obispo	210	280,721	1,336	217	280,721	1,293	217	278,469	1,283
San Mateo	843	744,662	883	829	744,662	898	831	741,565	892
Santa Barbara	307	445,164	1,450	312	445,164	1,426	314	443,623	1,412
Santa Clara	2,289	1,894,783	827	2,283	1,894,783	829	2,273	1,903,198	837
Santa Cruz	168	255,564	1,586	171	255,564	1,494	170	262,572	1,544
Shasta	100	180,531	1,805	109	180,531	1,656	112	179,195	1,599
Sierra	0	3,229	0	0	3,229	0	0	3,171	0
Siskiyou	23	43,830	1,905	23	43,830	1,905	23	43,409	1,887
Solano	279	447,241	1,603	277	447,241	1,614	275	446,426	1,623
Sonoma	382	482,404	1,262	374	482,404	1,289	386	478,152	1,238
Stanislaus	274	549,466	2,005	277	549,466	1,983	283	548,744	1,939
Sutter	51	99,145	1,944	49	99,145	2,023	52	100,110	1,925

County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Tehama	31	65,052	2,194	28	65,052	2,323	29	64,308	2,217
Trinity	3	16,023	5,341	2	16,023	8,011	3	15,915	5,305
Tulare	217	475,014	2,131	218	475,014	2,178	221	478,918	2,167
Tuolumne	47	55,291	1,209	45	55,291	1,228	44	54,407	1,236
Ventura	627	833,652	1,265	634	833,652	1,314	633	823,863	1,301
Yolo	122	221,165	1,874	125	221,165	1,769	122	221,666	1,816
Yuba	7	82,275	11,653	10	82,275	8,227	10	83,721	8,372
Out of State/Country	2,343	N/A	N/A	28	N/A	N/A	29	64,308	2,217
Total	34,168	39,185, 605	N/A	32,298	39,174,605	N/A	32,435	39,128,162	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2024.

*The counties with the highest Population per DDS are:	Yuba County (1:8,372)	*The counties with the lowest Population per DDS are:	Orange County (1:746)
	Colusa County (1:7,247)		San Francisco County (1:747)
	Trinity County (1:5,305)		Santa Clara (1:837)
	Imperial County (1:4,354)		Placer (1:858)
	Mono County (1:4,287)		San Mateo (1:892)

* Alpine County (0:1,179) and Sierra County (0:3,171)
No DDS present in either county.

Action Requested

No action is requested.

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 12.b.:** Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Background

Representatives from Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies will provide a verbal report.

Action Requested

No action requested.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 10, 2025
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 13.a.:** General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Background

General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board). The Board must conduct an inspection and evaluation for GA and MGA permitholders at least once every five years, and for MS permitholders at least once every six years to keep a permit active and in good standing. This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and MS permits.

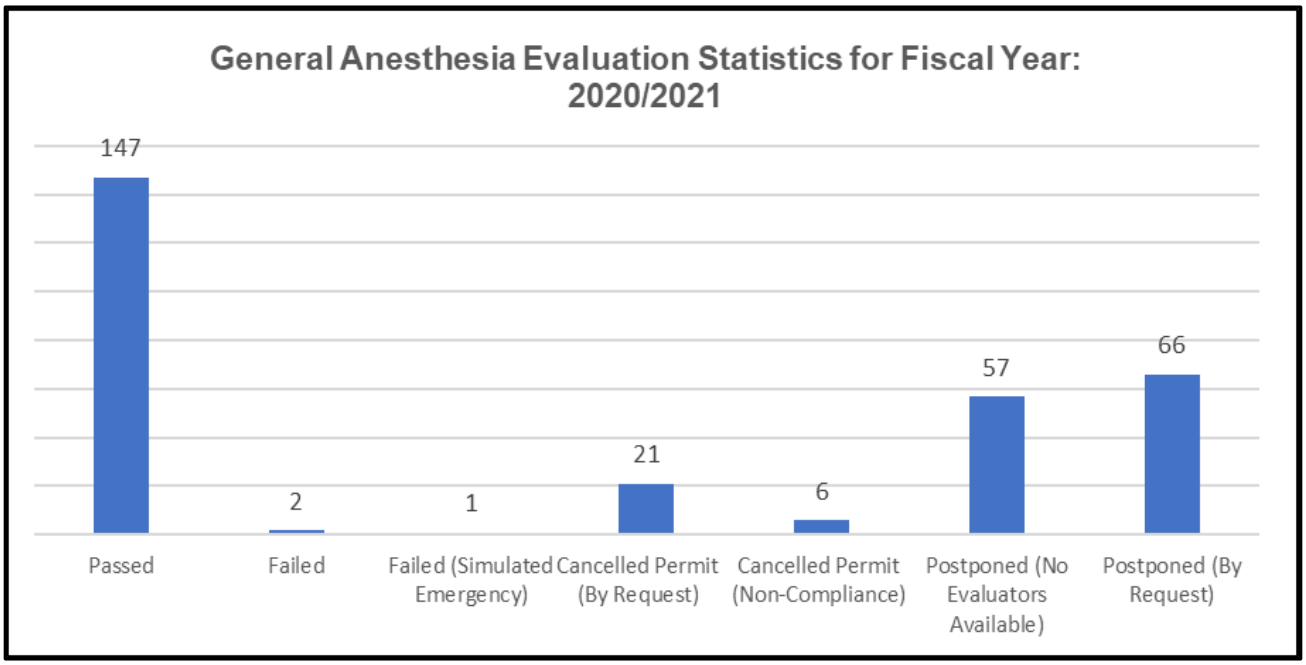
General Anesthesia Evaluation Statistics for Fiscal Year 2024–25

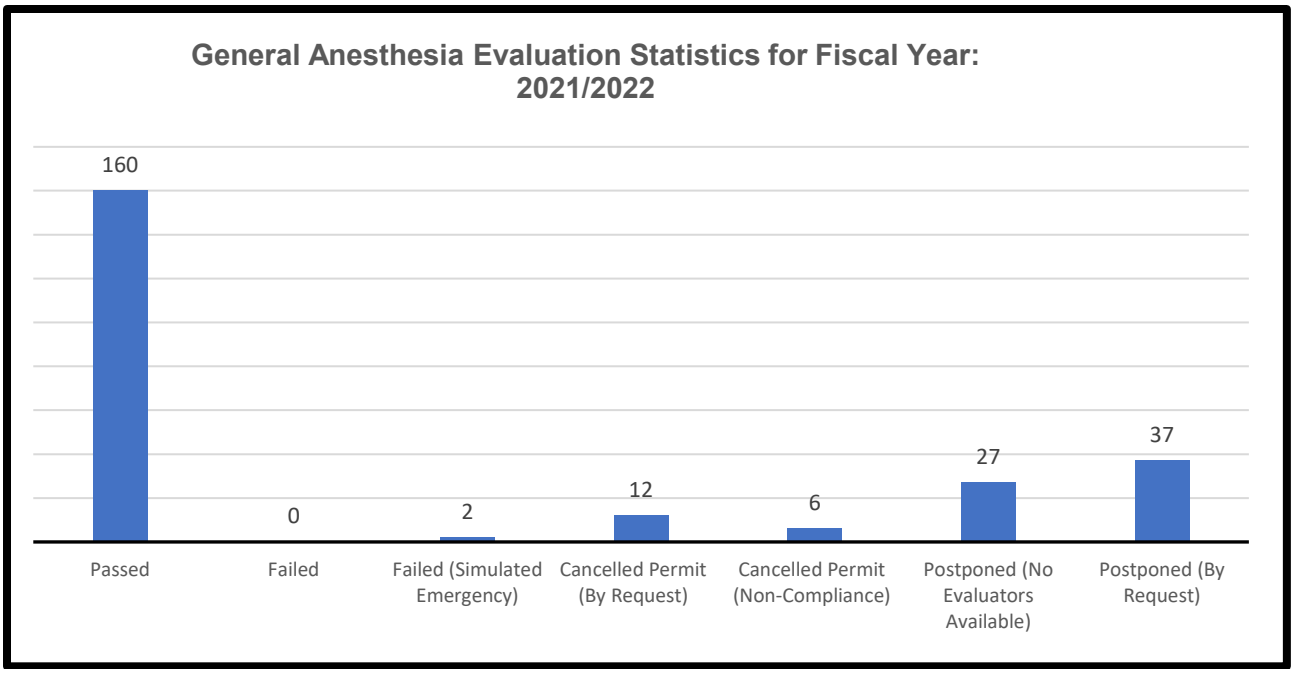
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	12	0	0	0	0	0	3
Aug 2024	12	0	0	2	2	0	0
Sep 2024	20	0	0	1	3	0	0
Oct 2024	15	0	0	6	3	0	1
Nov 2024	18	0	1	2	2	0	2
Dec 2024	17	0	0	1	0	0	0
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							

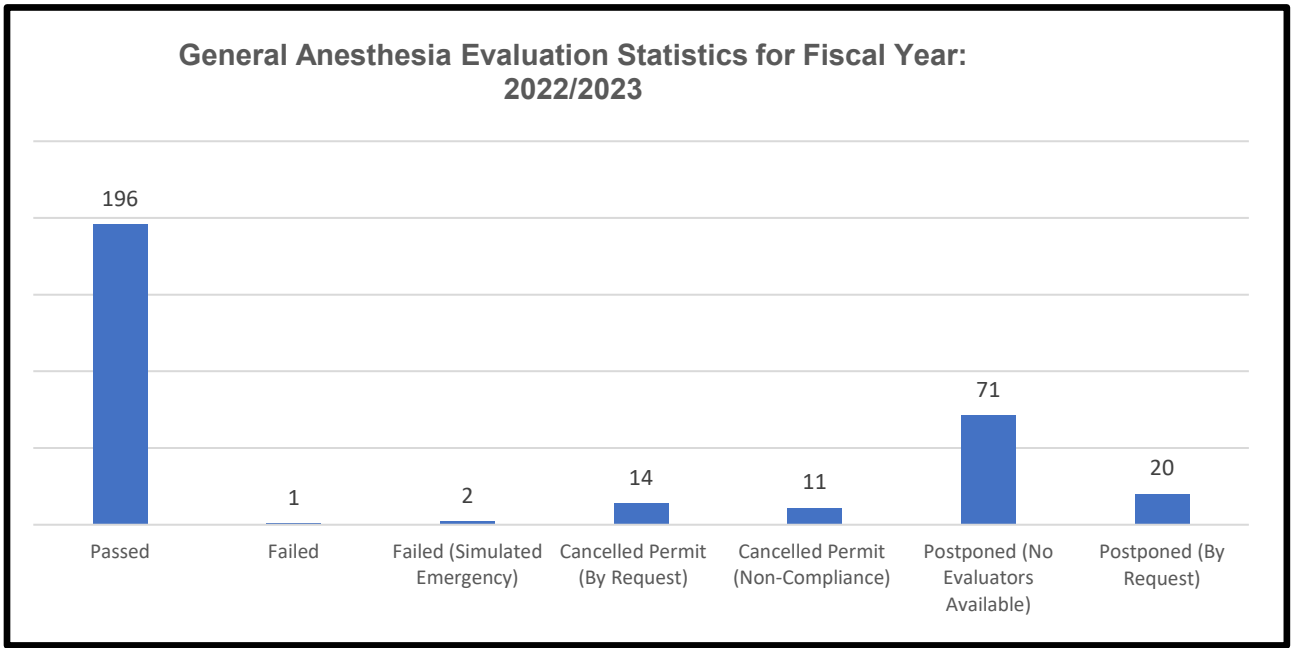
May 2025							
Jun 2025							
Total	**94**	**0**	**1**	**12**	**10**	**0**	**6**

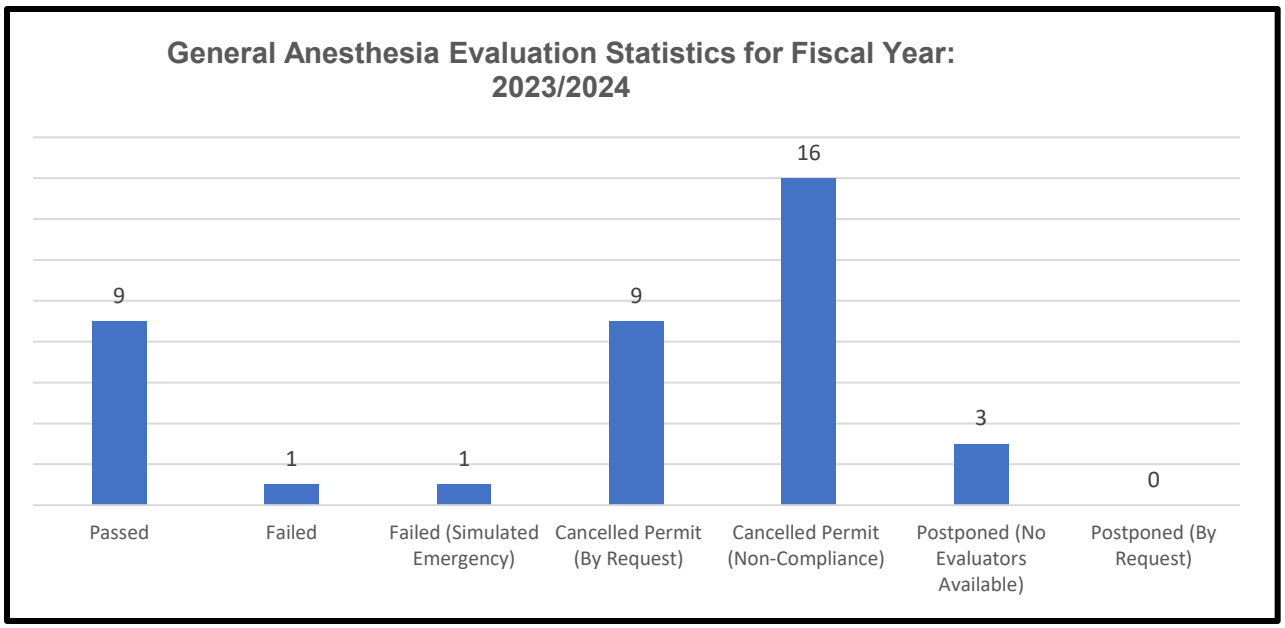
General Anesthesia Evaluation Statistics for Fiscal Years, 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

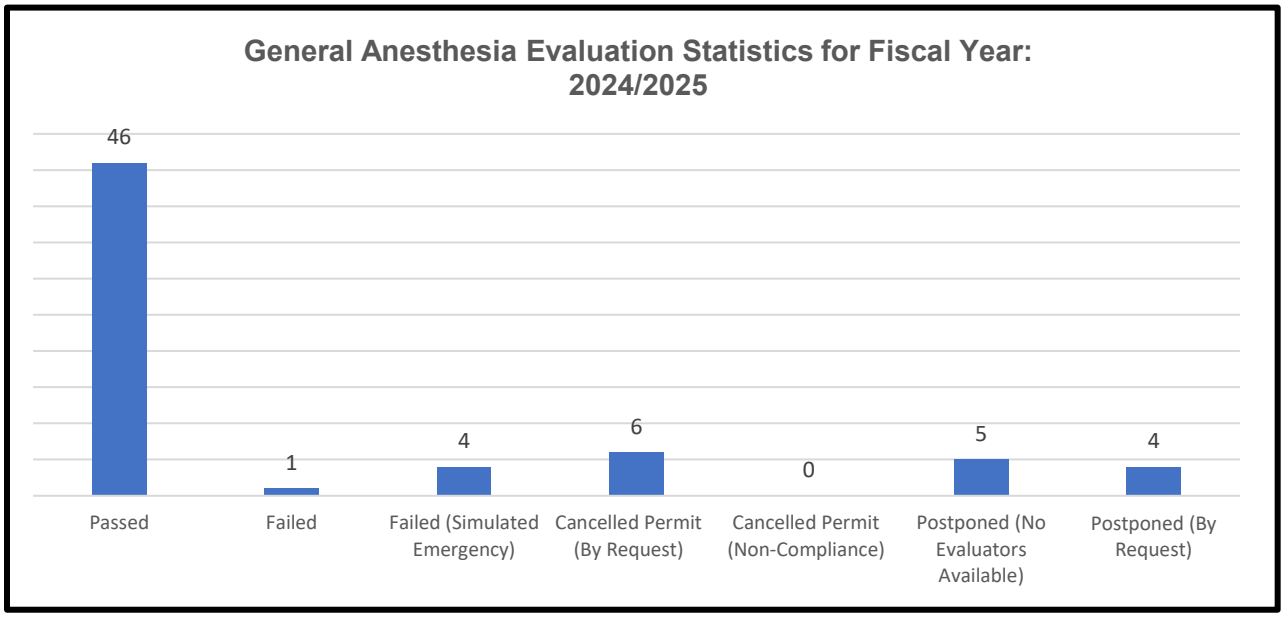
	20–21	21–22	22–23	23–24	24–25
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	147	160	196	202	94
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	0	1	0	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	2	2	3	1
Cancelled Permit by Request – Permitholder no longer wanted permit.	21	12	14	13	12
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	6	6	11	20	10
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	57	27	71	16	0
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	66	37	20	18	6




General Anesthesia Evaluation Statistics for Fiscal Year: 2021/2022
160
0
2
12
6
27
37
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


General Anesthesia Evaluation Statistics for Fiscal Year: 2022/2023
196
1
2
14
11
71
20
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024
9
1
1
9
16
3
0
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

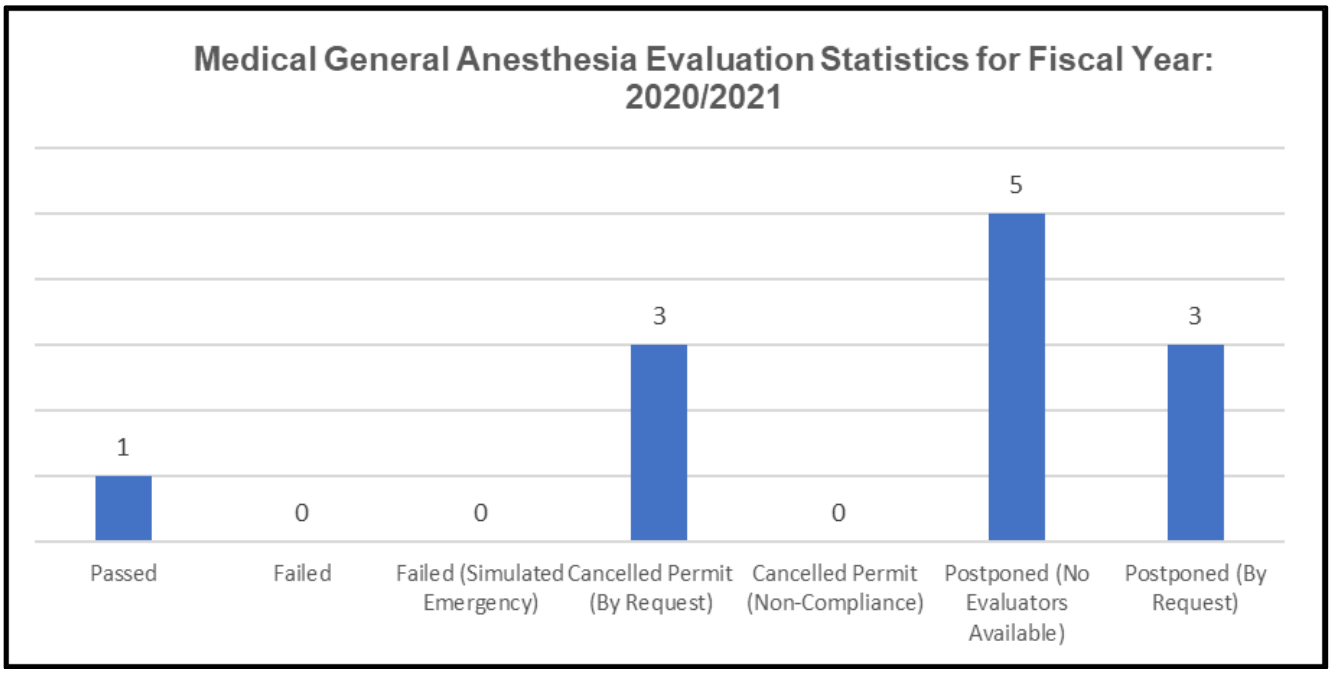

General Anesthesia Evaluation Statistics for Fiscal Year: 2024/2025
46
1
4
6
0
5
4
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

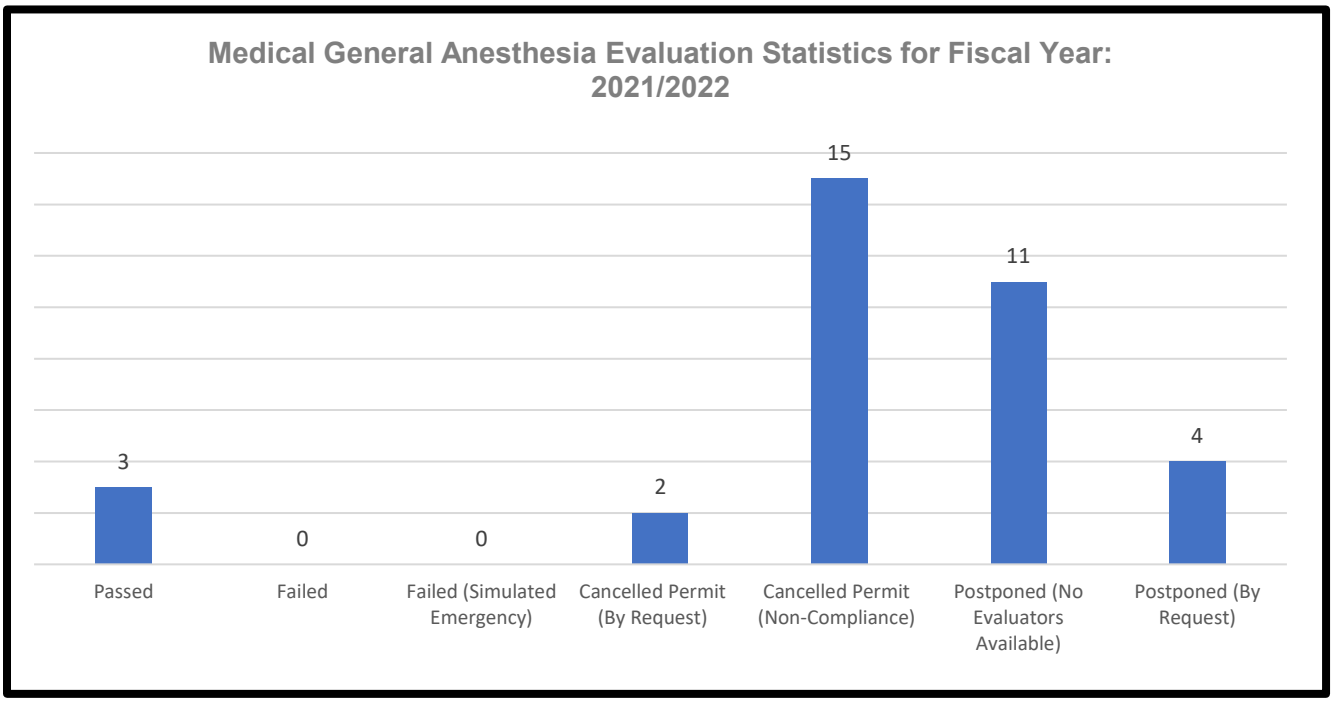
Medical General Anesthesia Evaluation Statistics for Fiscal Year 2024–25

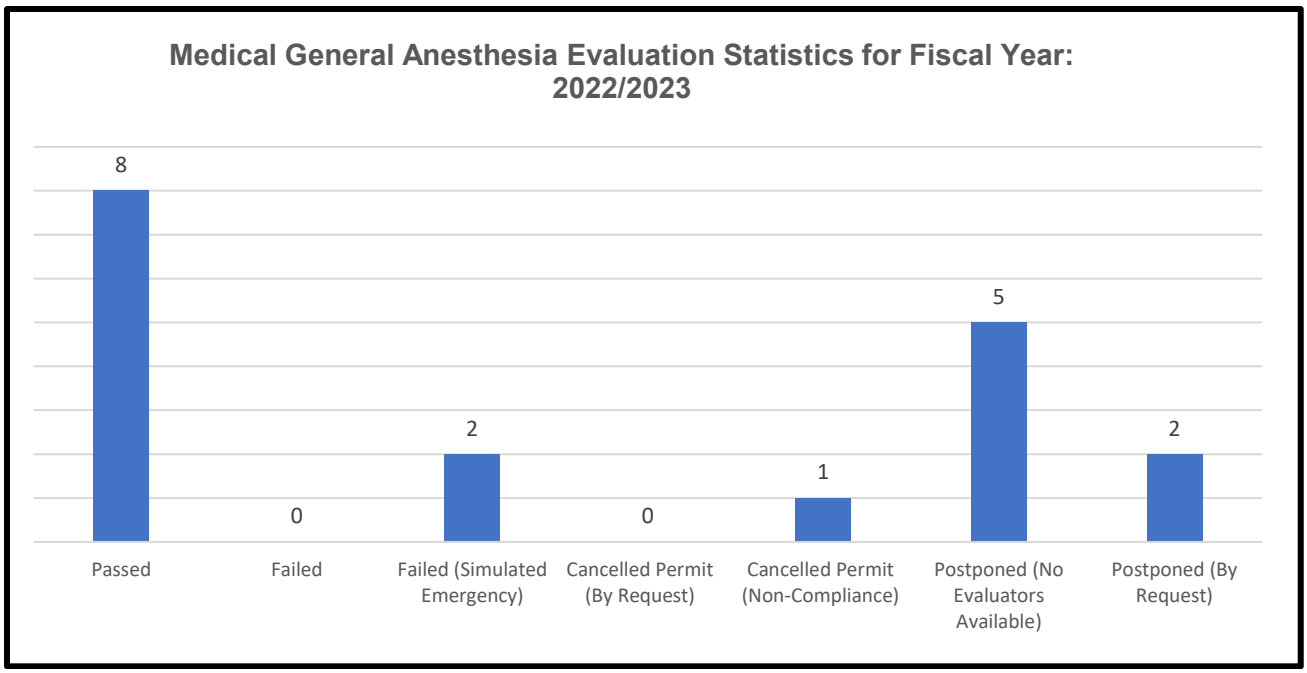
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	1	0	0	1	0	0	1
Aug 2024	2	0	0	0	2	0	0
Sep 2024	2	0	0	0	2	0	0
Oct 2024	1	0	0	1	0	0	0
Nov 2024	0	0	0	2	0	0	0
Dec 2024	0	0	0	3	0	0	0
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							
May 2025							
Jun 2025							
Total	**6**	**0**	**0**	**7**	**4**	**0**	**1**

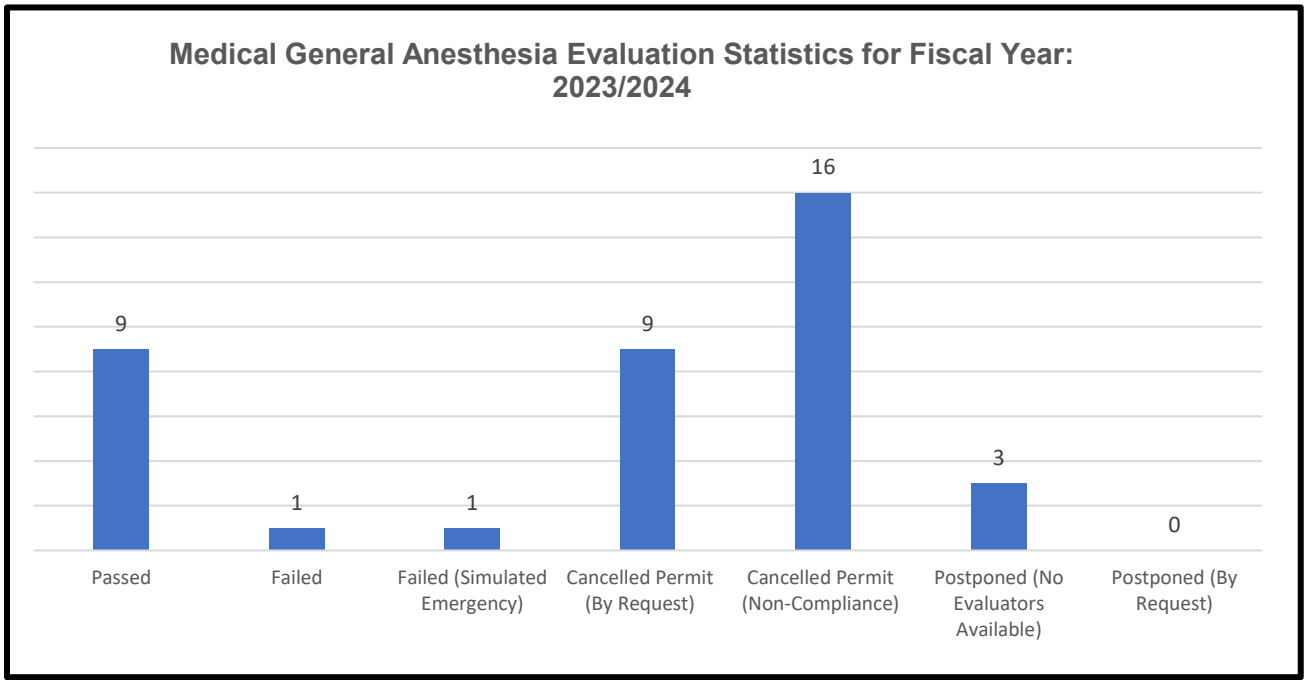
Medical General Anesthesia Evaluation Statistics for Fiscal Years 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

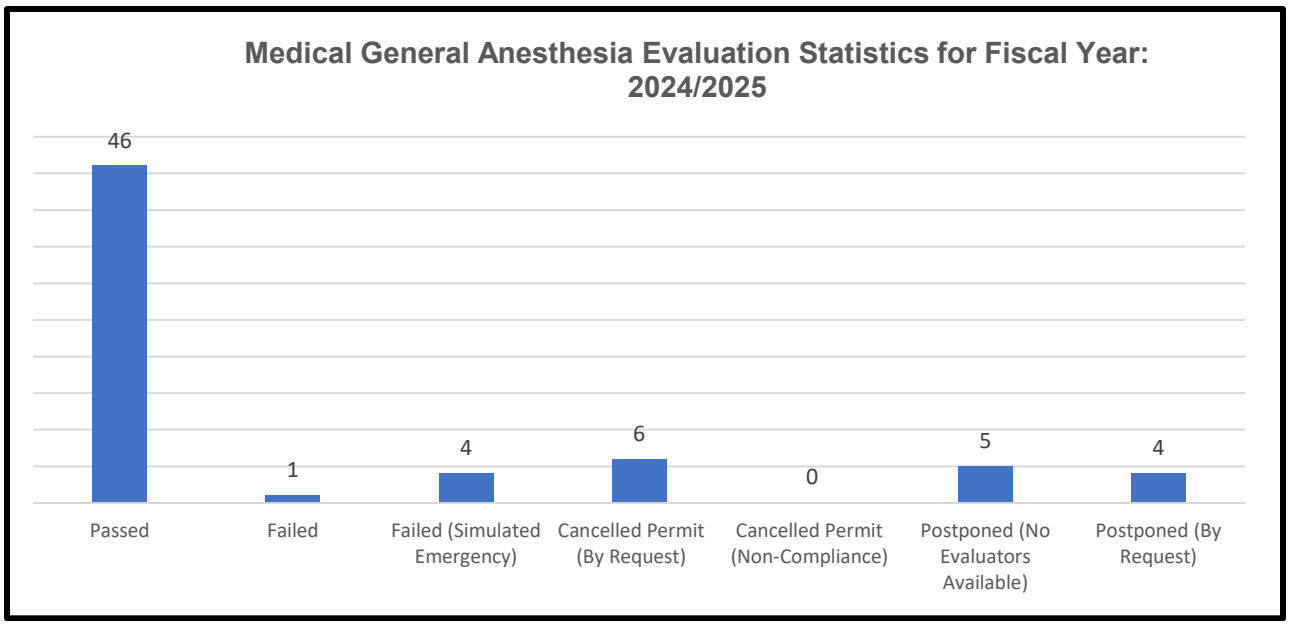
	20–21	21–22	22–23	23–24	24–25
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	1	3	5	9	6
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	1	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	1	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	3	2	11	9	7
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	0	15	9	16	4
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	11	3	3	0
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	3	4	1	0	1


Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2020/2021
1
0
0
3
0
5
3
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2021/2022
3
0
0
2
15
11
4
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2022/2023
8
0
2
0
1
5
2
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024
9
1
1
9
16
3
0
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

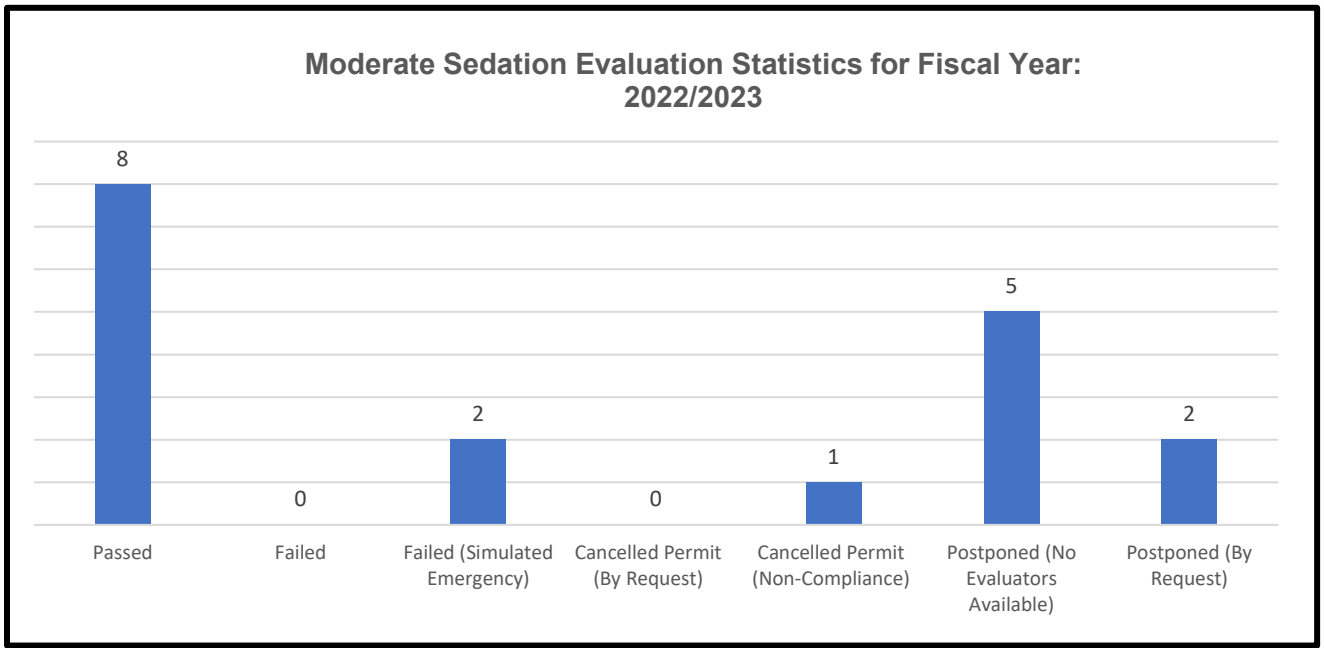


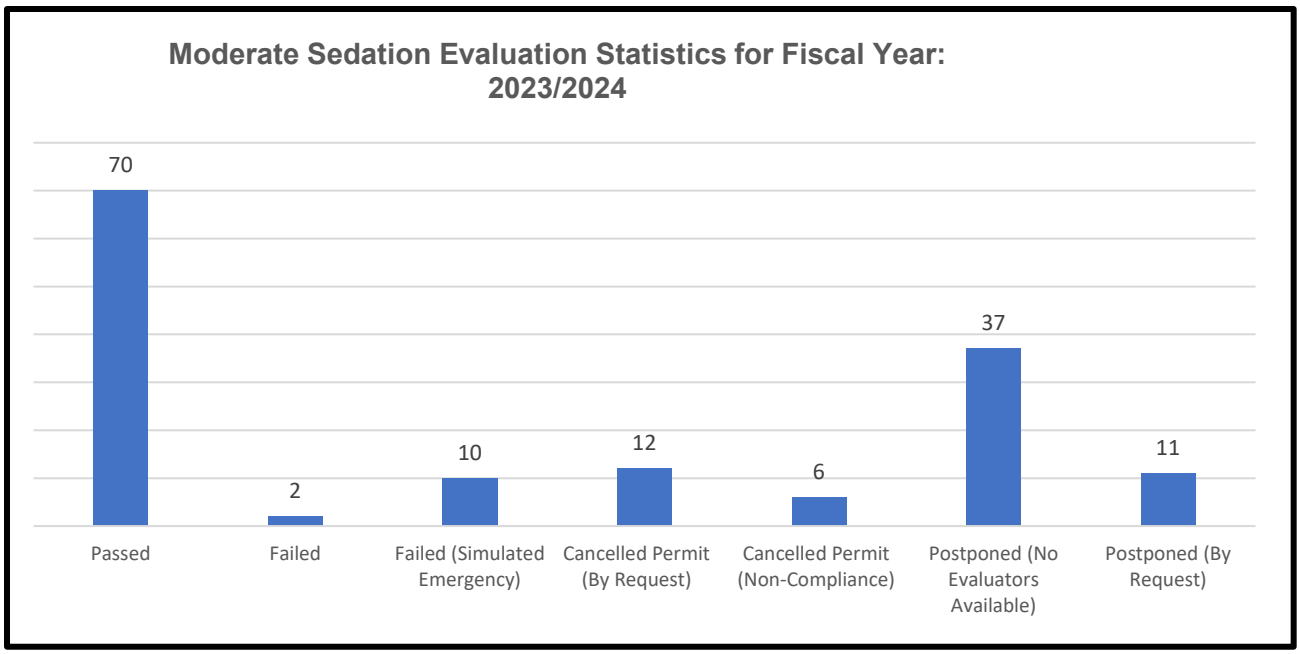
Moderate Sedation Evaluation Statistics for Fiscal Year 2024–25

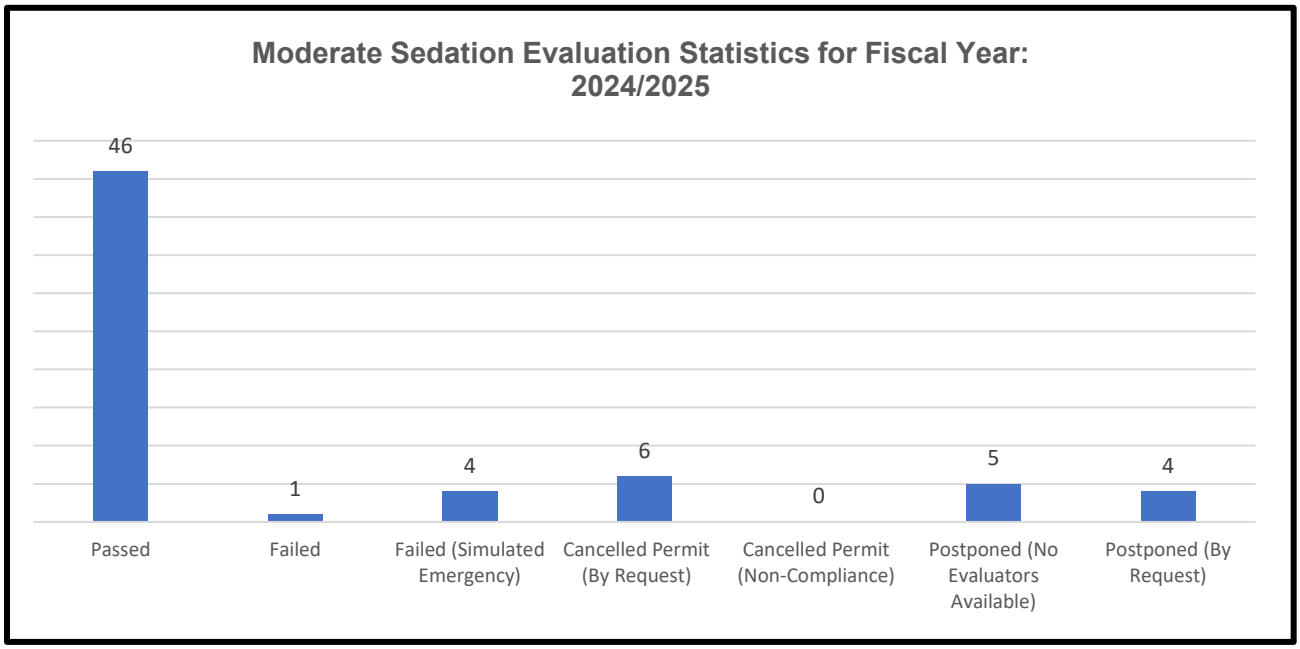
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	5	0	1	0	0	1	2
Aug 2024	7	0	0	2	0	3	0
Sep 2024	6	1	1	2	0	0	0
Oct 2024	7	0	2	0	0	1	1
Nov 2024	12	0	0	1	0	0	0
Dec 2024	9	0	0	1	0	0	1
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							
May 2025							
Jun 2025							
Total	**46**	**1**	**4**	**6**	**0**	**5**	**4**

Moderate Sedation Evaluation Statistics for Fiscal Year 2022–23, 2023–24, and 2024–25

	22–23	23–24	24–25		
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	70	46		
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	2	1		
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	10	4		
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	12	6		
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	6	0		
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	37	5		
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	11	4		




Moderate Sedation Evaluation Statistics for Fiscal Year: 2023/2024
70
2
10
12
6
37
11
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Moderate Sedation Evaluation Statistics for Fiscal Year: 2024/2025
46
1
4
6
0
5
4
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

Current Evaluators per Region

Region	GA	MGA	MS
Northern California	121	17	33
Southern California	155	17	34

Action Requested

No action is requested.

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MEMORANDUM

DATE	January 14, 2025
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	**Agenda Item 13.b.:** Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

Background

Business and Professions Code (BPC) sections 1646.4, 1646.9, and 1647.7 authorize the Dental Board of California (Board) to conduct onsite inspections and evaluations of existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permitholders, as well as of new Moderate Sedation (MS) permitholders. Onsite inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts. The evaluators provide an independent evaluation and recommend a grade on a pass–fail system per California Code of Regulations (CCR), title 16, section 1043.6.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) changed existing provisions that govern the administration of minimal, moderate, and deep sedation and general anesthesia on dental patients. The subsequent SB 501 rulemaking, which implemented SB 501 provisions and became operative on August 16, 2022, amended CCR, title 16, section 1043.2 regarding the composition of teams performing onsite inspection and evaluation of GA, MGA, and MS permits. That section now provides that the onsite inspection and evaluation team consist of two or more persons for the first evaluation, or if an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator is required. In addition, the evaluators must meet the following criteria:

1. The evaluators must meet one of the listed criteria in the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia, or the criteria in BPC 1647.3 for moderate sedation, and must have utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any training.

2. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or moderate sedation. At least one member of the evaluation team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.
3. Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under BPC section 1646.9. “Unrestricted” means not subject to any disciplinary action such as revocation, suspension, or probation.
4. The Board may appoint a licensee member of the Board to serve as a consultant at any evaluation.

To implement SB 501, amendments were made to the terms for onsite inspections (CCR, title 16, section 1043.3). Pursuant to BPC section 1646.11, a holder of a GA or MGA permit issued or renewed on or before January 1, 2022, may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022, requires the permitholder to follow the new statutory requirements. Therefore, holders of GA and MGA permits issued or renewed on or after January 1, 2022, are required to comply with the amended terms for onsite inspections.

To increase the pool of available evaluators for the onsite inspection and evaluation program, Board staff post a continuous recruitment notice on the Board’s website.

To increase the number of available evaluators specifically for the MS permit program, Board staff contacted MS permitholders who previously held Conscious Sedation (CS) permits for at least three years to assess their interest in becoming evaluators.

Appointment of Onsite Inspection and Evaluation Program Evaluators

The permitholders below have applied to become evaluators for the general anesthesia and moderate sedation onsite inspection and evaluation program. Board staff have reviewed the applications and recommend approval of their appointment as evaluators.

1. Dr. Karen Baghdasaryan, Dental License No. 50409, and Moderate Sedation Permit No. 582. Dr. Baghdasaryan on has held an active MS permit since October 24, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Baghdasaryan practices as a general dentist in Granada Hills, CA. If approved, Dr. Baghdasaryan will conduct evaluations in southern California for MS permits.
2. Dr. Amandeep Bhullar, Dental License No. 55373, and Moderate Sedation Permit No. 380. Dr. Bhullar on has held an active MS permit since February 23, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Bhullar practices as a general dentist in San Jose, CA. If approved, Dr. Bhullar will conduct evaluations in northern California for MS permits.

3. Dr. Devan Dalla, Dental License No. 63130, and Moderate Sedation Permit No. 305. Dr. Dalla on has held an active MS permit since November 3, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Dalla practices as a general dentist in Elk Grove, CA. If approved, Dr. Dalla will conduct evaluations in northern California for MS permits.
4. Dr. Eric Driver, Dental License No. 59069, and Moderate Sedation Permit No. 275. Dr. Driver has held an active MS permit since November 3, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Dalla practices as a general dentist in Elk Grove, CA. If approved, Dr. Dalla will conduct evaluations in northern California for MS permits.
5. Dr. Mario Flores, Dental License No. 32301, and Moderate Sedation Permit No. 597. Dr. Flores has held an active MS permit since October 3, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Driver practices as a periodontist in Carlsbad, CA. If approved, Dr. Driver will conduct evaluations in southern California for MS permits.
6. Dr. Hamed Javadi, Dental License 50413, Moderate Sedation Permit No. 455. Dr. Javadi has held an active MS permit since June 11, 2024, and previously held a CS permit. Dr. Javadi practices in dental public health in San Rafael, CA. If approved, Dr. Javadi will conduct evaluations in northern California for MS permits.
7. Dr. Anthony Lizano, Dental License 36273, Moderate Sedation Permit No. 523. Dr. Lizano has held an active MS permit since September 3, 2024, and previously held a CS permit. Dr. Lizano practices as a general dentist in Danville, CA. If approved, Dr. Lizano will conduct evaluations in northern California for MS permits.
8. Dr. Joseph Miller, Dental License 59967, Moderate Sedation Permit No. 558. Dr. Miller has held an active MS permit since October 3, 2024, and previously held a CS permit. Dr. Miller practices as a general dentist in Grass Valley, CA. If approved, Dr. Miller will conduct evaluations in northern California for MS permits.
9. Dr. Omonlegho Briana Ovbude, Dental License 100122, Moderate Sedation Permit No. 589. Dr. Ovbude has held an active MS permit since November 7, 2024, and previously held a CS permit. Dr. Ovbude practices as a general dentist in Temecula, CA. If approved, Dr. Ovbude will conduct evaluations in southern California for MS permits.
10. Dr. Sireesha Penumetcha, Dental License 49635, Moderate Sedation Permit No. 524. Dr. Penumetcha has held an active MS permit since September 3, 2024, and previously held a CS permit. Dr. Penumetcha practices as a general dentist in Elk Grove, CA. If approved, Dr. Penumetcha will conduct evaluations in northern California for MS permits.
11. Dr. Aarti Puri, Dental License 58582, Moderate Sedation Permit No. 94. Dr. Puri has held an active MS permit since March 14, 2023, and previously held a CS permit. Dr. Puri practices as a general dentist in Newport Beach, CA. If approved, Dr. Puri will conduct evaluations in southern California for MS permits.

12. Dr. Jose David Sanchez, Dental License 25836, Moderate Sedation Permit No. 587. Dr. Sanchez has held an active MS permit since November 7, 2024, and previously held a CS permit. Dr. Sanchez practices as a general dentist in Tehachapi, CA. If approved, Dr. Sanchez will conduct evaluations in southern California for MS permits.
13. Dr. Krikor Simonian, Dental License 38226, Moderate Sedation Permit No. 521. Dr. Simonian has held an active MS permit since August 27, 2024, and previously held a CS permit. Dr. Simonian practices as a periodontist in Pasadena, CA. If approved, Dr. Simonian will conduct evaluations in southern California for MS permits.
14. Dr. Harjinder Singh, Dental License 47181, Moderate Sedation Permit No. 586. Dr. Singh has held an active MS permit since November 4, 2024, and previously held a CS permit. Dr. Singh practices as a general dentist in Yuba City, CA. If approved, Dr. Singh will conduct evaluations in northern California for MS permits.
15. Dr. James C. Standring, Dental License 35342, Moderate Sedation Permit No. 299. Dr. Standring has held an active MS permit since October 24, 2023, and previously held a CS permit. Dr. Standring practices as a general dentist in Crescent City, CA. If approved, Dr. Standring will conduct evaluations in northern California for MS permits.
16. Dr. Yusuke Suzuki, Dental License 50379, Moderate Sedation Permit No. 185. Dr. Suzuki has held an active MS permit since June 27, 2023, and previously held a CS permit. Dr. Suzuki practices as a general dentist in Lodi, CA. If approved, Dr. Suzuki will conduct evaluations in northern California for MS permits.
17. Dr. Ann Wei, Dental License 54319, Moderate Sedation Permit No. 542. Dr. Wei has held an active MS permit since September 29, 2024, and previously held a CS permit. Dr. Wei practices as a prosthodontist in San Francisco, CA. If approved, Dr. Wei will conduct evaluations in northern California for MS permits.

Action Requested

The Board is asked to consider Board staff's recommendations and make a motion to appoint each of the 17 applicants as evaluators for the onsite inspection and evaluation program.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
- ☑ South
- ☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☑ Endodontics
- ☑ Prosthodontics
- ☑ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☑ Periodontics
- ☑ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME:	LICENSE NO.:
Karen Baghdasaryan	50409
PERMIT HELD:	PERMIT NO.:
Moderate Sedation Permit	MS582

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Karen Baghdasaryan

Digitally signed by Karen Baghdasaryan
Date: 2025.01.12 15:47:04 -08'00'

Date

01/12/2025

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- NO
- General Anesthesia (GA)
- Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- North
- South
- ☑ BOTH

What kind of cases would you like to evaluate?

- GA/DS
- MS
- BOTH

TYPE OF PRACTICE

- Dental Anesthesia
- Endodontics
- Prosthodontics
- Oral Pathology
- Orthodontics
- Dental Public Health
- Pediatric Dentistry
- Periodontics
- General Dentist
- OMS
- ☑ Other

APPLICANT NAME: AMANDEEP BHULLAR	LICENSE NO.: 55373
PERMIT HELD: MODERATE SEDATION	PERMIT NO.: MS 380

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant [signature] Date 01/03/25

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- [ ] NO
- [ ] General Anesthesia (GA)
- [ ] Deep Sedation (DS)
- [x] Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [x] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [x] North
- [ ] South
- [ ] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [x] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [ ] Periodontics
- [x] General Dentist
- [ ] OMS
- [ ] Other

APPLICANT NAME: DR. DEVAN DALCA

LICENSE NO.: 63130

PERMIT HELD: Moderate Sedation

PERMIT NO.: MS305

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: Devan Dalca

Date: 1/10/2025

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- [ ] NO
- [ ] General Anesthesia (GA)
- [ ] Deep Sedation (DS)
- [X] Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [X] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [ ] North
- [ ] South
- [X] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [X] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [X] Periodontics
- [ ] General Dentist
- [ ] OMS
- [ ] Other

APPLICANT NAME: Eric G. Driver

LICENSE NO.: CA 59069

PERMIT HELD: Moderate Sedation

PERMIT NO.: M15275

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date JAN 10, 2025

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
- ☑ South
- ☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☑ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☑ Periodontics
- ☑ General Dentist
- ☑ OMS
- ☐ Other

APPLICANT NAME: MARIO M FLORES	LICENSE NO.: 32301
PERMIT HELD:	PERMIT NO.: MS 597

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant [signature] Date OCT. 2- 2024

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☐ Moderate Sedation (MS)

☑ you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

YES
NO

☑
☐

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

North
☑ South
☐ BOTH

☐ ☐ at kind of cases would you like to evaluate?

GA/DS
MS
☐ BOTH
☑
☐

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☑ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☐ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME: Hamed Javadi	LICENSE NO.: 50413
PERMIT HELD: Moderate Sedation	PERMIT NO.: 455

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: Hamed Javadi

Date: 01/3/2024

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☐ Moderate Sedation (MS)

☑ you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

YES
NO

☑
☐

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

North
☑ South
BOTH

☐
☐

What kind of cases would you like to evaluate?

GA/DS
MS
☐ BOTH

☑
☐

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☐ General Dentist
- ☐ OMS
- ☑ Other

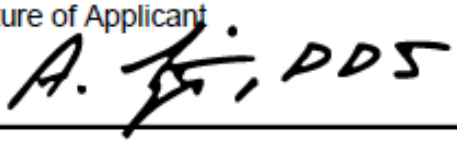
APPLICANT NAME:	LICENSE NO.:
Anthony Lizano, DDS	36273
PERMIT HELD:	**PERMIT NO.:**
MS	MS 523

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant



Date

01/10/2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☑ North
- ☐ South
- ☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☑ General Dentist
- ☐ OMS
- ☐ Other

Full Mouth Implant Restorations From Sedation to OMS to Prosthodontics and lab

Sedation for Special Needs adult patients

APPLICANT NAME: Joseph A Miller	LICENSE NO.: 59967
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS558

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant [redacted] Date 12/7/2025

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
- ☑ South
- ☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☑ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME:	LICENSE NO.:
Omonlegho Briana Ovbude	100122
PERMIT HELD:	PERMIT NO.:
Moderate Sedation	MS589

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Omonlegho Ovbude
2025.01.13
22:08:41 -08'00'

Date

01/13/2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

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- ☐ NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
- ☐ South
- ☑ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☑ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME: SIREESHA PENUMETCHA	LICENSE NO.: 49635
PERMIT HELD: MODERATE SEDATION PERMIT	PERMIT NO.: MS524

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: Sireesha

Date: 01/10/2025

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- [ ] NO
- [ ] General Anesthesia (GA)
- [ ] Deep Sedation (DS)
- [x] Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [x] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [ ] North
- [x] South
- [ ] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [x] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [ ] Periodontics
- [x] General Dentist
- [ ] OMS
- [ ] Other

APPLICANT NAME: AARTI PURI	LICENSE NO.: 58582
PERMIT HELD: 2013	PERMIT NO.: CS 859 MS 94

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Aarti Puri Date 10/8/24

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- [ ] NO
- [ ] General Anesthesia (GA)
- [ ] Deep Sedation (DS)
- [x] Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [x] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [ ] North
- [x] South
- [ ] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [x] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [ ] Periodontics
- [x] General Dentist
- [ ] OMS
- [ ] Other

APPLICANT NAME: Jose David Sanchez | LICENSE NO.: 25836

PERMIT HELD: Moderate Sedation | PERMIT NO.: MS 587

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: Jose David Sanchez DDS | Date: 12/8/25

CONSUMER AFFAIRS

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
- ☐ General Anesthesia (GA)
- ☐ Deep Sedation (DS)
- ☑ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
- ☐ South
- ☑ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☐ MS
- ☑ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
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- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☑ Periodontics
- ☐ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME:	LICENSE NO.:
Krikor Simonian	DDS38226
PERMIT HELD:	PERMIT NO.:
moderate sedation	MS521

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant [signature] Date 10/22/24

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

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- [ ] NO
- [ ] General Anesthesia (GA)
- [ ] Deep Sedation (DS)
- [x] *Moderate Sedation* (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [x] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [x] North
- [ ] South
- [ ] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [x] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [ ] Periodontics
- [x] *General Dentist*
- [ ] OMS
- [ ] Other

APPLICANT NAME: HARJINDER SINGH

LICENSE NO.: 47181

PERMIT HELD: California

PERMIT NO.: MS 586

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Harjinder Singh

Date 1 - 10 - 2025

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(916) 263-2300 | (916) 263-2140 | www.dbc.ca.gov

GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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- [x] Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- [x] YES
- [ ] NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- [x] North
- [ ] South
- [ ] BOTH

What kind of cases would you like to evaluate?

- [ ] GA/DS
- [x] MS
- [ ] BOTH

TYPE OF PRACTICE

- [ ] Dental Anesthesia
- [ ] Endodontics
- [ ] Prosthodontics
- [ ] Oral Pathology
- [ ] Orthodontics
- [ ] Dental Public Health
- [ ] Pediatric Dentistry
- [ ] Periodontics
- [x] General Dentist
- [ ] OMS
- [ ] Other

APPLICANT NAME: James C. Standring, DDS

LICENSE NO.: 35342

PERMIT HELD: 1.) Conscious Sedation
2.) Adult Only Oral Conscious Sedation
3.) Oral Conscious Sedation

PERMIT NO.: 1.) CS1046
2.) OCS2525
3.) OCS2608
4.) Moderate Sedation - MS299

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant James Standring

Date 12/17/24

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☑ YES
- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☑ North
- ☐ South
- ☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
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- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☑ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME: YUSUKE SUZUKI	LICENSE NO.: 50379
PERMIT HELD: MS OCS	PERMIT NO.: MS185 OCS2697

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

YUSUKE SUZUKI

Date

01/14/2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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- ☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

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What kind of cases would you like to evaluate?

- ☐ GA/DS
- ☑ MS
- ☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
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- ☐ Orthodontics
- ☐ Dental Public Health
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☐ General Dentist
- ☐ OMS
- ☐ Other

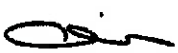
APPLICANT NAME:	LICENSE NO.:
Ann Wei	CA54319
PERMIT HELD:	PERMIT NO.:
Moderate sedation	MS 542

[redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant



Date

01/06/2025

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 14.a.:** Presentation of "Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2025"

Background

Carl Sonne, Senior Assistant Attorney General, will provide a presentation on the Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2025. The Attorney General's Annual Report is attached. Please refer to page 22 of the attachment for the report on the Dental Board of California.

Action Requested

No action requested.

CALIFORNIA
DEPARTMENT OF JUSTICE
DIVISION OF CIVIL LAW

Attorney General's Annual Report

on

Accusations Prosecuted for Department of Consumer Affairs Client Agencies

Business and Professions Code Section 312.2

January 1, 2025

Table of Contents

EXECUTIVE SUMMARY

The Office of the Attorney General enforces laws that safeguard California consumers on behalf of its 36 licensing client agencies within the Department of Consumer Affairs. This public protection mission includes the fair and impartial enforcement of laws governing professional and vocational licenses to ensure justice, safety, and liberty for all. Pursuant to Business and Professions Code section 312.2, the Office of the Attorney General reports annually by January 1 on disciplinary accusation referrals received from and adjudicated for each Department of Consumer Affairs client agency represented by the Office of Attorney General's Licensing Section and the Health Quality Enforcement Section. This is the eighth annual report by the Office of the Attorney General and covers Fiscal Year 2023-24.

In Fiscal Year 2023-24, 56% of the legal work performed by the Office of Attorney General's Licensing Section and Health Quality Enforcement Section was for the prosecution of accusations, which are the focus of this report. As used herein, "accusations" means a legal proceeding to revoke, suspend, limit, or condition a license. During the fiscal year, the two sections received 2,666 accusation referrals from Department of Consumer Affairs client agencies. All matters were administratively adjudicated. However, 5% of accusation referrals to the Office of the Attorney General were rejected, and 12% required further investigation.

The Office of the Attorney General adjudicated 2,375 accusation referrals during Fiscal Year 2023-24. The accusations adjudicated were referred to this office in Fiscal Year 2023-24 or in a prior fiscal year. Multiple adjudications can occur when more than one licensee is included within one matter, each with different adjudication dates and types. Alternatively, multiple adjudications may occur when a client agency exercises its discretion to reject an original adjudication. Of the total adjudications, 54% were by stipulated settlement, 27% by default, 14% by administrative hearing, and 4% resulted from the withdrawal of accusations by the agencies.

BACKGROUND

Licensing Section and Health Quality Enforcement Section

The Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General's Civil Law Division specialize in California professional and vocational licensing law. The two sections represent 36 Department of Consumer Affairs licensing oversight agencies that issue multiple types of professional and vocational licenses. The Licensing Section and the Health Quality Enforcement Section provide legal representation to these agencies in many kinds of licensing matters to protect California consumers and enhance the quality of the professions and vocations. Liaison deputies also regularly consult with agency staff to advise them on jurisdictional, legal, and programmatic issues. Each section's legal staff also provide training for the Department of Consumer Affairs Division of Investigation, agency investigators, and agency staff.

Both sections prosecute licensing matters, including accusations (license disciplinary charges), which comprise 56% of their combined caseload. The balance of matters consists of:

- Statements of issues — appeal hearings when a license application has been denied.
- Interim suspension petitions — hearings before the Office of Administrative Hearings for immediate suspension of a license.
- Injunction proceedings — brought in superior court to stop unlicensed practice.

- Post-discipline matters — when a licensee petitions for reduction of penalty or reinstatement of a revoked license.
- Citations — appeal hearings when a citation and/or fine has been issued.
- Penal Code section 23 petitions — seeking a license restriction during the pendency of a criminal proceeding.
- Subpoena enforcement actions — to obtain records needed for the investigation of complaints.
- Judicial review proceedings — superior court review of final administrative decisions.
- Appeals — usually from superior court review proceedings.
- Civil litigation related to license discipline — defending agencies in civil lawsuits brought in state or federal courts.
- Third-party subpoenas — to obtain records from third-parties or defend against subpoenas issued to client agencies.

Business and Professions Code section 312.2 requests data only for the prosecution of accusation matters by the two sections. Accusations are the primary component of the enforcement program for each licensing agency. The legal services in other types of licensing matters handled by the sections are not included in this report, except where accusations are combined with petitions to revoke probation or statements of issues.

Department of Consumer Affairs Client Agencies

The 36 Department of Consumer Affairs agencies represented by the Licensing Section and the Health Quality Enforcement Section each have different licensing laws, programs, and processes unique to their practice areas. A few agencies issue only one type of license, but most issue multiple license types. As a result, agencies differ in how they refer accusation matters to the Office of the Attorney General. Some agencies refer one matter for each licensee. Others refer multiple licensees involved in the same or related acts for which discipline will be sought in a single accusation. Nearly half of client agencies represented by the Licensing Section file a single accusation naming all licensees involved in the events underlying the disciplinary action. None of the agencies represented by the Health Quality Enforcement Section file a single accusation against multiple licensees. Instead, a separate accusation is filed against each licensee. When multiple licensees are involved in the same events, the accusations may be consolidated for hearing. Any agency may also refer additional investigations to this office for prosecution while an initial accusation matter is pending, and these subsequent investigations are counted as additional *accusation referrals* in this report.

There are also other differences in how client agencies respond to and participate in legal matters. Some agencies have higher default rates, and some have higher rates of representation by counsel in their accusation matters. The applicable burden of proof varies based on the type of professional, vocational, or business license. Generally, when there are specific educational and testing requirements to obtain a license, disciplinary charges must be proved by clear and convincing evidence to a reasonable certainty. Most accusation matters brought by Department of Consumer Affairs licensing agencies are subject to this burden of proof, but a few license types are subject to a lower burden of proof, i.e., preponderance of evidence. Generally, these are licenses that permit operation of a business at a specific location, such as an automotive repair dealership or pharmacy.

Currently, 19 Department of Consumer Affairs agencies are required to file their accusations within a prescribed statute of limitations, which generally ranges from one to five years, but may be longer in specific circumstances. All Department of Consumer Affairs client agencies are entitled to recover

their costs of investigation and prosecution from respondents. The data included in this report are consistent with each client's licensing programs and practices to the extent possible. However, as a result of variances among agencies, data are not typically comparable to each other in any meaningful way.

Investigation Process

Agencies also differ in how they investigate their cases. Most commonly, agencies investigate using their own staff, including inspectors, sworn and unsworn investigators, investigator assistants, or analysts. Certain kinds of cases must be referred to the Department of Consumer Affairs Division of Investigation, consistent with Complaint Prioritization Guidelines developed pursuant to Business and Professions Code section 328. The Medical Board and the Board of Podiatry prioritize their complaints under Business and Professions Code section 2220.05 and are excluded from the requirements of section 328. All agencies strive to investigate complaints efficiently and rely on the Attorney General's staff for counsel, as needed.

Administrative Adjudication Process

If the investigation reveals evidence that a licensee has violated the agency's practice act, the agency refers the matter to the Office of the Attorney General to initiate a legal proceeding to revoke, suspend, limit, or condition the license, which is called an *accusation*. (Gov. Code, § 11503.)

Upon receipt, a deputy attorney general reviews the transmitted evidence to determine its sufficiency to meet the requisite burden of proof and for any jurisdictional issues. If the evidence is insufficient and circumstances suggest additional avenues for evidentiary development, the deputy may request further investigation from the agency. When evidence is insufficient and further investigation is not recommended, and/or legal issues prevent prosecution, the Office of the Attorney General declines prosecution and the case is rejected.

Based on sufficient evidentiary support, a deputy attorney general prepares an accusation to initiate the agency's adjudicative proceeding. In some cases, when the accusation is being prepared, a deputy attorney general may request supplemental investigation. The accusation pleading is sent to the agency for signature by the executive director, executive officer, or other designated *complainant* for the agency. The accusation is *filed* when the complainant signs it. When charged in an accusation, a respondent has a right to an adjudicative hearing under the California Administrative Procedure Act (Gov. Code, §11500 et seq.). Once served with the accusation, the respondent must file a *notice of defense* within fifteen days or is in default. Once the notice of defense has been received, a hearing is scheduled with the Office of Administrative Hearings. If no notice of defense is received or a respondent fails to appear at their hearing, then a default is prepared for presentation to the client agency.

The deputy attorney general prosecutes the accusation case before the Office of Administrative Hearings. Upon conclusion of the hearing, the case is submitted to the administrative law judge who presided over the hearing. The administrative law judge prepares a proposed decision and sends it to the agency for its board or committee's voting and decision. A stipulated settlement, which can include a public reprimand, probation, stipulated license surrender, or revocation, can occur at any time and is the most common method of adjudication of accusation matters.

The agency itself, through the board or committee, makes its decision in each accusation case. The agency can accept or reject a settlement, and if rejected, the proceedings will continue. After an administrative hearing, the agency can accept the proposed decision issued by the administrative law judge. However, the agency may opt to reduce or increase the penalty or reject the proposed decision and order the hearing transcript. After review of the transcript and the evidence, the agency can then adopt the proposed decision or issue its own decision. Most cases are resolved when the agency accepts a stipulated settlement or proposed decision. But if not, additional proceedings ensue, which take more time.

Even after an agency's decision is issued, it may not be final. A respondent may exercise the right to petition for reconsideration and, if granted by the agency, the decision will be reconsidered. This can also happen if an agency decides a case based upon the default of a respondent for failure to file a timely notice of defense or failure to appear at a duly noticed hearing. Upon petition by the respondent, the agency can vacate the default decision and additional proceedings are conducted. Each of these types of *post-submission* events will lengthen the processing of a case and require further adjudication.

Once the agency's decision has been rendered, it is still subject to judicial review in administrative mandamus and appellate proceedings. In very few cases, judicial review under Civil Procedure Code section 1094.5 results in remand to the agency to conduct further administrative proceedings or reconsider its decision. In these cases, the final decision of the agency may be delayed by months or even years.

MEASURES REPORTED

The text of Business and Professions Code section 312.2 is set forth in its entirety in the attached appendix. We provide the following interpretation of terms and description of the manner in which data were gathered for each of the reporting metrics in subdivisions (a)(1)--(a)(7) and (b)(1)--(b)(6).

(a)(1) The number of accusation matters referred to the Attorney General.

Accusation matter means an investigation of one or more complaints that an agency has referred to the Office of the Attorney General. This office will review evidence and, if appropriate, prosecute the matter through the disciplinary process as an accusation.

Accusation matters are counted by each investigation report received that bears a distinct investigation number. Some agencies represented by the Licensing Section request that more than one respondent be named and prosecuted in a single accusation, in which case the investigation number is counted as an accusation matter for each respondent. Multiple investigations may be referred during the time that the Office of the Attorney General is prosecuting the agency's initial accusation referral, which can span different fiscal years. Each investigation received during the reporting period is counted for each respondent to which it pertains. Each accusation matter referred is counted in the fiscal year it is received. Multiple accusation matters may be consolidated, amended into, and combined into one accusation signed by a client.

(a)(2) The number of accusation matters rejected for filing by the Attorney General.

Rejected for filing describes the determination, made by a deputy attorney general with a supervisor's approval, that an accusation should not be filed. An accusation can be rejected for many reasons, including: (1) the evidence submitted is insufficient to meet the burden of proof to sustain a cause for discipline under the agency's applicable practice act; (2) the events in question are not within the statute of limitations; and (3) disciplinary action is not supported by law or public policy. When prosecution is declined, the investigative file is returned to the client agency and the case is closed in the Office of the Attorney General.

A rejection for filing during the reporting period is counted once for each respondent to which the rejection pertains, without regard to the number of investigations referred to the Office of the Attorney General for consideration.

(a)(3) The number of accusation matters for which further investigation was requested by the Attorney General.

Further investigation requested describes an instance in which a deputy attorney general determines that the evidence in the investigation is insufficient to meet the burden of proof, but that there are avenues available to augment the evidence and support a cause for discipline under the agency's applicable practice act. With supervisory approval, the deputy may request further investigation from the agency, the Division of Investigation, or internally at the Office of the Attorney General. When further investigation is requested in a matter handled by the Licensing Section, the file remains open pending receipt of supplemental investigation and is documented accordingly. In the Health Quality Enforcement Section, the file is returned to the client agency and the matter is closed. The file is reopened if the matter is rereferred to the Office of the Attorney General with additional evidence.

Each request for further investigation made during the reporting period is counted in each matter and is not necessarily associated with the number of referrals received in the matter, or the number of respondents to which the further investigation may pertain. There may be only one request for further investigation in a matter that contains more than one respondent or more than one investigation. There may also be more than one further investigation request made pertaining to a single respondent in a matter with only one referral.

(a)(4) The number of accusation matters for which further investigation was received by the Attorney General.

Further investigation received describes the additional investigation received as a result of further investigation requested, as described above. Very rarely will an agency refer a matter back to the Office of the Attorney General with an *additional* investigation and request reconsideration of a previous decision not to prosecute (i.e., rejection). If the matter is accepted for prosecution, this is also recorded as further investigation received. *Additional investigation received* is distinguished from a *new* referral of an accusation matter from a client agency, which is counted in subdivision (a)(1) but is not counted in (a)(4).

Each supplemental investigation received during the reporting period is counted in each matter and is not necessarily associated with the number of referrals received in the matter or the number of respondents to which the further investigation may pertain.

(a)(5) The number of accusations filed by each constituent entity.

Accusation means the initial accusation filed in a matter to initiate proceedings to revoke or suspend a license against one or more respondents, and any subsequent amended accusation filed in the matter. Accusations may be amended during the pendency of a case for a variety of reasons, most commonly because the client agency refers an additional investigation of a new complaint and the accusation is amended to add new causes for discipline based on the new investigation. *Filed* means the accusation or amended accusation is signed by the agency's designee, known as the complainant, who is usually the executive officer or executive director of the agency. The accusation is filed on the date the document is signed.

Each accusation or amended accusation filed during the reporting period is counted and reported under subdivision (a)(5).

(a)(6) The number of accusations a constituent entity withdraws.

On occasion, the complainant *withdraws* the accusation after it has been filed, terminating the prosecution of the accusation matter. A common reason for an accusation to be withdrawn is the death of the respondent against whom the accusation is filed. In other cases, the evidentiary basis for the matter may change during litigation, evidence received from a respondent in the course of discovery may lead to re-evaluation of the merits of the case, or the client agency may direct the complainant to withdraw the accusation after a board vote.

A withdrawal of an accusation is counted once for each respondent named in an accusation.

(a)(7) The number of accusation matters adjudicated by the Attorney General.

Adjudication means that the work of the Office of the Attorney General has been completed and the case will be brought before the agency's decision maker for its final decision. There are four types of adjudicative events: (1) a default decision and order is prepared and sent to the agency because a respondent did not file a notice of defense or failed to appear at a duly noticed administrative hearing;

(2) a stipulated settlement is signed by a respondent and sent to the agency, which considers the acceptance of the disposition of the matter for that respondent; (3) the submission of the case at the conclusion of an administrative hearing to an administrative law judge to prepare a proposed decision, and the decision is sent to the agency for its consideration; and (4) withdrawal of an accusation by the complainant, which terminates the matter. An adjudicative event for each respondent named in an accusation is necessary before the matter is fully adjudicated. Every adjudicative event that occurs during the reporting period is counted.

Multiple adjudicative events can also occur in cases with only a single respondent. This happens when an agency does not accept a stipulated settlement, does not adopt a proposed decision submitted by an administrative law judge, grants reconsideration of its decision, or when a superior court judge remands the matter to the agency for further consideration and the Attorney General's Office reopens the matter for additional handling consistent with the court order.

(b)(1)	The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

The date that each accusation referral is received in the Office of the Attorney General is documented. The calculation of the average reported for subdivision (b)(1) begins on the date of receipt of the first accusation referral in each matter and ends on the date the complainant signs the initial accusation. Amended accusations received after the client agency's initial referral are not included in the average.

(b)(2)	The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

Prepare an accusation in subdivision (b)(2) is different from *filing an accusation* in subdivision (b)(1). An accusation is *prepared* (i.e., the preparation is based on a deputy attorney general's familiarization with the technical subject matter issues, thorough review of the evidence and expert reports to determine chargeable causes for discipline, then drafting, and supervisorial review of the accusation) by the assigned deputy and then sent to the complainant at the agency to be reviewed, approved, and signed.

Rereferred means the date when supplemental investigation has been received by the Office of the Attorney General in response to a request for further investigation, or, in rare cases, following rejection of an accusation matter.

The calculation of the average reported for subdivision (b)(2) begins on the date each initial accusation referral was received in the Office of the Attorney General – including time for initial review of the matter, request for further investigation, further investigation conducted, receipt of the supplemental investigation by the Office of the Attorney General from the agency, re-review by the deputy, and the deputy preparing the accusation – and ends on the date the deputy sends the prepared accusation to the complainant for review and filing in each matter. The average may also include the review of additional referrals received while further investigation is being conducted on the initial referral.

Notably, the matters that required further investigation before preparation of an accusation reported in subdivision (b)(2) are included in the average number of days to file accusations reported in subdivision (b)(1). As a consequence, delays in *preparing* accusations for cases that required further investigation generally will increase the average number of days for the agency to *file* their accusations (reported in subdivision (b)(1)).

(b)(3)	The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

Settlements are negotiated according to authorization provided by the complainant based on the agency's published disciplinary guidelines. A stipulated settlement is provided to the agency's decision maker who decides whether to accept the settlement as its disposition of the case against the respondent.

The calculation of the average reported for subdivision (b)(3) begins on the date of filing for the initial accusation in each matter and ends on the date the stipulated settlement for each respondent is sent to the agency for its consideration.

(b)(4)	The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

If a respondent fails to send a notice of defense to the assigned deputy attorney general or agency within 15 days after service of the accusation or fails to appear at a duly noticed administrative hearing on the accusation, the respondent is in default. The agency can opt to present the case to an administrative law judge without participation by the respondent, who has defaulted. However, most often the agency requests that the deputy prepare a default decision and order for the agency's decision maker to consider issuing as its final decision against the respondent. Many agencies have delegated authority to their executive officers to adopt default decisions as a matter of course, without consideration by the board itself.

The calculation of the average reported for subdivision (b)(4) begins on the date each initial accusation in a matter is filed and ends on the date of transmission of the default decision and order to the agency for each respondent.

(b)(5)	The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

After a notice of defense has been received from each respondent named in an accusation, the deputy attorney general assigned to the matter is responsible for coordinating with opposing counsel, unrepresented respondents, prosecution witnesses, and the Office of Administrative Hearings to determine a hearing date when everyone is available. The deputy attorney general prepares a request to set the hearing based on this coordination and sends it to the Office of Administrative Hearings to calendar the hearing.

The calculation of the average reported for subdivision (b)(5) begins on the date the initial accusation in each matter is filed and ends on the date the request to set a hearing is sent to the Office of Administrative Hearings. Infrequently, a request to set a hearing is filed more than once in a case,

usually because the Office of Administrative Hearings granted a continuance. Only the first request to set a hearing in a case is included in calculating the average.

(b)(6)	The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

When the Office of Administrative Hearings receives the request to set hearing sent by the deputy attorney general, the hearing date is set on its calendar and the parties are informed of the hearing date. Unless an intervening motion for a continuance is granted by an administrative law judge, the hearing will commence on that date and, depending on the length of the hearing and intervening factors, may conclude on the same day or at a later date.

The calculation of the average reported for subdivision (b)(6) begins on the date the deputy attorney general receives notice from the Office of Administrative Hearings that the hearing date has been set and ends on the date the hearing actually commences. When motions to continue hearings are granted, the commencement of hearings are delayed, and the average number of days will increase as a consequence.

METHODOLOGY

Case Management System

This report is based on data entered by legal professionals in ProLaw, the case management system of the Office of the Attorney General. Each matter received from a client by the Licensing Section and the Health Quality Enforcement Section is opened in this system. Rules for data entry have been created by the sections and are managed by the Case Management Section of the Office of the Attorney General, which dictates the definitions, dating, entry, and documentation for each data point. Section-specific protocols, business processes, and uniform standards across all professionals responsible for data entry ensure the consistency, veracity, and quality of the reported data. The data entered has been verified to comply with established standards. The data markers in administrative cases have been used to generate the counts and averages in this report. Every effort has been made to report data in a transparent, accurate, and verifiable manner. The Office of the Attorney General continues to improve its technology, systems, and protocols, and to integrate these improvements into its business routines and operations.

Data Presentation

The information required to be reported by Business and Professions Code section 312.2 has been organized separately for each constituent entity in the Department of Consumer Affairs represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

Each entry includes the number and types of licenses issued by the agency, which were taken from the 2022-23 Annual Report of the California Department of Consumer Affairs or otherwise verified by the licensing agency. The report can be found online at: www.dca.ca.gov/publications/annual_reports.shtml.

Each client agency is unique and should not be compared to others. The following DCA website contains links for further information: www.dca.ca.gov/about_us/entities.shtml.

Any applicable statute of limitations has been included for each client agency's entry, as well as the frequency of agency accusations naming more than one respondent.

Table 1 on the entry for each agency provides the *counts* for various aspects of accusation matters as requested under subdivision (a) of Business and Professions Code section 312.2, such as the number of accusation referrals received by the Licensing Section or the Health Quality Enforcement Section and the number of accusations filed by the agency [subds. (a)(1) and (a)(5)]. The numbers listed are related to the number of captured events and do not reflect distinct accusation matters or respondents.

Table 2 provides metrics required under Business and Professions Code subdivision (b) of section 312.2, which are based on accusation matters adjudicated during the year as reported under subdivision (a)(7). We have included the mean, median, standard deviation, and number of values in the data set. The average expresses the central or typical value in a set of data, which is most commonly known as the arithmetic mean. The central value in an ordered set of data is the median. Compared to the median, the mean is more sensitive to extreme values, or *outliers*, and the number of values. When the mean and median are nearly equivalent, that is a likely indicator that there are few extreme values in the data set. However, when there is a large difference between the mean and median, it is likely that extreme values are skewing the data. The standard deviation (SD) for a data set reflects dispersion. A low SD indicates that data points tend to be close to the mean, while a high SD indicates that data points are spread out over a wider range of values.

The individual client agency entries that follow have been organized in alphabetical order for convenience.

CALIFORNIA BOARD OF ACCOUNTANCY

The California Board of Accountancy regulated 74,318 licensees in Fiscal Year 2022-23, with six license types. Most complaints received by the board are investigated by the board's own investigators, who are either certified public accountants or analysts. Some investigations are assisted by the Office of the Attorney General and the board's Enforcement Advisory Committee through the taking of testimony under oath of licensees under investigation. There were multiple respondents in about 24% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	41
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	28
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	31

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	107	110	49	30
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	108	95	79	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	62	34	77	10
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	58	56	45	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	147	147	0	1

CALIFORNIA ACUPUNCTURE BOARD

The California Acupuncture Board regulated 15,825 licensees in Fiscal Year 2022-23, with one license type — Licensed Acupuncturist. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	1
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	257	130	295	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	248	248	154	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	43	43	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	417	417	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	167	167	0	1

CALIFORNIA ARCHITECTS BOARD

The California Architects Board regulated 21,775 licensees in Fiscal Year 2022-23, with one license type — Architect. Most complaints received by the board are investigated by the board's own staff and architect consultants and, when appropriate, referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally five years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	3
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	103	117	51	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	168	168	101	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	77	77	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	49	49	1	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA STATE ATHLETIC COMMISSION

The California State Athletic Commission regulated 3,462 licensees in Fiscal Year 2022-23 with eight license types. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2023-24.

BUREAU OF AUTOMOTIVE REPAIR

The Bureau of Automotive Repair regulated 66,550 licensees in Fiscal Year 2022-23, with nine license types. Complaints and other matters are investigated by the bureau's own program representatives. There were multiple respondents in approximately 35% of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2022-23. The statute of limitations to file an accusation is generally three years from the act or omission charged in the accusation. However, the bureau may file an accusation alleging fraud or misrepresentation within two years after the discovery, by the bureau, of the alleged facts constituting the fraud or misrepresentation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	158
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	87
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	140

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	108	95	62	112
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	153	153	21	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	290	242	175	45
(4) from the filing of an accusation to when a default decision is sent to the agency.	96	45	208	41
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	109	108	54	26
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	210	147	197	34

BOARD OF BARBERING AND COSMETOLOGY

The Board of Barbering and Cosmetology regulated 561,865 licensees in Fiscal Year 2022-23 with 12 license types. The board receives consumer complaints and routinely inspects establishments for health and safety. The board's cases are investigated by the board's own inspectors or other staff, and when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. Approximately 14% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	73
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	9
(4) accusation matters for which further investigation was received by the Attorney General.	8
(5) accusations filed.	55
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	52

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	142	123	96	47
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	180	126	164	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	188	198	124	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	76	48	73	27
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	106	98	47	11
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	147	118	83	7

BOARD OF BEHAVIORAL SCIENCES

The Board of Behavioral Sciences regulated 137,480 licensees in Fiscal Year 2022-23 with seven license types. Most complaints received by the board are investigated by the board's own investigators or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	62
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	6
(5) accusations filed.	55
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	54

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	69	68	46	54
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	82	94	24	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	181	168	109	44
(4) from the filing of an accusation to when a default decision is sent to the agency.	82	59	58	8
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	110	88	65	20
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	181	181	0	1

CEMETERY AND FUNERAL BUREAU

The Cemetery and Funeral Bureau regulated 11,315 licensees in Fiscal Year 2022-23 with 13 license types. Most complaints received by the bureau are investigated by the bureau's field representatives or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. One hundred percent of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24 had multiple respondents. The statute of limitations to file an accusation is generally three years from the act or omission for cemetery licensees and two years for funeral licensees charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	6
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	6
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	13

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	144	152	49	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	28	28	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	466	515	131	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	279	279	32	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	235	235	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

BOARD OF CHIROPRACTIC EXAMINERS

The Board of Chiropractic Examiners regulated 18,403 licensees in Fiscal Year 2022-23 with four license types. Most complaints received by the board are investigated by the board's own investigators or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency. All licensees subject to an order of probation issued on or after July 1, 2019, must provide a probation disclosure to their patients or their patients' guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	16
(2) accusation matters rejected for filing by the Attorney General.	4
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	14
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	27

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	142	76	142	24
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	305	371	182	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	326	280	240	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	118	34	124	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	245	131	283	8
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	172	146	101	5

CONTRACTORS STATE LICENSE BOARD

The Contractors State License Board regulated 316,663 licensees in Fiscal Year 2022-23 with two license types and many classifications, including Original Contractor. Most complaints received by the board are investigated by the board's own enforcement representatives, some of whom are sworn investigators. Approximately 28% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24 had multiple respondents, including licensees affiliated with respondents that are entities. The statute of limitations to file an accusation is generally four years from an act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	419
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	24
(4) accusation matters for which further investigation was received by the Attorney General.	23
(5) accusations filed.	218
(6) accusations withdrawn.	11
(7) accusation matters adjudicated by the Attorney General.	224

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	110	90	91	188
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	140	118	105	24
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	311	259	174	75
(4) from the filing of an accusation to when a default decision is sent to the agency.	77	40	103	96
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	130	95	133	50
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	178	149	100	34

COURT REPORTERS BOARD OF CALIFORNIA

The Court Reporters Board of California regulated 5,797 licensees in Fiscal Year 2022-23, with two license types. Most complaints received by the board are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	5
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	6
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	65	57	26	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	44	44	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	223	146	164	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	42	42	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

DENTAL BOARD OF CALIFORNIA

The Dental Board of California regulated 81,026 licensees in Fiscal Year 2022-23, with 18 license types. Most complaints received by the board are investigated by the board's own staff or investigators, some of whom are sworn investigators. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	95
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	15
(4) accusation matters for which further investigation was received by the Attorney General.	11
(5) accusations filed.	95
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	62

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	76	64	76	60
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	111	103	47	9
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	289	279	179	36
(4) from the filing of an accusation to when a default decision is sent to the agency.	97	62	89	15
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	134	111	96	22
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	129	78	149	8

DENTAL HYGIENE BOARD OF CALIFORNIA

The Dental Hygiene Board of California regulated 20,566 licensees in Fiscal Year 2022-23, with four license types. Most complaints received by the board are investigated by board staff: an enforcement analyst and a non-sworn special investigator. However, some complaints require assistance from Dental Board Investigators, who are sworn officers and have jurisdiction over a dental office. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	16
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	8
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	7

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	67	78	39	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	185	185	95	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	75	75	27	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	169	155	36	3
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	76	76	29	2

BUREAU OF HOUSEHOLD GOODS AND SERVICES

The Bureau of Household Goods and Services regulated 40,895 licensees in Fiscal Year 2022-23 with 16 license types. Most complaints received by the bureau are investigated by the bureau's own investigators or staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	6
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	2

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	198	198	48	2
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	55	55	19	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

The Landscape Architects Technical Committee regulated 3,714 licensees in Fiscal Year 2022-23, with one license type — Landscape Architect. Most complaints received by the committee are investigated by the committee's own enforcement staff, and some are reviewed by the committee's subject matter experts. When appropriate, complaints may be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

There were no accusation prosecution data for this agency in Fiscal Year 2023-24.

LICENSED MIDWIVES PROGRAM (MEDICAL BOARD OF CALIFORNIA)

The Medical Board of California regulated 492 licensees in Fiscal Year 2022-23, with one license type — Licensed Midwife. Complaints received by the Midwives Program are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no specific statute of limitations within which to file accusations for this program. However, because licensed midwives are within the jurisdiction of the Medical Board of California, accusations are filed within the same limitations period pertaining to the Medical Board, which is generally three years from the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023–24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	0
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	1
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	0	0	0	0
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

MEDICAL BOARD OF CALIFORNIA

The Medical Board of California regulated 178,543 licenses, registrations, and permits of ten types in Fiscal Year 2022-23 (excluding Licensed Midwives, data for which is set forth on the preceding page). Data for Physicians and Surgeons, Research Psychoanalysts, and Polysomnographic Program are consolidated below. Complaints received by the board are investigated by its in-house Complaint Investigation Office or by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	393
(2) accusation matters rejected for filing by the Attorney General.	63
(3) accusation matters for which further investigation was requested by the Attorney General.	75
(4) accusation matters for which further investigation was received by the Attorney General.	99
(5) accusations filed.	305
(6) accusations withdrawn.	15
(7) accusation matters adjudicated by the Attorney General.	277

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	127	99	109	266
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	244	189	159	24
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	343	286	246	212
(4) from the filing of an accusation to when a default decision is sent to the agency.	184	118	194	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	153	60	214	84
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	258	229	141	39

CALIFORNIA BOARD OF NATUROPATHIC MEDICINE

The California Board of Naturopathic Medicine regulated 1,438 licensees in Fiscal Year 2022–23, with one type of license — Naturopathic Doctor. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023–24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	0
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	1
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	78	78	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	231	231	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	85	85	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

The California Board of Occupational Therapy regulated 20,281 licensees in Fiscal Year 2022-23, with four license types. Most complaints received by the board are investigated by the board's own investigators or staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	36
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	25
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	12

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	124	94	82	12
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	246	246	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	223	222	98	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	38	38	4	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	120	116	28	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	49	49	0	1

CALIFORNIA STATE BOARD OF OPTOMETRY

The California State Board of Optometry includes the Dispensing Optician Committee. The board regulated 16,535 licensees in Fiscal Year 2022-23, with seven types of licenses, including those for Optometrist and Registered Dispensing Optician. Most complaints received by the board are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The board does not employ its own investigators. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	11
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	8
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	8

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	54	69	33	7
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	182	224	70	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	85	85	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	67	67	5	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

The Osteopathic Medical Board of California regulated 16,957 licenses and permits in Fiscal Year 2022-23, with two types of licenses — Osteopathic Physician and Surgeon, and Postgraduate Training License. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	29
(2) accusation matters rejected for filing by the Attorney General.	6
(3) accusation matters for which further investigation was requested by the Attorney General.	8
(4) accusation matters for which further investigation was received by the Attorney General.	5
(5) accusations filed.	19
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	167	94	212	10
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	760	760	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	270	243	99	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	210	210	172	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	102	83	32	3
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	145	145	0	1

CALIFORNIA STATE BOARD OF PHARMACY

The California State Board of Pharmacy regulated 138,104 licensees in Fiscal Year 2022-23, with 32 license types. The board receives consumer complaints and routinely inspects pharmacies for compliance. Most complaints received by the board are investigated by the board's own inspectors, who are licensed pharmacists themselves. There were multiple respondents in about 14% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2022–23. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023–24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	341
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	29
(4) accusation matters for which further investigation was received by the Attorney General.	27
(5) accusations filed.	246
(6) accusations withdrawn.	5
(7) accusation matters adjudicated by the Attorney General.	235

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	128	107	122	200
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	248	146	260	19
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	292	272	197	114
(4) from the filing of an accusation to when a default decision is sent to the agency.	64	49	42	86
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	104	96	76	64
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	114	111	54	23

PHYSICAL THERAPY BOARD OF CALIFORNIA

The Physical Therapy Board of California regulated 37,970 licenses, registrations, permits and certificates in Fiscal Year 2022-23, with two license types — Physical Therapist and Physical Therapist Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	32
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	25
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	20

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	129	86	112	20
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	404	404	13	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	220	187	119	14
(4) from the filing of an accusation to when a default decision is sent to the agency.	374	329	273	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	87	65	99	11
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	168	148	45	4

PHYSICIAN ASSISTANT BOARD OF CALIFORNIA

The Physician Assistant Board regulated 16,840 licensees in Fiscal Year 2022-23, with one license type — Physician Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	19
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	24
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	18

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	123	92	105	18
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	336	336	150	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	261	273	144	12
(4) from the filing of an accusation to when a default decision is sent to the agency.	129	129	31	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	100	70	50	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	214	214	36	2

PODIATRIC MEDICAL BOARD OF CALIFORNIA

The Podiatric Medical Board regulated 2,671 licenses and permits in Fiscal Year 2022-23 with two license types, including Doctor of Podiatric Medicine. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations generally requires accusations to be filed within three years after the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	4
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	6
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	120	123	70	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	118	118	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	318	307	115	4
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	70	70	58	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

The Bureau for Private Postsecondary Education issues three types of approvals that authorize private postsecondary institutions to operate. It regulated 1,025 licensees in Fiscal Year 2022-23. The bureau does not employ investigators and most complaints are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	17
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	7
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	7

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	75	97	45	7
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	172	98	107	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	190	190	155	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	373	373	141	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	406	406	0	1

BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

The Board for Professional Engineers, Land Surveyors, and Geologists regulated 185,656 licensees in Fiscal Year 2022-23 with 26 license types. The board does not employ investigators and most complaints are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	30
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	19
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	26

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	153	133	94	25
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	364	364	90	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	238	260	105	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	148	68	144	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	114	113	53	7
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	211	220	39	5

PROFESSIONAL FIDUCIARIES BUREAU

The Professional Fiduciaries Bureau regulated 834 licensees in Fiscal Year 2022-23, with one license type — Professional Fiduciary. Complaints received by the bureau are investigated by the bureau's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	1
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	94	88	53	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	116	116	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	172	172	129	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	71	71	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA BOARD OF PSYCHOLOGY

The California Board of Psychology regulated 26,169 licensees in Fiscal Year 2022-23, with one license type — Psychologist. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	19
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	8
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	15
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	19

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	103	97	84	17
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	364	364	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	371	339	136	12
(4) from the filing of an accusation to when a default decision is sent to the agency.	91	91	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	184	207	72	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	299	308	44	3

BUREAU OF REAL ESTATE APPRAISERS

The Bureau of Real Estate Appraisers regulated 9,521 licensees in Fiscal Year 2022-23, with six license types. Most complaints received by the bureau involved violations of the Uniform Standards of Professional Appraisal Practice and are investigated by the bureau's own staff of investigators who each hold a certified appraiser license. Federal law directs the resolution of administrative actions within one year after a complaint is filed with the bureau.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	4
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	96	55	83	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	119	119	48	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	54	54	6	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

BOARD OF REGISTERED NURSING

The Board of Registered Nursing regulated 648,738 licensees in Fiscal Year 2022-23, with 12 license types. Most complaints received by the board are investigated by the board's own staff of investigators or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	947
(2) accusation matters rejected for filing by the Attorney General.	63
(3) accusation matters for which further investigation was requested by the Attorney General.	115
(4) accusation matters for which further investigation was received by the Attorney General.	103
(5) accusations filed.	934
(6) accusations withdrawn.	46
(7) accusation matters adjudicated by the Attorney General.	886

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	83	63	72	857
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	171	133	126	75
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	194	177	118	476
(4) from the filing of an accusation to when a default decision is sent to the agency.	58	48	34	240
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	103	89	69	260
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	150	129	129	108

RESPIRATORY CARE BOARD OF CALIFORNIA

The Respiratory Care Board of California regulated 20,962 licensees in Fiscal Year 2022-23, with one license type — Respiratory Care Practitioner. Complaints received by the board are investigated by board staff. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	29
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	33
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	30

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	76	60	40	29
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	163	178	67	20
(4) from the filing of an accusation to when a default decision is sent to the agency.	95	86	34	8
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	34	37	17	7
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	24	24	0	1

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

The Bureau of Security and Investigative Services regulated 434,088 licensees in Fiscal Year 2022-23 with 23 license types. Most complaints received by the bureau are investigated by the bureau's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. None of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	14
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	19
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	29

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	110	113	66	21
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	134	150	34	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	360	232	216	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	76	61	68	10
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	197	118	223	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	200	199	86	8

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulated 39,834 licenses, certificates, permits and registrations in Fiscal Year 2022-23 with 11 license types, including Speech and Language Pathologist, Audiologist, Dispensing Audiologist, Speech Language Pathology Assistant, and Hearing Aid Dispenser. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no generally applicable statute of limitations within which to file accusations for this agency, with the exception of certain kinds of violations for which an accusation must be filed within three or four years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	7
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	6
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	2

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	46	46	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	20	20	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	209	209	0	1

STRUCTURAL PEST CONTROL BOARD

The Structural Pest Control Board regulated 31,805 licensees in Fiscal Year 2022-23, with five license types. Most complaints received by the board are investigated by the board's own staff of investigators or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There were multiple respondents in about 23% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24. The statute of limitations requires a complaint to be received by the board within two years from an alleged act or omission, and generally the accusation must be filed within 18 months after the board's receipt of the complaint.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	15
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	17
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	20

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	69	42	44	15
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	98	98	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	145	184	57	8
(4) from the filing of an accusation to when a default decision is sent to the agency.	100	78	53	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	71	60	41	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	87	89	32	4

VETERINARY MEDICAL BOARD

The Veterinary Medical Board regulated 44,142 licensees in Fiscal Year 2022-23, with five license types. The board receives consumer complaints and routinely inspects veterinary hospital premises for compliance. The board's cases are investigated by the board's own inspectors or other staff and, when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There were multiple respondents in about 10% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2023-24. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	86
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	10
(4) accusation matters for which further investigation was received by the Attorney General.	9
(5) accusations filed.	38
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	25

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	143	125	64	23
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	77	77	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	224	259	111	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	43	43	1	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	95	94	78	10
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	266	266	7	2

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

The Board of Vocational Nursing and Psychiatric Technicians regulated 146,709 licensees in Fiscal Year 2022-23 with two license types — Vocational Nurse and Psychiatric Technician. Most complaints received by the board are investigated by the board's own staff or investigators and are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2023-24.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	231
(2) accusation matters rejected for filing by the Attorney General.	7
(3) accusation matters for which further investigation was requested by the Attorney General.	44
(4) accusation matters for which further investigation was received by the Attorney General.	39
(5) accusations filed.	192
(6) accusations withdrawn.	5
(7) accusation matters adjudicated by the Attorney General.	191

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	68	55	54	187
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	126	106	82	29
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	210	189	124	81
(4) from the filing of an accusation to when a default decision is sent to the agency.	85	55	84	60
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	87	73	51	72
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	135	121	81	42

CONCLUSION

This is the eighth annual report by the Office of the Attorney General pursuant to Business and Professions Code section 312.2, which became effective on January 1, 2016. The Attorney General's Annual Reports on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, including the prior seven reports, are available on the Attorney General's website oag.ca.gov/publications.

We anticipate that this historical accumulation of reports will continue to facilitate collaboration among the Office of the Attorney General, Office of Administrative Hearings, and Department of Consumer Affairs, all of which join in responsibility for protection of the public through efficiency in adjudicating accusation matters. If you have any questions regarding this report, or if you would like additional information, please contact Jonathan L. Wolff, Chief Assistant Attorney General, at (415) 510-3749.

APPENDIX

Business and Professions Code section 312.2 states:

(a) The Attorney General shall submit a report to the department, the Governor, and the appropriate policy committees of the Legislature on or before January 1, 2018, and on or before January 1 of each subsequent year that includes, at a minimum, all of the following for the previous fiscal year for each constituent entity within the department represented by the Licensing Section and Health Quality Enforcement Section of the Office of the Attorney General:

(1) The number of accusation matters referred to the Attorney General.

(2) The number of accusation matters rejected for filing by the Attorney General.

(3) The number of accusation matters for which further investigation was requested by the Attorney General.

(4) The number of accusation matters for which further investigation was received by the Attorney General.

(5) The number of accusations filed by each constituent entity.

(6) The number of accusations a constituent entity withdraws.

(7) The number of accusation matters adjudicated by the Attorney General.

(b) The Attorney General shall also report all of the following for accusation matters adjudicated within the previous fiscal year for each constituent entity of the department represented by the Licensing Section and Health Quality Enforcement Section:

(1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

(2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

(3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

(4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

(5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

(6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

(c) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Chief, Northern California Enforcement Dental Board of California
SUBJECT	**Agenda Item 14.b.:** Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint and Compliance Unit (CCU)

Number of Complaint Cases Received between October 1 and December 31, 2024

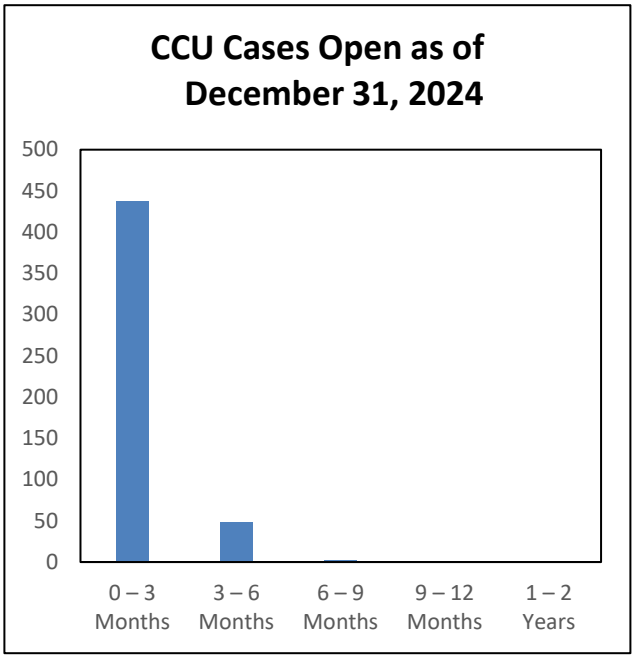
During this period, CCU received **897** complaints. The monthly average of complaints received was **299.**

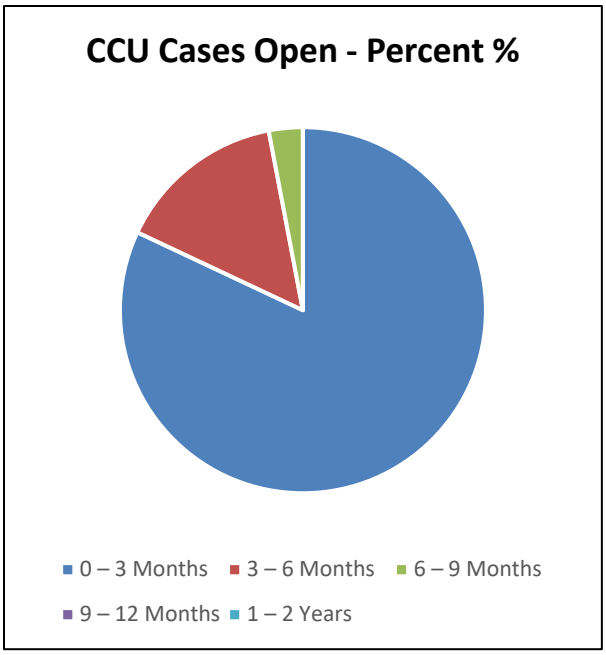
The number of online complaints received was **457** and the number of physical complaint forms received was **307**. The remaining number of complaints fall into various categories including Subsequent Arrest Records, Hospitalization Reports and Settlements.

Number of Complaint Cases Open

As of December 31, 2024, there are **488** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint and Compliance Cases Open		
Complaint Age	**As of December 31, 2024**	**Percent (%)**
0 – 3 Months	438	90%
3 – 6 Months	48	9%
6 – 9 Months	2	1%
9 – 12 Months	0	0%
1 – 2 Years	0	0%
2 Plus Years	0	0%
Total	**488**	**100%**





Number of Complaint Cases Closed

Between October 1, 2024 and December 31, 2024, a total of **788** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **263.**

Number of Complaint Cases Received

Complaints Received	
License Type	**October 1, 2024 and December 31, 2024**
Dentists	777
Registered Dental Assistants	128
Other*	183
Total	**1,088**

*All other types of Complaints

Sacramento Investigative Analysis Unit (IAU)

Number of Subsequent Arrest Report (SAR) Cases Open in IAU

As of December 31, 2024, there are **384** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	**As of December 31, 2024**	**Percent (%)**
0 – 3 Months	105	27%
3 – 6 Months	68	17%
6 – 9 Months	51	13%
9 – 12 Months	48	13%
1 – 2 Years	87	23%
2 – 3 Years	17	5%
3+ Years	8	2%
Total	**384**	**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 SAR Cases Closed

Between October 1, 2024 and December 31, 2024, a total of **78** SAR cases were closed in the IAU.

Enforcement Units

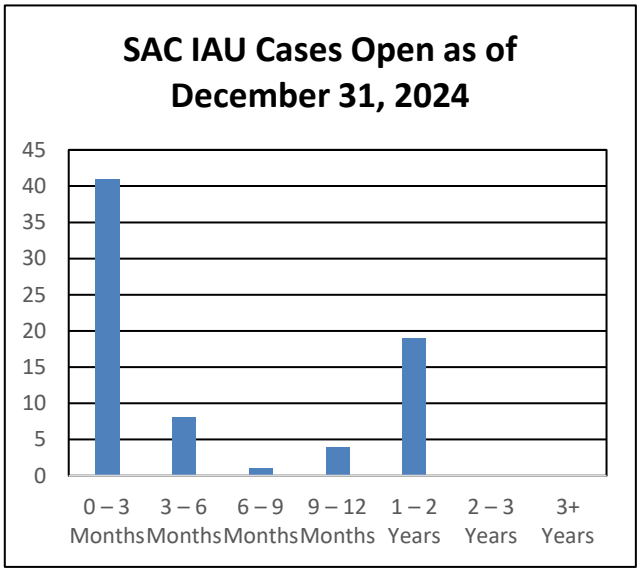
As of December 31, 2024, there **917 i**nvestigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

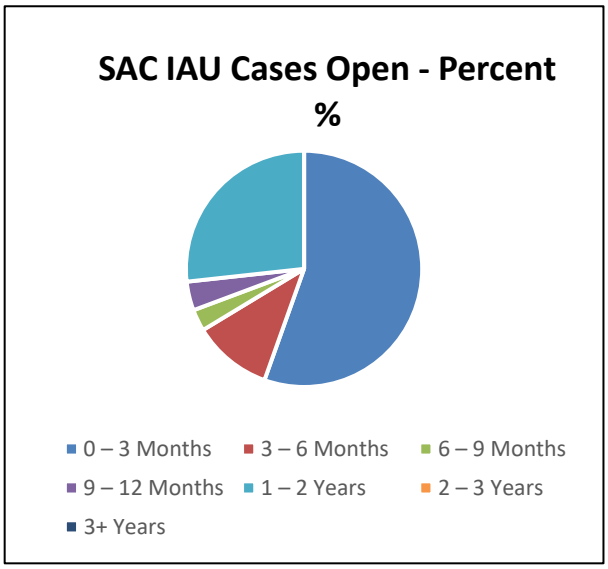
Enforcement Cases Open	
Enforcement Units	**December 31, 2024**
Sacramento IAU (Non-Sworn)	73
Orange IAU (Non-Sworn)	68
Sacramento Field Office (Sworn)	43
Orange Field Office (Sworn)	153
Pending Assignment	580
Total	**917**

Number of Investigative Cases Open in the Sacramento IAU

As of December 31, 2024, there are **73** investigative cases open in the Sacramento IAU. A breakdown of the cases is as follows:

Sacramento IAU Cases Open		
Investigation Age	**As of December 31, 2024**	**Percent (%)**
0 – 3 Months	41	56%
3 – 6 Months	8	11%
6 – 9 Months	1	3%
9 – 12 Months	4	4%
1 – 2 Years	19	27%
2 – 3 Years	0	0%
3+ Years	0	0%
Total	**73**	**100%**

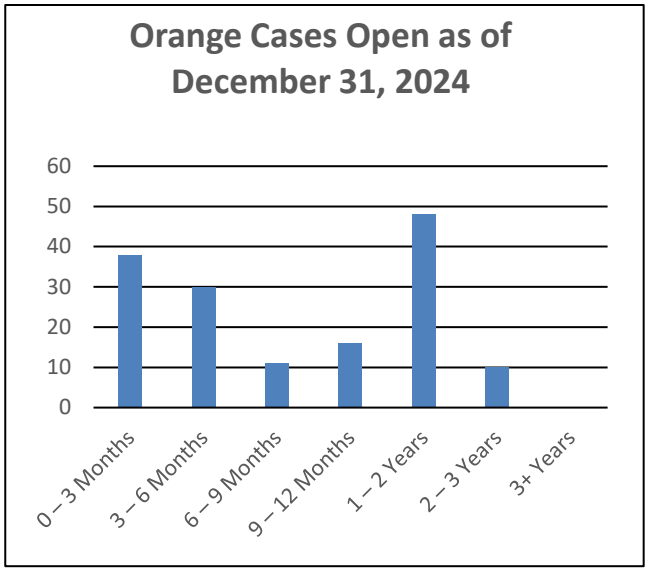


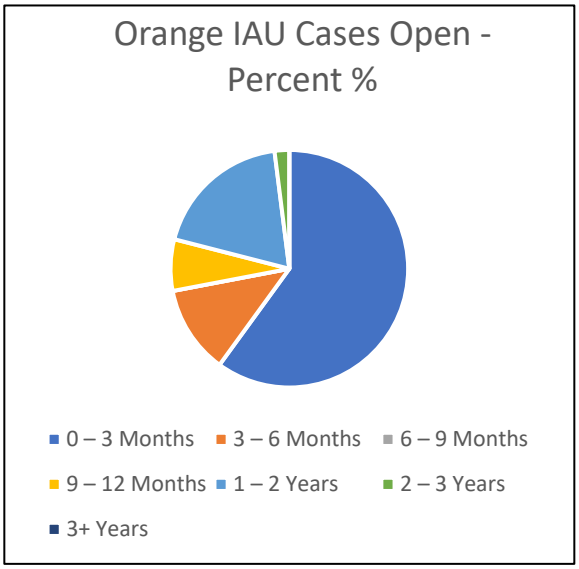


Number of Investigative Cases Open in the Orange IAU

As of December 31, 2024, there are **68** investigative cases open in the Orange IAU. A breakdown of the case aging is as follows:

Orange IAU Cases Open		
Investigation Age	**As of December 31, 2024**	**Percent (%)**
0 – 3 Months	41	60%
3 – 6 Months	8	12%
6 – 9 Months	0	0%
9 – 12 Months	5	7%
1 – 2 Years	13	19%
2 – 3 Years	1	2%
3+ Years	0	0%
Total	**68**	**100%**

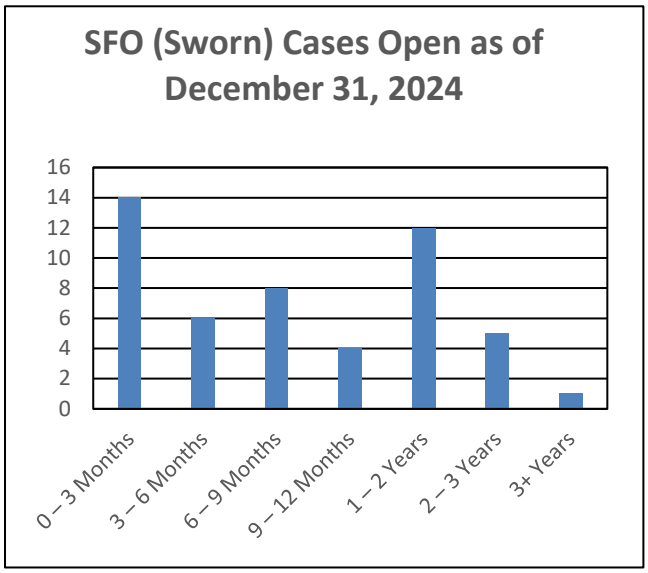


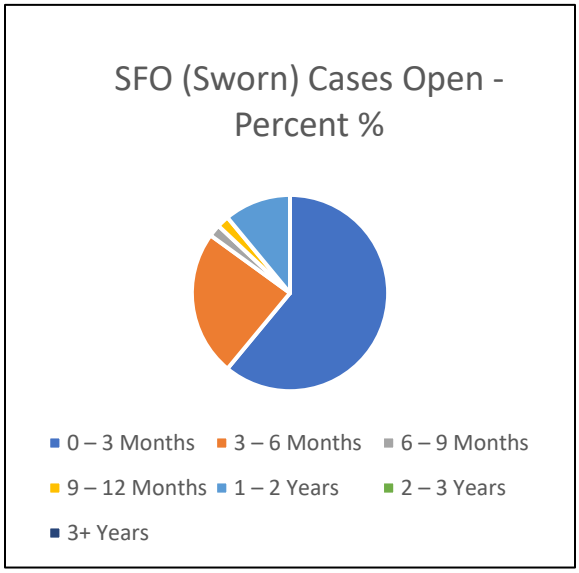


Number of Investigative Cases Open in the Sacramento Field Office (Sworn)

As of December 31, 2024, there are **46** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

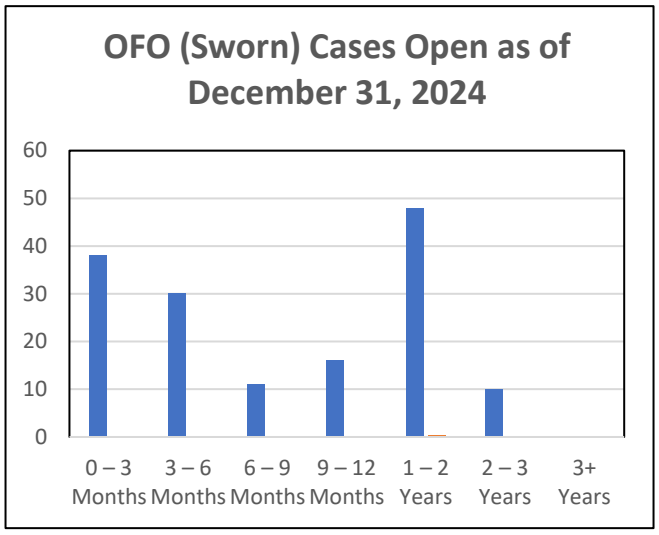
Sacramento Field Office (Sworn) Cases Open		
Investigation Age	**As of December 31, 2024**	**Percent (%)**
0 – 3 Months	28	61%
3 – 6 Months	11	24%
6 – 9 Months	1	2%
9 – 12 Months	1	2%
1 – 2 Years	5	11%
2 – 3 Years	0	0%
3+ Years	0	0%
Total	**46**	**100%**

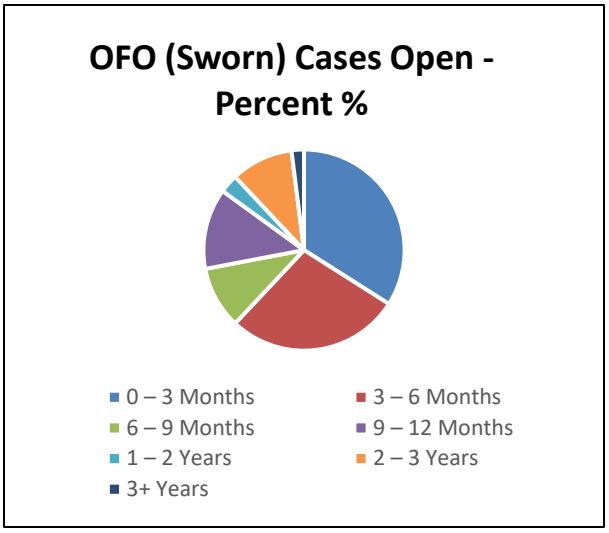




As of December 31, 2024, there are **153** investigative cases open in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	**December 31, 2024**	**Percent (%)**
0 – 3 Months	38	25%
3 – 6 Months	30	20%
6 – 9 Months	11	8%
9 – 12 Months	16	10%
1 – 2 Years	48	31%
2 – 3 Years	10	6%
3+ Years	0	0%
Total	**153**	**100%**





Number of Investigation Cases Closed

Between October 31, and December 31, 2024, a total of **167** investigative cases were closed in IAU, the Sacramento Field Office, and the Orange Field Office.

Number of Inspection Cases Open

As of December 31, 2024 there are **36** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sac IAU	12
Orange IAU	24
Total	**36**

Number of Inspection Cases Closed

Between October 30, 2024, to December 31, 2024, a total of **10** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of December 31, 2024, there are **174** open cases in the Discipline Coordination Unit.

Accusations

Between October 1, and December 31, 2024, there were **26** Accusations filed with the AG.

Cases Assigned to the Office of the Attorney General

Between October 1, and December 31, 2024, there were **43** cases transmitted to the AG. Of those 43 cases, 24 were referred for dentists and 19 were referred for dental auxiliaries.

As of December 31, 2024, there are **170** cases pending at the AG.

Citations

Between October 1, 2024 and December 31, 2024, there were **24** citations issued.

Number of Probation Cases Open

As of December 31, 2024, there are **128** probationer cases being monitored. Of those, **118** active probationers and **10** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	42	0
Sacramento Field Office	2	5
Orange IAU	69	4
Orange Field Office	5	1
Total	**118**	**10**

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 8, 2025
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 15.a.:** Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee program statistics for the quarter ending on December 31, 2024 are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

There is a correction to this table from the November 2024 Dental Board of California meeting memorandum. The total number of participants was incorrect and has been corrected in the table below. These statistics were derived from reports received from Maximus.

As of January 1, 2025, Premier Health Group has assumed the administration of the Diversion Program.

Diversion	FY 2024/2025							FY 23/24	FY 22/23	FY 22/21
	Quarter 1			Quarter 2			YTD			
	Jul	Aug	Sep	Oct	Nov	Dec	Totals			
New Participants	0	0	1	0	1	0	2	2	3	3
Total Participants (Close of Qtr/FY)	4	4	4	3	4	4	4	4	7	12
Closed Cases	0	0	1	1	0	0	0	2	5	5
Drug Tests Ordered	14	15	14	13	13	16	85	266	334	352
Positive Drug Tests	0	0	0	0	0	1	1	0	0	6
Prescription Positive Tests	0	0	0	0	0	0	0	0	6	5

Action Requested

No action requested.

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MEMORANDUM

DATE	January 16, 2025
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Manager Administrative Services Unit Dental Board of California
SUBJECT	**Agenda items 16.a-d.:** Executive Officer Recruitment and Selection Process

Background

Olivia Trejo, Chief of the Office of Human Resources, Department of Consumer Affairs will provide a verbal presentation on the executive officer recruitment and selection process.

Action Requested

The Board will be asked to consider the presentation on the executive officer recruitment and selection process, review the attached materials and take action to (1) begin the recruitment and selection of an Executive Officer; (2) approve the revised Executive Officer Duty Statement; and (3) appoint a two-member Executive Officer Selection Committee.

Department of Consumer Affairs
Exempt Position Duty Statement
HR-041E (new 1/2015)

Exempt Employee's Name	
Classification Title Executive Officer	**Board / Bureau / Commission** Dental Board of California
Exempt Level / Salary Range None / $12,261 - $13,653	**Geographic Location** Sacramento
Position Number 624-110-8840-001	**Effective Date of Appointment**

General Statement: Under the general direction and leadership of the 15-members of the Dental Board of California (Board), the Executive Officer (EO) functions as operations officer for management of the Board's resources and staff. The EO is further responsible for interpreting and executing the intent of all Board policies. This position is an at-will position and the incumbent serves at the pleasure of the Board. The duties include, but are not limited to, the following:

A. Specific Assignments [Essential (E) / Marginal (M) Functions]:

30% **(E)** Acts as principal operations officer for the Board; manages all Board offices; oversees the procurement and management of space, equipment, vehicles, and supplies; identifies need for augmentation of operating budget and ensures that all budget change proposals, finance letters, and other fiscal documents are accurate and that they support the Board's goals and mission; oversees the development of the Board's strategic plan; implements Board-approved policies and actions; confers with attorneys and administrators on issues requiring policy decisions and legal interpretations; maintains overall responsibility for managing all personnel, including recruiting, orientation, training, motivating, evaluating, and managing staff through subordinate supervisors, and professional staff development and evaluation of senior level staff.

30% **(E)** Functions as administrative agent for the Board; coordinates and manages all Board, Council, and Committee meetings; sees that all meetings and hearings are noticed to the public and follows proper administrative procedures; ensures compliance with the Open Meetings Act; prepares agendas and minutes for all Board meetings and committee meetings; acts as Board spokesperson at all meetings and hearings as delegated by the Board and Council; coordinates and manages all Board communications; serves as liaison between Board, Council, Committees, and staff; conducts orientation for new Board members; informs, advises and consults the Board on programs and activities administered by staff; oversees the processing of applications for licensure, permits or registration, ensuring only competent applicants are issued licensure, permits or registration; manages and directs continuing education, program and course approvals; oversees the administration of examinations for providers of Board services to ensure compliance with applicable statutes, regulations, and policies; coordinates periodic occupational analyses and examination validation studies.

25% **(E)** Oversees the handling of enforcement cases, the processing of complaints, investigations, and all prosecution and disciplinary actions performed by the Office of the Attorney General, and Office of Administrative Hearings; provides for the preparation of accusations or statements of issue; signs final accusations; consults with deputy attorney general on complex cases; monitors flow of cases and costs; advises Office of the Attorney General and hearing officer of Board's Disciplinary and Denial Guidelines; ensures that Administrative Procedure Act timelines are followed and that all Board disciplinary decisions are appropriately implemented; meets and confers with outside legal agencies on cases; serves as Board's liaison to media and public on all publicized cases; ensures that the Board's diversion and citation and fine programs are in compliance with its mandates and operating pursuant to Board policies and procedures. Maintains confidentiality of information and records in accordance with Public Records Act.

10% **(E)** Responsible for interpretation and execution of applicable Business and Professions Codes, California Code of Regulations, and all Board policies and guidelines related to the operation of the Board; seeks wide dissemination of the above information in a structured manner through informational hearings, workshops, and seminars conducted by Board staff and members; seeks legal counsel from the Department of Consumer Affairs in carrying out the above activities; advocates on behalf of consumers and the Board.

Responsible for the regulatory change process from notice of hearing to implementation of approved regulations; provides for initial and continued approval of programs; implements legislation and legislative mandates; identifies the need for new legislation; recommends modification of existing statutes or regulations to conform to Board policy; reviews drafts of specific language to effect statutory or regulatory change; oversees the preparation of author's statements and fact sheets; obtains authors for legislation, as needed; testifies before legislative committees and at public hearings regarding Board policies, programs, and activities; oversees and ensures compliance with all aspects of the legislative and rulemaking processes and the Administrative Procedure Act; prepares the sunset review report to the Legislature as required by law.

5% **(E)** Disseminates information concerning the Board's licensure act (Business and Professions Code Section 1601, et. seq.), regulations and policies before professional associations, other governmental agencies, dental school administrators and consumer groups; acts as the Board's designated spokesperson when responding to inquiries from the media, state agencies and other interested groups; serves as the Board's liaison to a wide array of governmental and voluntary organizations; serves as liaison to professional organizations; participates and serves as Board's staff representative to various associations.

B. Supervision Received

The incumbent serves under the administrative direction of the Board and reports directly to the Board President.

C. Supervision Exercised

The incumbent is delegated the authority by the Board to provide leadership and oversight for all Board programs and activities. The incumbent directly supervises the Assistant Executive Officer, Dental Consultants, Staff Services Manager I (Specialist), and Supervising Investigator II. The incumbent has indirect oversight over Dental Assisting License and Program Compliance, Licensing and Examination Division, Administration and Compliance Division, and Enforcement Division.

D. Administrative Responsibility

The incumbent is responsible for all administrative and fiscal functions and aspects of the Board.

E. Personal Contacts

The incumbent has regular contact with all levels of Board staff, DCA Executive Management and staff, legislators, the Governor's Office, members of the public and members of the trade and industry groups.

F. Actions and Consequences

Failure to effectively execute the duties of the position can lead to barriers to licensure and lack of consumer protection of those seeking dental service treatment. Further, adverse consequences include litigation and loss of trust by the public, including the California State Legislature and Governor.

G. Functional Requirements

The incumbent is a Work Week Group E employee and is expected to work an average of 40 hours per week each year and may be required to work specified hours based on the business needs of the office. No specific physical requirements are present. The incumbent works in an office setting with artificial light and temperature control. Daily access to and use of a personal computer and telephone are essential. Sitting and standing requirements are consistent with office work. This position requires quarterly travel including overnight travel by all available transportation methods.

H. Other Information

Criminal Offender Record Information:
Title 11, section 703(d) of the California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to

submit fingerprints to the Department of Justice and be cleared before hiring. In accordance with DCA's CORI procedures, clearance shall be maintained while employed in a CORI-designated position. Additionally, the incumbent routinely works with sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Conflict of Interest:
This position is subject to Title 16, section 3830 of the California Code of Regulations, the Department of Consumer Affairs' Conflict of Interest Regulations. The incumbent is required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office, annually by April 1, and within 30 days of leaving office.

In all job functions, employees are responsible for creating an inclusive, safe, and secure work environment that values diverse cultures, perspectives, and experiences, and is free from discrimination. Employees are expected to provide all members of the public equitable services and treatment, collaborate with underserved communities and tribal governments, and work toward improving outcomes for all Californians.

This position also requires the incumbent to take an Oath of Office prior to appointment.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

Employee Signature Date

Employee's Printed Name, Classification

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

Board President / Chairperson / or Designee's Signature Date

Board President / Chairperson / or Designee's Printed Name

Revised and adopted by the Board at Enter Date Here Board Meeting.

Dental Board of California
INVITES APPLICATIONS FOR THE POSITION OF
EXECUTIVE OFFICER
624-110-8840-001
$12,261 - $13,563 (per month)

The Dental Board of California (Board) licenses and regulates approximately 104,000 dental professionals. The Board licenses, monitors, and disciplines dentists registered dental assistants (RDAs), and registered dental assistants in extended functions (RDAEFs). The Board sets the duties and functions of unlicensed dental assistants. The Board issues many types of permits to administer dental anesthesia and sedation, as well as orthodontic assistant and dental sedation assistant permits. Finally, the Board approves dental educational programs and courses required for practice, licensure, and continuing education.

In carrying out this complex work, the Board's highest priority is the protection of the public. You will work among a knowledgeable workforce dedicated to: Accountability, Communication, Diversity, Efficiency, Fairness, Integrity, Leadership, Service and Transparency which fosters an environment of collaboration, continuous learning, and creativity/innovation. Please visit https://www.dbc.ca.gov/ for more information.

The Board is looking for a talented and exceptional Executive Officer to lead a high performing team to carry out the mission of the Board. The position requires a dynamic leader with demonstrated executive-level experience who has strong interpersonal and mentoring skills. Further, this position must be able to promote a culture where employees are motivated to carry out the mission of the Board, have the resources and feel supported to perform their duties and develop their skillsets.

The Executive Officer manages Board staff and is responsible for planning, organizing, and directing the activities in the areas of administration, enforcement, and licensure. The Executive Officer also serves as the liaison between the Board and its stakeholders. The Executive Officer enforces the overall laws and regulations under the authority of the Dental Practice Act (i.e., California Business and Professions Code and the California Code of Regulations)

In all job functions, the Executive Officer is responsible for creating an inclusive, safe, and secure work environment that values diverse cultures, perspectives,

and experiences, and is free from discrimination. The Executive Officer is expected to provide all members of the public equitable services and treatment, collaborate with underserved communities and tribal governments, and work toward improving outcomes for all Californians.

The Executive Officer is appointed by the Board and serves at its pleasure. The Executive Officer position is exempt from civil service and is in Sacramento, California.

Starting salary and raises are subject to approval from the Business, Consumer Services and Housing Agency and the California Department of Human Resources.

Desirable Qualifications and Experience:

In addition to evaluating each candidate's relative ability, as demonstrated by quality and breadth of experience, the following factors will provide the basis for evaluating each candidate:

1. Experience working with diverse populations; including, but not limited to, race, gender, and age; the experience shall include policy advisement or action, and affirming culture;

2. Administrative experience with government operations and processes, including legislation, regulations, budgeting, personnel, and equal employment opportunity;

3. Progressive experience with executive-level leadership, management, and problem-solving, especially past success in working on complex issues;

4. Experience establishing, promoting, and maintaining cooperative working relationships with representatives of all levels of government, the public and special interest groups;

5. Ability to think strategically and creatively, work well under pressure, and meet deadlines;

6. Ability to promote internal and external teamwork and cross-functional collaboration and communication in support of an organization's mission and goals;

7. Experience with public speaking and ability to deliver speeches and presentations on sensitive, technically complex and controversial subject matters, in front of diverse audiences including the public;

8. A consultative approach to problem solving and the ability to facilitate coalition building; and

9. A baccalaureate degree from an accredited college or university.

Special Requirements:

Conflict of Interest Filing - This position is subject to Title 16, section 3830 of the California Code of Regulations, the DCA Conflict of Interest Regulations. The incumbent is required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office, annually by April 1st, and within 30 days of leaving office.

Criminal Offender Record Information: Title 11, section 703(d) of the California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring. In accordance with DCA's CORI procedures, clearance shall be maintained while employed in a CORI-designated position. Additionally, the incumbent routinely works with sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Interested Persons Must Submit the Following

1) A completed State Employment application (Std 678);

2) A Statement of Qualifications as directed below.

3) A resume or curriculum vitae; and

4) Minimum of three (3) letters of professional reference.

All interested applicants are required to submit a Statement of Qualifications (SOQ), which is a narrative discussion of how the candidate's education, training, experience, and skills meet the desirable qualifications and experience noted above. The SOQ serves as documentation of each candidate's ability to present information clearly and concisely in writing and must provide specific examples.

Applicants who fail to submit or complete the SOQ as instructed or provide required documents may be eliminated from the recruitment process.

When preparing your SOQ, you are required to follow these guidelines:

- Responses must be numbered and addressed in the same order as listed on the bulletin.

- Information provided must be complete and presented in a clear and concise manner.
- Responses must be typed, single spaced, with an Arial font size no smaller than 12 point and limited to three (3) single sided pages.
- One-inch margins must be used.

Note: Resumes do not take the place of the SOQ.

Filing Instructions

Application packages may be submitted electronically via CalCareers at www.jobs.ca.gov for Job Control (JC) XXXXX. Application packages submitted via CalCareers must be received by 11:59 p.m. Pacific Standard Time on the final filing date.

Application packages may also be submitted via U.S. Postal Service mail or hand delivery to:

Department of Consumer Affairs
Office of Human Resources
1625 North Market Blvd., Suite N-321
Sacramento, CA 95834
Attn: **Catherine Bachiller**

Application packages submitted via U.S. Postal Service must be postmarked on or before the final filing date. Application packages submitted via hand delivery must be delivered to the Office of Human Resources by 5:00 p.m. on the final filing date. Dates printed on Mobile Bar Codes, such as the Quick Response (QR) Codes available at the USPS, are not considered Postmark dates for the purpose of determining timely filing of an application.

The final filing date for this recruitment is XXXXXX.

For further information or questions regarding the position or application process, please contact XXXXXX, Department of Consumer Affairs, Office of Human Resources at (916) XXX-XXXX or via email at OHR Contact Email.

All applications will be screened, and documentation of qualifications, experience and knowledge will be compared to other candidates; only the most qualified candidates will be scheduled for a preliminary interview.

Finalists will be invited to an interview with the full Board at a Board meeting. Travel expenses for these interviews are the responsibility and at the expense of each candidate. Upon being contacted for interviews, it is the candidate's responsibility to notify the interview scheduler of any need for reasonable accommodation to participate in the interview.

You may direct any additional questions regarding reasonable accommodations or Equal Employment Opportunity (EEO) for this position to the Department's EEO Office at (916) 574-8280.

The State of California and Department of Consumer Affairs is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 23.:** Board President's Report on Closed Session Items

Background

Dr. Steven Chan, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 24.:** Presentation from California Northstate University, College of Dental Medicine

Background

At its May 2021 meeting, the Dental Board of California (Board) received an update from Kevin M. Keating, DDS, MS, Dean and a Professor at California Northstate University (CNU), College of Dental Medicine (CDM) located in Elk Grove, California. At that meeting, Dr. Keating reported that CNU CDM will become California's seventh dental school and he provided an update on the school's accreditation process with the Commission on Dental Accreditation (CODA).

On August 31, 2021, CNU CDM received a letter from CODA advising the school of its approved initial accreditation. On September 30, 2021, CNU CDM received a letter from the Bureau for Private Postsecondary Education approving the addition of the Doctor of Dental Medicine program, effective September 30, 2021.

At its February 2022 meeting, the Board granted provisional approval of CNU CDM.

Dr. Keating will be presenting on the status of accreditation and development of CNU CDM.

Action Requested

No action is requested. This is item is informational only.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 2, 2025
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Chief of Licensing and Examination Division Dental Board of California
SUBJECT	**Agenda Item 25.a.:** Legislative Proposal to Amend Business and Professions Code (BPC) Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permits

Identification of Issue

Pursuant to Business and Professions Code (BPC) section 1638.1, a California licensed dentist who wishes to perform elective facial cosmetic surgery (EFCS) shall apply for and receive a permit from the Dental Board of California (Board). BPC section 1638.1 also establishes a credentialing committee to review the qualifications of EFCS permit applicants and make recommendations to the Board whether to issue an EFCS permit to the applicant.

The Board's 2024 Sunset Review Report identified issues with the EFCS permit qualifications, which were largely resolved in the Board's Sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024). Notably, BPC section 1638.1 was amended to clarify the categories of EFCS procedures for which an EFCS permit could be issued.

However, conforming amendments were not also made to subdivision (e) of BPC section 1638.1, which still lacks clarity as to the limitations that may be imposed on an EFCS permit, such as whether the permit may be issued for only one category of procedures, even though the applicant requested a permit for both categories, or whether the "limitation" means limiting the types of procedures that may be performed under a category (e.g., limited to performing Botox injections but no other soft tissue procedure under Category I).

Background

SB 438 (Migden, Chapter 909, Statutes of 2006) enacted BPC section 1638.1 to require a California licensed dentist who is not a physician and surgeon to apply for, as specified, and receive a permit to perform EFCS. The Assembly Committee on

Business and Professions June 29, 2006 hearing analysis (Analysis) explained the need for the bill to respond to the Board's interpretation of the Dental Practice Act that licensed dentists could only perform oral and maxillofacial surgery when the surgery was related to and part of treatment for a dental condition. The Analysis further explained that, as part of oral and maxillofacial surgical educational programs, students completed:

> . . . a four-plus year, hospital-based, surgical residency involving reconstructive surgery, orthognathic procedures (complete restructuring of the shape of the jaw and face, including repair of congenital defects), cleft lip and palate, craniofacial procedures, treatment of trauma victims who are in critical condition in emergency rooms (including follow-up surgery and reconstruction), as well as procedures more commonly viewed as "oral surgery." Cosmetic and esthetic results are significant components of many of these procedures, as returning a patient victimized by facial trauma, or who is having a congenital defect repaired, to an esthetically satisfactory condition is not merely desired - it is the standard of care that is expected of these surgeons. (Analysis, p. 9.)

The Analysis noted that proponents of SB 438 believed that dentists should not be unfairly restricted from performing procedures for which they were trained and recognized as capable of performing in a hospital setting, when many oral surgeons were allowed to perform surgical procedures in a complex and traumatic hospital environment but not permitted to perform the same or similar procedures in a non-trauma setting on an elective basis. (Analysis, p. 10.)

SB 438 established BPC section 1638.1, which set forth two categories in which the permitholder may perform EFCS surgery: cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty (Category I); and cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation (Category II). An EFCS permitholder can only perform EFCS at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient, as specified. (BPC, § 1638.1, subd. (g))

BPC section 1638.1, subdivision (e)(1), also required the Board to appoint a credentialing committee to review the qualifications of each applicant for an EFCS permit. Upon completion of the review of an applicant, the credentialing committee makes a recommendation to the Board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by this section.

At the August 2023 Board meeting, Board staff presented a legislative proposal with various changes to address questions and concerns regarding EFCS permit limitation requirements (August 17-18, 2023, Meeting Materials, Agenda Item 26.b). These changes were approved by the Board, and the proposal was included in the Board's Sunset Bill, SB 1453 (Ashby, Chapter 483, Statutes of 2024). (August 17-18, 2023, Meeting Minutes, pp 19-21)

Among other things, SB 1453 amended BPC section 1638.1 to clarify that the Board may issue an EFCS permit to perform one of the following three categories of EFCS procedures:

(1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.

(2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(3) Procedures under both paragraphs (1) and (2).

However, BPC section 1638.1, subdivision (e), still authorizes issuance of a permit that contains limitations if the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures. The term "classes of procedures" is ambiguous in the context of the new EFCS permit categories.

Discussion and Recommendations

Although the Board approved amendments to clarify the three categories of EFCS permits that can be issued, conforming amendments inadvertently were not made to BPC section 1638.1, subdivision (e), which currently provides:

(e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by this section.

For consistency with the three categories of EFCS permits that may be issued, Board staff recommend amendments to BPC section 1638.1, subdivision (e)(1), to remove unnecessary language regarding issuance of an unqualified permit and clarify the permit category limitation, rather than permit limitations on the class of procedures. In

addition, Board staff recommend a technical correction to subdivision (g) of that section, to remove an errant comma. Attached hereto is the legislative proposal for the Board's consideration.

Action Requested

Board staff request the Board discuss the information presented in this memo and the attached legislative proposal for recommendation to the California State Legislature.

Suggested Motions

Option 1 (support the proposed recommendations): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1638.1 regarding elective facial cosmetic surgery permits.

Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1638.1 regarding elective facial cosmetic surgery permits, as revised during this meeting [insert specific revisions].

Option 3 (no motions): If the Board does not wish to act on the recommendation, no motion is needed.

Attachment: Legislative Proposal to Amend Business and Professions Code Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permits

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND
BUSINESS AND PROFESSIONS CODE SECTION 1638.1 REGARDING
ELECTIVE FACIAL COSMETIC SURGERY PERMITS

Additions are indicated in underline text.

Deletions are indicated in ~~strikethrough text~~.

Amend section 1638.1 of the Business and Professions Code as follows:

1638.1 (a) A dentist shall possess a current license in good standing and an elective facial cosmetic surgery permit to perform elective facial cosmetic surgical procedures authorized by this section.

(b) The board may issue an elective facial cosmetic surgery permit to perform one of the following categories of elective facial cosmetic surgical procedures:

(1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.

(2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(3) Procedures under both paragraphs (1) and (2).

(c) A licensee who desires to perform elective facial cosmetic surgery shall apply to the board on an application form prescribed by the board and submit all of the following:

(1) Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

(2) Proof that the licensee has satisfied all of the criteria specified in either subparagraph (A) or (B):

(A) (i)The licensee is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.

(ii) A letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures set forth in paragraph (1), (2), or (3) of subdivision (b) that the licensee has notified the board the licensee intends to perform.

(iii) Documentation of at least 10 operative reports from residency training or proctored surgical procedures performed at minimum in the role of surgical first assistant within five years from the date of application for each category of

permit set forth in paragraph (1) or (2) of subdivision (b) for which the licensee seeks a permit. If the licensee seeks a permit set forth in paragraph (3) of subdivision (b), the licensee shall submit 10 operative reports for each category specified in paragraphs (1) and (2) of subdivision (b). Each operative report shall indicate all of the following:

(I) Name of the licensee.

(II) Category of procedure and specific type of procedure performed.

(III) Date of the procedure.

(IV) The role in which the licensee participated in the procedure.

(iv) Documentation showing the surgical privileges the licensee possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

(B) (i) The licensee has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraphs (1) to (3), inclusive, of subdivision (b) at that hospital.

(ii) Documentation described in clause (iii) of subparagraph (A).

(3) Proof that the licensee is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

(d) The application shall be accompanied by an application fee required by the board for an initial permit. The fee to renew a permit shall not exceed the maximum amount prescribed in Section 1724.

(e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. ~~The permit may be unqualified, entitling the permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if~~ If the applicant has applied for a permit pursuant to paragraph (3) of subdivision (b) but the credentialing committee is not satisfied that the applicant has the training or competence to perform ~~certain classes of~~ both categories of procedures in paragraphs (1) and (2) of subdivision (b), the credentialing committee may recommend issuance of a permit limited to procedures of one category authorized by either paragraph (1) or (2) of subdivision (b).~~, or if the applicant has not requested to be permitted for all procedures authorized by this section.~~

(2) The credentialing committee shall be comprised of five members, as follows:

(A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.

(B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.

(C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.

(3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:

(A) The Medical Board of California.

(B) The California Dental Association.

(C) The California Association of Oral and Maxillofacial Surgeons.

(D) The California Medical Association.

(E) The California Society of Plastic Surgeons.

(F) Any other source that the board deems appropriate.

(4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.

(f) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.

(g) A licensee may not perform any elective~~,~~ facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the Medicare Program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(h) For purposes of this section, the following terms shall have the following meanings:

(1) “Elective cosmetic surgery” means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.

(2) “Facial” means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.

(i) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless the permitholder has malpractice insurance or other

financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.

(j) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.

(k) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(l) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time the dentist license is renewed.

(m) A permitholder shall be required to complete 24 hours of approved courses of study related to elective cosmetic surgery as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education hours required by the board pursuant to Section 1645.

(n) Permits issued prior to January 1, 2025, that limit the type of procedure under the general permit category provided under paragraph (1) or (2) of subdivision (b) authorized to be performed by the permitholder shall not be renewed. This subdivision shall not apply to a permit that authorized the permitholder to practice any procedure under the general permit category specified under paragraph (1) or (2) of subdivision (b). The permitholder who seeks to continue performing the procedure previously limited by the permit shall submit an application to the board for issuance of a new permit under paragraphs (1) to (3), inclusive, of subdivision (b) and the board may request the permitholder to submit additional documentation demonstrating the permitholder's competency for issuance of such permit. The application shall be treated as a renewal application for purposes of subdivision (m) of Section 1724.

(o) On or before January 1, 2025, and every four years thereafter, the board shall report to the appropriate committees of the Legislature on all of the following:

(1) The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the board pursuant to this section.

(2) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.

(3) The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(4) Action taken by the board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(p) As used in this section, “good standing” means the license is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure and is not the subject of any unresolved disciplinary proceeding.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Assisting Council
FROM	Infection Control Working Group: Cara Miyasaki, RDA, RDHEF, MS
SUBJECT	**Agenda Item 25.b.:** Legislative Proposal to Amend BPC Sections 1725, 1750, and 1753.52, and Repeal BPC Sections 1754.5 and 1755 Regarding Dental Assisting Courses

This memorandum discusses concerns and a legislative proposal regarding the new unlicensed dental assistant infection control course (Business and Professions Code (BPC), §§ 1750 and 1755), radiation safety course (BPC, § 1754.5), and interim therapeutic restoration and radiographic decisionmaking course (BPC, § 1753.52) requirements established under law that became operative on January 1, 2025, under Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024), the Board's Sunset bill.

Background

At the November 7-8, 2024 Dental Board of California (Board) meeting, a memorandum was presented discussing concerns regarding the new unlicensed dental assistant infection control course requirements established under BPC section 1755 that became operative on January 1, 2025, under SB 1453 (Ashby, Chapter 483, Statutes of 2024), the Board's Sunset bill. (*See* Nov. 7-8, 2024 Meeting Memo, Agenda Item 27.e.) The Board did not take action on this item but acknowledged the Executive Officer's intent to work with Board staff and stakeholders to resolve concerns.

The matter was referred to the Council for review, and the Council appointed the two-person Infection Control working group comprised of Council Chair Cara Miyasaki and Council Member Joanne Pacheco to work on the issues. Due to Board member composition amendments made to BPC section 1601.1 by SB 1453, the Board no longer has a Registered Dental Hygienist position on the Board or Council, and Ms. Pacheco's member term has ended.

Discussion

The Working Group held meetings with Board staff to understand the issues, and it was determined that the implementation issues that exist with the new infection control course also exist with the new radiation safety course. The Working Group reached out to the California Dental Association (CDA), the California Dental Assisting Alliance (CDAA), and The FADE Institute, Inc. and held a meeting on December 9, 2024, with CDA and CDAA representatives to discuss the issues and propose solutions (FADE did not attend).

The main issues discussed during the December 9, 2024 stakeholder meeting included the lack of in-person laboratory or preclinical instruction requirements for the infection control course and the need to make infection control courses accessible to rural areas, especially at the start of dental assisting employment, and the lack of Board approval procedure and laboratory and preclinical instruction requirements in the radiation safety course statute, clinical oversight concerns, and extramural dental facility access issues.

Following the stakeholder meeting, Board staff identified additional concerns with the larger issue of Board approval of dental assisting programs and courses, including the Board's inability to timely review dental assisting programs and courses to ensure compliance with regulatory requirements and student and, ultimately, consumer protection, as well as providing for recent and future advancements in the delivery of electronic instruction. Notably, the Board's draft regulatory proposal to amend the existing dental assisting educational programs and courses regulations currently is on hold pending staff and regulatory counsel review.

Board staff has received numerous inquiries regarding implementation of the new infection control and radiation safety courses, as well as dental office employment of dental assistants who have not yet completed these courses prior to performing dental assisting duties on patients. Given the complex issues regarding the numerous dental assisting program and course requirements and Board approval thereof, as well as the implementation issues with the new infection control and radiation safety courses, the Working Group believes the most critical issues need to be addressed immediately while work continues how best to revise the dental assisting educational program and course requirements going forward. The legislative proposal, described further below, is intended to resolve the critical issues pending further Board and stakeholder discussion on how to address the other issues.

In addition, Board staff note that the new interim therapeutic restoration and radiographic decisionmaking course established in BPC section 1753.52 refers to an application fee in regulation, which does not currently exist. As such, Board staff proposed establishing the new interim therapeutic restoration and radiographic

decisionmaking course application fee in statute, BPC section 1725, and making a conforming amendment to BPC section 1753.52.

Recommendation

The Working Group recommends the following legislative proposal to resolve the immediate issues with the infection control and radiation safety courses and establish the application fee for the new interim therapeutic restoration and radiographic decisionmaking course.

The proposal would achieve the following:

1. Amend BPC section 1725 to add new subdivision (l) to establish the application fee for the new interim therapeutic restoration and radiographic decisionmaking course. All other course application fees established in regulation are set at $300 (*see* Cal. Code Regs, tit. 16, § 1022, subs. (p)-(v)). Since processing the application for Board approval of the new interim therapeutic restoration and radiographic decisionmaking course requires the same staff effort as other dental assisting courses, the new course application fee would be set at the same amount as the existing courses.

2. Amend BPC section 1750, subdivision (c), to change the new requirement for dental assistants to complete a Board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infection materials. To accommodate employers seeking to hire new dental assistants who cannot complete the infection control course prior to hiring, the amendment would allow the dental assistant to complete the course within 60 days of hiring. Notably, the prior requirement was to complete the course within one of year of employment.

3. Amend BPC section 1753.52, subdivision (a)(2), to reflect the interim therapeutic restoration and radiographic decisionmaking course application fee in BPC section 1725, subdivision (l), proposed above, rather than in regulation.

4. Repeal BPC sections 1754.5 (radiation safety course) and 1755 (infection control course) to resolve the infection control and radiation safety course implementation issues described above and continue to rely on Board approval of courses under existing regulations until a broader plan is formed to address the issues with Board review of dental assisting educational programs and courses.

Action Requested

The Working Group requests the Council review the information presented in this memorandum and the attached legislative proposal for recommendation to the Board.

Suggested Motions

Option 1 (support the proposed recommendation): Move to approve the recommendation for submission to the Board the legislative proposal to amend BPC sections 1725, 1750, and 1753.52, and repeal BPC sections 1754.5 and 1755 regarding dental assisting courses.

Option 2 (support the proposed recommendation as revised during this meeting): Move to approve the recommendation for submission to the Board the legislative proposal to amend BPC sections 1725, 1750, and 1753.52, and repeal BPC sections 1754.5 and 1755 regarding dental assisting courses, as revised during this meeting [insert specific revisions].

Option 3 (no action): If the Council does not wish to act on the recommendation, no motion is needed.

Attachment: Legislative Proposal to Amend Sections 1725, 1750, and 1753.52 and Repeal Sections 1754.5 and 1755 of the Business and Professions Code Relating to Dental Assisting Courses

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND SECTIONS 1725, 1750, AND 1753.52 AND REPEAL SECTIONS 1754.5 AND 1755 OF THE BUSINESS AND PROFESSIONS CODE RELATING TO DENTAL ASSISTING COURSES

Proposed amendments are indicated in underline for new text and ~~strikethrough~~ for deleted text.

Amend Section 1725 of Article 6 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

(a) The application fee for an original license shall not exceed two hundred dollars ($200).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars ($200).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the Registered Dental Assistant Combined Written and Law and Ethics Examination for a registered dental assistant shall not exceed the actual cost of the examination.

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

(g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars ($200).

(h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.

(i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars ($100).

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars ($7,500).

(k) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars ($2,000).

(l) The fee for review of each approval application or reevaluation for a course provided pursuant to Section 1753.52 that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall be three hundred dollars ($300).

(~~l~~m) Fees collected pursuant to this section shall be deposited in the State Dentistry Fund.

Amend Section 1750 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be directly responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control within 60 days from the date of first employment at the dental office~~prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials~~.

(d) The employer shall maintain evidence for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation.

(e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant.

(f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the

employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

(2) Current certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education, in accordance with both of the following:

(A) The dental assistant shall be responsible for maintaining current certification in basic life support to perform duties involving patients.

(B) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(3) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

(4) To perform coronal polishing prior to licensure as a registered dental assistant, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.

(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.

(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

Amend Section 1753.52 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1753.52. (a) On or after January 1, 2026, a provider of a course for instruction in interim therapeutic restorations and radiographic decisionmaking for a registered dental assistant

in extended functions shall apply for board approval to offer the course and submit all of the following to the board:

(1) An application prescribed by the board that shall specify the name of the course or educational program administrator or director, the name of the course provider, the name of the course, and the location where the course will be offered.

(2) The application fee prescribed ~~by regulation~~in Section 1725.

(3) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in placement of protective restorations, but shall be, at a minimum, 16 hours in length and include all of the following:

(A) Four hours of didactic training, which may take place in an in-person or online environment, and shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations, which shall include:

(I) Patient factors, as follows:

(ia) According to the American Society of Anesthesiologists Physical Status Classification, the patient is Class III or less.

(ib) The patient is cooperative enough to have the interim therapeutic restoration placed without the need for special protocols, including sedation or physical support.

(ic) The patient, or responsible party, has provided consent for the interim therapeutic restoration procedure.

(id) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity that stops within a few seconds of the removal of the offending stimulus.

(II) Tooth factors, as follows:

(ia) The lesion is accessible without the need for creating access using a dental handpiece.

(ib) The margins of the lesion are accessible so that clean, noninvolved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation.

(ic) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the supervising licensed dentist to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic.

(id) The tooth is restorable and does not have other significant pathology.

(iv) The protocols to deal with adverse outcomes used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(v) Criteria for evaluating successful completion of adhesive protective restorations, including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material.

(vi) Protocols for adverse outcomes after interim therapeutic restoration placement, including, but not limited to, exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of adhesive protective restorations, including situations requiring immediate referral to a dentist.

(vii) Protocols for followup of adhesive protective restorations, including, but not limited to, at least two followup examinations of the interim therapeutic restoration within a 12-month period.

(B) Four hours of laboratory training, which shall be held at a physical facility, and include placement of 10 adhesive protective restorations where students demonstrate competency in this technique on typodont teeth.

(C) Eight hours of clinical training, which shall be held at a physical facility, and include experiences where students demonstrate, at minimum, placement of five interim therapeutic restorations under direct supervision of faculty.

(4) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist, but shall be, at a minimum, four hours in length and include all of the following:

(A) Didactic instruction, including all of the following:

(i) The concept of managing caries and individualizing treatment based on a caries risk assessment.

(ii) Guidelines for radiographic decisionmaking, including, but not limited to, both of the following concepts:

(I) The American Dental Association's Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (Revised 2012).

(II) The American Academy of Pediatric Dentistry's Guidelines on Prescribing Dental Radiographs.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health and Workforce Pilot Project No. 172, including both of the following:

(I) Instruction on specific decisionmaking guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs.

(II) Instruction pertaining to the general condition of the mouth, including the extent of dental restorations present and visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(B) Laboratory training that includes case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(C) Simulated clinical experiences consisting of a review of various clinical cases with instructor-led discussion about radiographic decisionmaking in these clinical situations.

(5) Evidence of student access to adequate equipment and facilities to satisfy the educational requirements as specified in this section.

(6) Evidence that the physical facilities required under this section have all of the following:

(A) A patient clinic area, laboratory, and radiology area.

(B) Access to equipment necessary to develop dental assisting skills in radiographic decisionmaking.

(C) Infection control equipment as required by the board.

(7) Evidence that the physical facilities and equipment are maintained and replaced in a manner designed to provide students with a course that will meet the educational objectives set forth in this section.

(8) Evidence that all students have access to all of the following:

(A) A hazardous waste management plan for the disposal of needles, cartridges, medical waste, and storage of oxygen and nitrous oxide tanks.

(B) A clinic hazard communication plan.

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

(9) Written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other federal, state, and local requirements. The course provider shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentaria.

(10) Evidence that the course is established at the postsecondary educational level.

(b) The course content may be incorporated into a current registered dental assistant in extended functions program.

(c) For course enrollment, the course provider shall ensure submission by the student of satisfactory evidence of both of the following requirements:

(1) A current, active license as a registered dental assistant in extended functions issued on or after January 1, 2010.

(2) A current certification in basic life support from American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(d) The program or course director shall do both of the following:

(1) Ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for interim therapeutic restoration placement and radiographic decisionmaking.

(2) Ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for interim therapeutic restoration placement and radiographic decisionmaking before instruction.

(e) Satisfactory completion of a course in interim therapeutic restoration and radiographic decisionmaking is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified period of instruction may

receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they shall be discontinued from the program.

(f) Each student shall pass a written examination which reflects the entire curriculum content.

(g) Each student shall pass a simulated clinical examination in which the student successfully completes the application of three of the five interim therapeutic restoration placements required for clinical instruction under faculty supervision.

(h) Each approved course shall be subject to board review at any time for compliance with the requirements under this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this section.

(i) The program or course director shall be responsible for notifying the board in writing of any changes to the course content, physical facilities, and faculty within 10 days of such changes.

(j) The board may adopt regulations to implement this section.

Repeal Section 1754.5 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

~~**1754.5.** (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 that adhere to the minimum requirements of this section.~~

~~(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the applicable fee. 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 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this subdivision.~~

~~(d) Providers shall make adequate provisions for appropriate supervision, operation, and facilities when used for laboratory and preclinical instruction.~~

~~(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction.~~

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all evaluation and testing procedures.

(h) Areas of didactic instruction shall include, at a minimum, all of the following:

(1) Radiation physics and biology.

(2) Radiation protection and safety.

(3) Recognition of normal intraoral and extraoral anatomical landmarks.

(4) Radiograph exposure and processing techniques.

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.

(6) Intraoral techniques including holding devices and image receptors.

(7) Proper use of patient protection devices and personal protective equipment for operator use.

(8) Identification and correction of faulty radiographs.

(9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging.

(10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.

(11) Radiographic record management.

(i) For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, all the following shall be met by a board-approved course:

(1) Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an x-ray training mannequin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director.

(2) Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.

(j) All clinical radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(k) Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

(m) The student shall successfully complete a comprehensive written exam prior to the completion of the course. The exam shall include questions specific to items addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations relative to the special requirements for the use of x-ray in the healing arts.

(n) Extramural dental facilities may be utilized by a course for the purposes of clinical experiences. Clinical oversight shall be performed under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances.

(o) Programs and courses using extramural dental faculties for dental radiographic clinical experiences shall provide to the board, upon request or renewal of provider status, copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.

(p) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

(q) The board may adopt regulations to implement this section.

Repeal Section 1755 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus.

(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in

~~subdivision (a) of Section 1741, shall complete one of the following infection control certification courses:~~

~~(1) A board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.~~

~~(2) A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.~~

~~(c) A course shall establish specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.~~

~~(d) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testing.~~

~~(e) Didactic instruction shall include, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:~~

~~(1) Basic dental science and microbiology as they relate to infection control in dentistry.~~

~~(2) Legal and ethical aspects of infection control procedures.~~

~~(3) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.~~

~~(4) Principles of modes of disease transmission and prevention.~~

~~(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.~~

~~(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.~~

~~(7) Principles and protocols associated with sharps management.~~

~~(8) Principles and protocols of infection control for laboratory areas.~~

~~(9) Principles and protocols of waterline maintenance.~~

~~(10) Principles and protocols of regulated and nonregulated waste management.~~

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

(g) The board may adopt regulations to implement this section.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

MEMORANDUM

DATE	January 10, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.a.:** 2025 Tentative Legislative Calendar – Information Only

Background

The 2025 Tentative Legislative Calendar is being provided for information only. The 2025 Tentative Calendar is compiled by the Office of the Assembly Chief Clerk and the Office of the Secretary of the Senate.

Action Requested

No action requested.

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-16-24

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

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

MARCH							
	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
Wk. 1	30	31					

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

MAY							
	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
Wk. 3	18	19	20	21	22	23	24
Wk. 4.	25	26	27	28	29	30	31

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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

Jan. 6 Legislature reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget bill must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 20 Martin Luther King, Jr. Day observed.

Jan. 24 Last day to submit **bill requests** to the Office of Legislative Counsel.

Feb. 17 Presidents' Day observed.

Feb. 21 Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 31 Cesar Chavez Day observed.

Apr. 10 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Apr. 21 Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

May 2 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 9 Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(a)(3)).

May 16 Last day for **policy committees** to meet prior to June 9 (J.R. 61(a)(4)).

May 23 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 9 (J.R. 61(a)(6)).

May 26 Memorial Day observed.

OVER

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-16-24

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

June 2-6 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 6 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 9 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	4	5
Wk. 1	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Summer Recess	20	21	22	23	24	25	26
Summer Recess	27	28	29	30	31		

July 4 Independence Day observed.

July 18 Last day for **policy committees** to hear and report bills (J.R. 61(a)(10)).

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
Summer Recess	3	4	5	6	7	8	9
Summer Recess	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
No Hrgs.	31						

Aug. 18 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 29 Last day for **fiscal committees** to hear and report bills to the Floor (J.R. 61(a)(11)).

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

Sept. 1 Labor Day observed.

Sept. 2-12 Floor session only. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).

Sept. 5 Last day to **amend** on the Floor (J.R. 61(a)(13)).

Sept. 12 Last day for each house to pass bills. (J.R. 61(a)(14)).

Interim Recess begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2025

Oct 12 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 12 and in the Governor's possession on or after Sept. 12 (Art. IV, Sec. 10(b)(1)).

2026

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

Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

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MEMORANDUM

DATE	January 10, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.b.:** Legislation of Interest

Background

The Dental Board of California (Board) tracks bills that impact the Board, the Department of Consumer Affairs (DCA), including other DCA licensing boards. For any such bill, this memorandum will include information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills will be listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX).

The Governor called a special session of the Legislature, which began on December 2, 2024. Special sessions of the legislature are focused on specific purposes outlined in the Proclamation convening that session, and legislation for other purposes cannot be considered in that special session. The focus of this special session was to protect California values, including fundamental civil rights, reproductive freedom, climate action, immigrant families, and more.

The California Legislature began its 2024-2025 regular session on January 6, 2025. As of this writing, the Assembly has introduced 133 bills, and the Senate has introduced 19 bills. Board staff have reviewed these bills and found that, at this time, none have an impact that requires the Board's consideration. Staff will continue to monitor new legislation and amendments to existing legislation for potential impacts on the Board and its stakeholders.

Additional information on any bills can be located at the following:
https://leginfo.legislature.ca.gov/
https://www.senate.ca.gov/
https://www.assembly.ca.gov/

Action Requested

No action requested.

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MEMORANDUM

DATE	January 13, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 27.:** Public Comment on Future Agenda Items

Background

Stakeholders are encouraged to submit comments on future agenda items, including proposals, in writing to the Board before, during or after the meeting for possible consideration by the Board at a future Board meeting.

Action Requested

No action requested.