



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

August 14, 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
John Dierking, JD, 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, 10:30 a.m., on Thursday, August 14, 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=meff4b9b4773f278a028fff34efcb5140>

Event number: 2493 806 0760

Event password: DBC814 (322814 from phones)

Due to potential technical difficulties, please consider submitting written comments by August 5, 2025, to dentalboard@dca.ca.gov for consideration.

AGENDA

10:30 a.m., Thursday, August 14, 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 May 14-15, 2025 Board Meeting Minutes **[7-33]**
4. Board President Report **[34]**
5. Interim Executive Officer Report **[35]**
 - a. Introduction of New Board Staff
6. Update, Discussion, and Possible Action on Proposed Regulations
 - a. Status Update on Pending Regulations **[36]**
 - i. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
 - ii. Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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 **[37-112]**
7. 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 **[113]**
8. Budget Report **[114-119]**
9. Dental Assisting Council Meeting Report **[120]**
10. Licensing, Certifications, Permits, and Examinations
 - a. Update on Dental Licensure and Permit Statistics **[121-132]**
 - b. Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and Council of Interstate Testing Agencies (CDCA-WREB-CITA) **[133]**
11. Enforcement
 - a. Review of Statistics and Trends **[134-141]**

12. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[142]**
13. Anesthesia and Sedation
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics **[143-153]**
 - b. Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspections and Evaluations **[154-156]**
14. Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession
 - a. 2025 Tentative Legislative Calendar – Information Only **[157-159]**
 - b. Legislation of Interest **[160-187]**

Priority Legislation for Board Consideration

 - i. Assembly Bill [\(AB 485\)](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
 - ii. [AB 489](#) (Bonta, 2025) Health care professions: deceptive terms or letters: artificial intelligence.
 - iii. [AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters.
 - iv. [AB 742](#) (Elhawary, 2025) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
 - v. [AB 873](#) (Alanis, 2025) Dentistry: dental assistants: infection control course.
 - vi. [AB 876](#) (Flora, 2025) Nurse anesthetists: scope of practice.
 - vii. [AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools.
 - viii. [AB 1130](#) (Berman, 2025) Dentistry: outreach and support program.
 - ix. [AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program.
 - x. Senate Bill [\(SB\) 351](#) (Cabaldon, 2025) Health facilities.
 - xi. [SB 470](#) (Laird, 2025) Bagley-Keene Open Meeting Act: teleconferencing.
 - xii. [SB 641](#) (Ashby, 2025) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.
 - xiii. [SB 744](#) (Cabaldon, 2025) Accrediting agencies.
 - xiv. [SB 861](#) (Committee on Business, Professions and Economic Development, 2025) Consumer Affairs.

Other Board-Monitored Legislation.

 - xv. [AB 116](#) (Assembly Committee on Budget, 2025) Health omnibus trailer bill.
 - xvi. [AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories.
 - xvii. [AB 341](#) (Arambula, 2025) Oral Health for People with Disabilities Technical Assistance Center Program.
 - xviii. [AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments.
 - xix. [AB 371](#) (Haney, 2025) Dental coverage.
 - xx. [AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief.
 - xxi. [AB 787](#) (Papan, 2025) Provider directory disclosures.
 - xxii. [AB 837](#) (Davies, 2025) Ketamine.

- xxiii. [AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.
 - xxiv. [AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure.
 - xxv. [AB 1215](#) (Flora, 2025) Hospitals: medical staff membership.
 - xxvi. [AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas.
 - xxvii. [AB 1434](#) (Michelle Rodriguez, 2025) Health care boards: workforce data collection.
 - xxviii. [SB 338](#) (Becker, 2025) Mobile Health for Rural Communities Pilot Program.
 - xxix. [SB 386](#) (Limón, 2025) Dental providers: fee-based payments.
 - xxx. [SB 497](#) (Wiener, 2025) Legally protected healthcare activity.
 - xxxi. [SB 682](#) (Allen, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.
 - xxxii. [SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances.
- Department of Consumer Affairs Legislation
- xxxiii. [AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs.
 - xxxiv. [AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards.
 - xxxv. [SB 806](#) (Dahle, 2025) Department of Consumer Affairs.

15. 2026 Meeting Dates **[188-194]**

16. Public Comment on Future Agenda Items **[195]**

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.

17. Recess Open Session

CLOSED SESSION (WILL NOT BE WEBCAST)

18. Convene Closed Session

19. 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

20. Adjourn Closed Session

RECONVENE OPEN SESSION

21. Reconvene Open Session

22. Board President's Report on Closed Session Items **[196]**

23. 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. 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. 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, Interim 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 729-7789

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MEMORANDUM

DATE	July 21, 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

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**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
May 14-15, 2025**

In accordance with Government Code section 11123, subdivision (a), the Dental Board of California (Board) met on May 14-15, 2025, at the following location:

Hilton Anaheim
777 W. Convention Way
Anaheim, CA 92802

Board Members Present:

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
James Yu, DDS, MS

Board Members Absent:

Yogita Thakur, DDS, MS

Staff Present:

Christy Bell, Assistant Executive Officer
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Patrick Morrissey, Supervisory Investigator
Brant Nelson, Legislative and Regulatory Specialist
Monica Ackerson, Investigator (May 15, 2025)
Jeanette De Lira, Investigator (May 15, 2025)
Kaycee Hunter, Investigator (May 14, 2025)
Mirela Taran, Administrative Analyst
Bryce Penney, Television Specialist, Office of Public Affairs, Department of Consumer Affairs (DCA)
Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, DCA (by phone)
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

DRAFT- Dental Board of California
May 14-15, 2025 Meeting Minutes

10:30 a.m., Wednesday, May 14, 2025

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

The Board President, Dr. Steven Chan, called the meeting to order at 11:00 a.m.

The Board Secretary, Dr. Lilia Larin, called the roll; 9 Board Members were present, and a quorum was established. Board Member Yogita Thakur, DDS, MS, was absent.

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 February 6-7, 2025 Board Meeting Minutes

Motion/Second/Call (M/S/C) (Yu/Medina) to approve the February 6-7, 2025 meeting minutes.

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

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

Ayes: Chan, Cheng, David (for February 6th only), Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: David (for February 7th only)

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Chan thanked and congratulated former Executive Officer Dr. Tracy Montez for her transformative leadership and service on behalf of the current and past Board Members and the 85 member staff of the Board. He noted that the Board Members have been working with Christy Bell since the beginning of the year, and she will be covering the Executive Officer duties until the Board Selection Committee can bring applicants to be interviewed before the Board. President Chan noted that he gave a presentation to the annual meeting of the California Dental Society of Anesthesiology on behalf of the Board on March 5, 2025, he attended the Dental Hygiene Board of California (DHBC) meeting on March 22, 2025, and he, alongside Ms. Bell, attended the DCA Board Leadership meeting on March 25, 2025. He disclosed that on April 15, 2025, Board Member Robert David was appointed to the Community-Based Clinical Education working group of the California Dental Association (CDA) Foundation, and

President Chan appointed Secretary Larin to represent the Board on the American Board of Dental Examiners, Inc. (ADEX) Dental Exam Committee. President Chan voiced that there has been a question of requests for Board representation on other boards and commented that it is important to distinguish this type of representation from other types of requests for board representation. The Board must be sensitive to members serving on a committee that are not directly tied to Board operations. As a state regulatory board, Board input needs to be formatted, transparent, and discussed in an open forum. Board Members must adhere to the Board, Council, and Committee Member Administrative Policy and Procedure Manual. President Chan mentioned that the Board has five Board Member vacancies that include a vacancy for one registered dental assistant (RDA), two public members, and two dentists and added that individuals interested in applying to be a Board Member should contact the Governor's appointment office by applying at Find Jobs – GOVCA - Careers Marketplace [<https://govca.avature.net/GOVCACareers/Home>].

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

Agenda Item 5: Assistant Executive Officer Report

Christy Bell shared that regarding Board operations, the Board is working with DCA to comply with the Governor's return-to-office Executive Order, which requires staff to work in the office four days a week. As the Board was already limiting telework to two days per week, there is minimal impact to Board staff and operations. She reported that the Board has filled all vacant positions with one caveat being that some positions are still in the final phase of background checks. Ms. Bell added that one of the Board's most recent hires, Albert Law, came from the DHBC where he was the Assistant Executive Officer. As shared at the February 2025 Board meeting, Ms. Bell indicated that DCA's SOLID Unit will be conducting strategic planning for the Board. The process is expected to begin this summer with a survey distribution and data compilation occurring over the summer months. She expressed that the current Strategic Plan is on the Board's website, and the Board lists four overarching goals, which include licensing and examinations, consumer protection and enforcement, communication and customer service, and administrative services. Ms. Bell disclosed that the Board has made excellent progress, and a more thorough discussion and facilitated discussion will occur at the November Board meeting.

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

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

Ms. Bell provided a departmental update, which included the following.

Ms. Bell noted that in January, the Governor released his proposed 2025-26 state budget, which included a proposal to split DCA's oversight agency, the Business, Consumer Services, and Housing Agency (Agency), into two state agencies, which include the California Housing and Homelessness Agency and the Business and Consumer Services Agency. The proposed California Housing and Homelessness Agency would oversee housing and homelessness solutions and safeguard civil rights, while new Business and Consumer Services agency would be responsible for consumer affairs, licensing, and enforcement. DCA would be among the eight departments in this new category. As part of the process in state government, on April 4, 2025, the Governor's reorganization plan was delivered to the nonpartisan Little Hoover Commission for review. The submission of the plan to the Commission began an approximate 90-day formal review process, and the Commission held public hearings on April 23 and 24, 2025, to receive testimony and for interested parties to provide input on the proposed reorganization. Ms. Bell noted that the Agency secretary, DCA Director Kirchmeyer, and other impacted department leaders testified in support of the Governor's plan and responded to questions from the commissioners. The Commission is in the process of writing a report that it will submit to the Governor and the Legislature, and the Commission's report will offer a recommendation to the Governor and the Legislature as to whether it believes the reorganization plan should go into effect. The Commission sometimes offers recommendations for how a plan could be strengthened either through administrative actions or subsequent legislation. The Legislature will then have 60 days to review and consider the reorganization plan. The Governor's plan becomes effective on the 61st day after it has been given to the Legislature unless either the Senate or the Assembly adopts by majority vote a resolution to reject the plan. If approved, the Business and Consumer Services Agency would be created in July 2025, with one year of transition, and become operative on July 1, 2026.

Ms. Bell provided updates on hybrid telework policies, DCA's new Compliance and Equity Officer, and Public Service Recognition Week.

Board Member David inquired whether there is any anticipated impact in terms of office space related to the return-to-work order for Board staff. Ms. Bell responded that the Board currently has sufficient space, so it is not an issue.

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

Agenda Item 7: Budget Report

Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2024-2025. Mr. Rumbaoa conveyed that to date, the Board's budget of \$20.3 million for the expenditures expected towards the end of the fiscal year is \$12.8 million, and the Board is expected to revert \$1.8 million back to its fund. In terms of revenue, the Board's budgeted revenue is \$18.8 million, but the actual projection anticipates collection of \$20.4 million by the end of the FY. In regard to the Board's loan, the loan is expected to

be repaid at the end of the FY, and the interest accrued on that is approximately .67%; with the calculations from the Budget Office, it is anticipated that it is going to be approximately \$33,000 per year, with the interest earned on that loan being \$160,000.

Regarding the \$5 million loan to be repaid as of June 30, Board Member David inquired whether the Board is expecting that and encouraged Board staff to plan for a contingency if the loan is not going to be repaid. Mr. Rumbaoa responded that at this time, the Board is expecting to have it repaid, and it will also be repaid before any fee increases if that is the direction that the Board is going.

Secretary Larin inquired why there is a requirement for repayment if there is a fee increase. Mr. Rumbaoa responded that in terms of the fee increase, if the Board is going to be pursuing that, to get the entirety of its budget, the Board has to make sure it has all of its monies and make sure that if the Board's monies are in there, the Board can sustain itself. He added that there is no point in going toward a fee increase without the loan being repaid; the Board would want to see the whole financial picture.

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

Agenda Item 8: Report on Dental Hygiene Board of California Activities

Joanne Pacheco, DHBC President, provided a verbal report on their activities.

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

Agenda Item 9: Dental Assisting Council Meeting Report

Dental Assisting Council (DAC) Chair, De'Andra Epps-Robbins, provided a verbal report on the May 14, 2025 DAC meeting. Ms. Epps-Robbins advised the Board regarding DAC discussion of DAC meeting agenda items. She noted that for DAC Agenda Item 9, the DAC approved a motion to recommend to the Board submission to the Legislature amendments to Assembly Bill (AB) 873 (Alanis, 2025) as follows: amend Business and Professions Code (BPC) section 1750, subdivision (c), to change 90 days to 30 days; BPC section 1755, leave subdivision (g) in the bill; and amend BPC section 1725, subdivision (l), to set the application fee for interim therapeutic restoration and radiographic decisionmaking (ITR/RDM) and radiation safety courses at \$7,330, and add new subdivision (m), to set the application fee for the BPC section 1755 infection control course at \$3,830.

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

Agenda Item 10: Update, Discussion, and Possible Action on Proposed Regulations

Agenda Item 10.a.: Status Update on Pending Regulations

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

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

Agenda Item 10.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1005 Regarding Minimum Standards for Infection Control
Mr. Nelson provided the report, which is available in the meeting materials.

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

Anthony Lum, Executive Officer of the DHBC, thanked the Board for the collaborative effort on this large regulatory project and noted that if it is approved today, he will take the approved draft language to the DHBC at their July 2025 meeting.

Shari Becker, representing the Dental Assisting Alliance (Alliance), extended their thanks and looks forward to integration of their suggestions made at the DAC meeting into the regulatory text.

(M/S/C) (Felsenfeld/Forge) 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.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

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May 14-15, 2025 Meeting Minutes

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The motion passed.

Agenda Item 11: Licensing, Certifications, Permits, and Examinations

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics

Jessica Olney provided the report, which is available in the meeting materials.

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

Agenda Item 12: Enforcement

Agenda Item 12.a.: Review of Statistics and Trends

Patrick Morrissey provided the report, which is available in the meeting materials.

Board Member David suggested to include at a future Board meeting statistics on common threads on disciplined licensees.

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

Agenda Item 13: Substance Use Awareness

Agenda Item 13.a.: Diversion Program Report and Statistics

Ms. Bell provided the report, which is available in the meeting materials.

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

Agenda Item 14: Anesthesia and Sedation

Agenda Item 14.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Ms. Olney provided the report, which is available in the meeting materials. She noted that the Board will no longer see a separate agenda item to appoint evaluators for the onsite inspection and evaluation program, following a review of BPC sections 1646.4, subdivision (b), and 1647.7, subdivision (a), which authorize the Board to contract with public or private organizations or individuals to act as experts in dental outpatient, general anesthesia, and moderate sedation onset inspections and evaluations. Additionally, BPC section 40 authorizes the Board to enter into expert consultant contract agreements to provide specified services, which includes performing the onsite inspections and evaluations. Due to this recent finding, Board staff have been assigned to review applications that have been submitted and enter into contracts with those individuals who meet the requirements of CCR, title 16, section 1043.2.

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

Agenda Item 14.b.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation

Ms. Olney provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Chan) to adopt the Committee recommendation to deny renewal of E.P.'s Moderate Sedation Permit; if E.P. seeks to apply for a new Moderate Sedation Permit, E.P. shall submit for prior Board approval and successfully complete, prior to applying for a new Moderate Sedation Permit, remedial education of 24 hours in the administration of moderate sedation including recognition and management of medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

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

Dr. Bruce Whitcher, representing himself, voiced that he is one of the Board's onsite evaluators and has been for many years. He disclosed that prior to a couple of years ago, somebody could fail the evaluation, simply reapply, and get their permit reissued; there was no remedial education requirement. He thanked Ms. Schieldge for raising that issue at prior meetings and encouraging the Board to look at the regulation to fix that problem; the regulation was subsequently amended. He expressed that evaluators have seen that among all of the sites they inspect, the most common reason for failure is not drugs or equipment but is simulated emergencies where the dentist has to demonstrate, with the use of their team and their facility, that they understand how to recognize and properly manage dental emergencies. Now, due to this change, if they fail two times, they have to go through remedial education before they can reapply, and the permit before the Board was a good example of how this works in practice.

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 15: Recess Open Session Until May 15, 2025, at 8:30 a.m.

President Chan recessed Open Session at 11:59 p.m.

Agenda Item 16: Convene Closed Session

At 12:14 p.m., the Board convened Closed Session

DRAFT - Dental Board of California
May 14-15, 2025 Meeting Minutes

Agenda Item 17: 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 18: Adjourn Closed Session

President Chan adjourned Closed Session at 12:44 p.m.

8:30 a.m., Thursday, May 15, 2025

Agenda Item 19: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Chan called the meeting to order at 8:33 a.m.

Secretary Larin called the roll; nine Board Members were present, and a quorum was established. Board Member Thakur was absent.

Agenda Item 20: Board President's Report on Closed Session Items

President Chan provided a verbal report regarding Closed Session items. He reported that the Board voted to reject a proposed decision and remand it back to the Administrative Law Judge.

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

Agenda Item 21: Update, Discussion, and Possible Action on Legislative Proposals

Agenda Item 21.a.: Legislative Proposal to Amend Business and Professions Code (BPC) Section 1724(a) to Remove Dentist Licensure Fee for Repealed Portfolio Pathway

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

(M/S/C) (Larin/David) to approve for submission to the California State Legislature the legislative proposal to amend BPC section 1724, subdivision (a), to remove the dentist licensure fee for the repealed portfolio pathway.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.
Absent: Thakur.
Recusals: None.

The motion passed.

Agenda Item 21.b.: Legislative Proposal to Add BPC Section 1778 Relating to Board Approval of Dental Assistant Educational Programs and Courses

Tina Vallery provided the report, which is available in the meeting materials. She noted that following discussion during the DAC meeting, this item was returned to the DAC working group to have stakeholder meetings and discuss this further.

Secretary Larin mentioned that she supports the DAC's decision to send it back to the working group.

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

Agenda Item 21.c.: Legislative Proposal to Amend BPC, Division 2, Chapter 4, Article 7 Title Regarding Dental Auxiliaries

This item was tabled until the August 2025 Dental Assisting Council and Board meetings.

Agenda Item 21.d.: Legislative Proposal to Amend BPC Sections 1753 and 1753.5 Regarding Authorized Duties and Procedures of Registered Dental Assistants in Extended Functions

Ms. Vallery provided the report, which is available in the meeting materials.

Secretary Larin asked whether Ms. Vallery thought that RDAs and registered dental assistants in expanded functions (RDAEFs) do not get training on polishing of amalgams and composites. Ms. Vallery responded that she has been told that this specific duty of polishing the existing amalgam restorations is very specific and specialized training, and while that general line item that is in the statute now does seem to cover it, the DAC merely wants to be very clear that it is covered in that additional training, as it was removed [in the Board's Sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024)].

Secretary Larin asked for clarification on whether this entire topic is specifically about the amalgam polishing and whether the Board has to go back to the Legislature to add this duty back in the statute. Ms. Vallery responded that because there are RDAEFs licensed prior to January 1, 2010, and RDAEFs licensed after January 1, 2010, this section [BPC section 1753.5] covers duties for both of those. She noted that BPC section 1753 has to be amended to outline what additional education someone licensed prior to January 1, 2010, would need in order to be able to perform all of the duties RDAEFs who were licensed after January 1, 2010, can perform.

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(M/S/C) (Felsenfeld/Cheng) to move the legislative proposal in Attachment 1 for submission to the California State Legislature to amend BPC sections 1753 and 1753.5 regarding RDAEF duties and education requirements.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 22: Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession

Agenda Item 22.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 Chan requested public comment on this item. There were no public comments made on this item.

Agenda Item 22.b.: Legislation of Interest

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

AB 485

(M/S/C) (Chan/Felsenfeld) to oppose AB 485 unless amended to clarify Board action on the initial or renewal license or permit following subsequent compliance by the employer and resolve the issue of labor commissioner awareness of license or permit application submitted to the Board and authorize the Executive Committee to communicate with the bill author to resolve the Board's concerns, and if the bill is amended to resolve those concerns, authorize the Executive Committee to change the Board's position to watch.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 489

Mr. Nelson continued the report.

(M/S/C) (Felsenfeld/Chan) to support AB 489.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 667

Mr. Nelson continued the report. The Board will watch this bill.

AB 742

Mr. Nelson continued the report.

(M/S/C) (Felsenfeld/Chan) to oppose AB 742 unless amended.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 873

Mr. Nelson continued the report.

Tara Welch clarified the DAC recommendation to the Board to request amendments to BPC section 1725, subdivision (l), to set the application fees for the ITR/RDM and radiation safety courses at \$7,330, and add new subdivision (m) to set the fee at \$3,830 for the infection control course under BPC section 1755. She added that the Board also should consider requesting an amendment to BPC section 1725, subdivision (k), which is the fee for Board approval for all other courses under regulation. At the moment, the fee for that application for Board approval for courses is a max of \$2,000. Based on Board staff's review of all of the requirements to implement the new ITR/RDM and radiation safety courses and costs of \$7,330 per application, Ms. Welch recommended that the Board request an increase of the maximum currently \$2,000 to at least \$8,000 as the maximum fee, which would allow the Board to then utilize that higher maximum and then change the course fees that are currently set in regulation. At the moment, the regulations provide for a \$300 course fee to apply for Board approval, but making this change in subdivision (k) would allow the Board, through the rulemaking process to increase the regulatory course fees.

Board Vice President Alan Felsenfeld inquired whether the \$7,300 fee is for each of the three courses or for the package. Ms. Welch responded that it is not for a student to take a course but for a course provider to apply to the Board for Board approval, in which the \$7,330 fee would be per course.

Board Member Joni Forge asked for clarification whether the \$7,000 is not sufficient and should be increased closer to \$8,000. Ms. Welch responded that in BPC section 1725, subdivision (k), there is currently a maximum that can be charged for this Board approval application of \$2,000, and Board staff is proposing to increase that \$2,000 maximum fee to at least \$8,000 to cover the Board staff time on the existing courses.

Ms. Welch also stated that at the moment, AB 873 only includes three code sections, BPC sections 1725, 1750, and 1755; after the February Board meeting, the Board requested that additional sections be added to AB 873. She added that Board staff submitted that legislative proposal to add the additional sections in March, but the additional sections approved by the Board at the February meeting have not been added to the bill yet. In addition to the proposed amendments discussed today, the Board also needs to see the additional sections that it requested back in March that the bill's author agreed to amend into the bill at the Assembly Business and Professions Committee.

Board Member David asked whether the fee payers are going to have a chance to comment during this process. Ms. Welch responded that the Board is going to be recommending to the bill author to include these amendments in AB 873, so the public can provide their comments on the Board's proposal here right now, and there is also a public comment process on AB 873 as that bill moves through committee. She added that providers can also submit their public comments to the Legislature directly.

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

Pam Congdon, California Association of Oral and Maxillofacial Surgeons (CALAMOS), indicated that they support it but would like to propose that the 32 hours of the Dental Sedation Assistant (DSA) clinical lab and pre-clinical portions of the DSA be taught in extramural facilities. This change would allow training and testing to be controlled and standardized in a standardized environment with calibrated instructors, improving both access and ultimately enhancing patient safety. She voiced that none of the lab and pre-clinical skills require a clinical environment, and all clinical skills involving patients would be done in the instructor's and doctor's office. Ms. Congdon reported that their goal with this proposal is for patient safety and permitted assistance and are asking to make the training part of the DSA more efficient, not easier. She suggested that the Board let CALAMOS, CDA, and other organizations that have DSA approved instructors help do that.

Ms. Congdon was asked to clarify which BPC section CALAMOS was requesting be amended to resolve CALAMOS's concerns, but she did not have that information on hand. She was asked to submit that information to the Board in writing. Ms. Welch noted she did not believe there were a lot of dental sedation assistant course requirements in statute but, instead, may be in regulation. She was uncertain how revisions to AB 873 would accomplish CALAMOS's goals; she thought that may be a rulemaking action.

Melodi Randolph, representing the Alliance, noted that in relation to the fee increase, those are significant fee increases, and those increases would be passed along to the students taking the courses; the ramifications of that would be that eventually the courses will be a lot more expensive for the people taking the courses. In reference to the 30-day infection control requirement [proposed in BPC section 1750, subdivision (c)], Ms. Randolph conveyed that if there is going to be a virtual 8-hour online only component, 30 days is sufficient to take an 8-hour course online. She indicated that the comment CDA had in their letter regarding the retaking of the course being redundant so that the virtual only being for dental assistant and then in order to get licensure or permit to have to take the hands-on component does not make sense.

Ms. Becker, representing the Alliance, concurred with Ms. Randolph's comments.

Tooka Zokaie, CDA representative, urged the Board to modify its position on AB 873 to a support position. She verbalized that they understand the fee increase [in BPC section 1725] is necessary and was a very carefully calculated review by the Board. For the 30 to 90, 120 days [in BPC section 1750, subsection (c)], she clarified that prior to 2025, it was 120 days of consecutive employment and then one year to complete the course. As of 2025, that moved to before exposure to blood and saliva, and 54% of CDA member calls were about this being impossible to meet. Ms. Zokaie verbalized that while there is talk about the virtual course option, that option currently does not exist, and the course has been inaccessible for so many providers that want to hire. She indicated CDA has recommended to move to 90 days, which is still a 9-month reduction in what it was prior to 2025 in terms of the time to take this 8-hour course. They believe that 90 days is extremely reasonable considering that there is also the California Occupational Safety and Health Administration (OSHA) mandated infection control training that is also required annually. Regarding BPC section 1755, subsection (g), she mentioned that CDA has seen dental assistants retaking the exact same infection control course in person.

Dr. Whitcher, CDA representative, speaking to the point about the retaking of the [infection control] course, communicated that it is going to be essentially the same course, it will be given in whatever format is available, hopefully online. He added that when RDAs are going through their program, they will take the same course as the online course. With respect to the 90 days, Dr. Whitcher pointed out that there is a lot going on within that 90 days, and to get everything done in 30 days and have new hires complete the course in a meaningful way is going to be very difficult. He expressed that CDA would appreciate the Board amending its position and support the proposal as CDA is recommending.

Harry Dougherty, representing the California Association of Orthodontists, thanked the Board for their work on SB 1453 and the removal of the experience requirements as this is a huge win for the workforce development in orthodontics. He indicated that one issue remains unresolved, which is the ultrasonic scaling course requirement was codified in SB 1453 but remains maligned with the scope of orthodontic practice. He added that ultrasonic scaling is not used in orthodontics, and is a procedure used in general dentistry for heavy calculus removal; orthodontic assistants do not perform this task, and yet they are required to complete costly and hard access courses that have no relevance in today's day-to-day duties. Mr. Dougherty conveyed they have made three formal requests to have this issue placed on the agenda in November 2024, and February and May 2025 without success and have submitted a letter by the CEO, signed by more orthodontists across the state, asking for discussion, yet this item has never been agendized. He added they are formally requesting the ultrasonic scaling requirement be placed on the August Board meeting agenda and that they be connected with the appropriate staff to help them in the conversation forward. Mr. Dougherty expressed that if this issue had been addressed in any previous meeting or today's, they could be working on legislative solutions to address it before the implementation further impacts workforce development. He declared that there seems

to be an appropriate vehicle, AB [873], that could allow them to address this issue this session. Furthermore, he mentioned that they want to work with the Board to provide all of the information necessary for its understanding in why this requirement needs to be removed, get the Board's feedback, and then amend the resolution to AB 873. Mr. Dougherty voiced they are ready to work collaboratively with the Board on this solution and noted that they support AB [873].

Ms. Welch clarified the issues before the Board were amendments to BPC section 1725, ITR/RDM, radiation safety, and infection control course application fees, BPC section 1750, [subdivision (c)], the timeframe for an unlicensed dental assistant to complete the infection control course prior to exposure to infectious material, and BPC section 1755, subdivision (g), which was added to the section as requested by the Board to limit the use to only unlicensed dental assistants of the electronic infection control course, which does not have a clinical instruction component, and could not be used when applying for RDA, RDAEF, or orthodontic assistant (OA) or dental sedation assistant (DSA) permits. She reminded that the Board wanted the [BPC section 1755, subdivision (g)] limitation in the bill, the Board voted on that item at the February 2025 meeting, that request was submitted to the author and Assembly Business and Professions Committee. Because CDA had concerns about that limitation, the Board asked the Assembly Business and Professions Committee to resolve the issue, which they did because they added in AB 873 subdivision (g) to BPC section 1755 to limit the use of the electronic infection control course to only unlicensed dental assistants. She noted CDA had submitted written arguments in support of removing subdivision (g) from BPC section 1755 for the Board's consideration.

(M/S/C) (Felsenfeld/Forge) to propose amendments to BPC section 1725 to revise subdivision (l) to apply only to ITR/RDM and radiation safety course applications and to set the fee for that application at \$7,330, add new subdivision (m) to set the course fee for the BPC section 1755 infection control course at \$3,830, and approve an increase in subdivision (k) for all of the other course application fees [from a \$2,000 maximum to an \$8,000 maximum], and to request that these proposed revisions to BPC section 1725 be added to AB 873.

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

Dr. Whitcher, CDA representative, spoke in support of the motion.

Ms. Becker, representing the Alliance, stated concern for the course providers with such a large increase and concern for the students as those costs will need to be passed forward.

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

Ayes: Chan, Cheng, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: David.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Ms. Welch stated the next issue before the Board was BPC section 1750, subdivision (c), with respect to the requirement for an unlicensed dental assistant to complete an infection control course prior to being exposed to infectious material and working with patients. She added that the current requirement under BPC section 1750 is to take the infection control course prior to exposure to infectious material; before beginning basic dental procedures with potential exposure to other potentially infectious materials (OPIM), the infection control course has to be completed. Ms. Welch stated that AB 873 currently is changing that immediate requirement to a 90-day requirement, and the DAC submitted their recommendation to the Board to change that 90 days to 30 days.

Board Vice President Felsenfeld voiced that the 90 days makes sense to him.

Board Member Rosalinda Olague communicated that the 90 days also makes sense to her for everyone involved, which includes consumers, stakeholders, dental assistants, and the employers.

Secretary Larin noted that she supports the 90 days.

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

Ms. Becker, representing the Alliance, reminded the Board that there was a regulation in place since 2010 that allowed an unlicensed dental assistant after 120 days and 12 months to acquire this course, which did include four hours of lab/clinical experience. She added that the [language requiring the infection control course prior to exposure] was previously approved by the Board.

Ms. Zokaie, representing CDA, thanked the Board for considering this 90 days as currently being proposed in AB 873, especially since CDA had heard so many different concerns by their member dentists about the challenges to taking this course. While as of 2025, it was changed to prior to exposure to blood and saliva, CDA has seen that language has prohibited the ability for hiring, caused staffing shortages, caused hiring challenges, and that course has not been available. Therefore, they want to emphasize and thank this approach for the 90 days as it is still a significant reduction in the time frame from prior to 2025 and is still going to support the dental team, the assistants, the dentist, and the consumer.

Marina, a dental assistant, suggested an online training that the employer provide to their assistants before putting them on the floor while the assistant gets to obtain the 8-hour infection control training.

(M/S/C) (Larin/Olague) to support the proposed amendment to BPC section 1750, subdivision (c), with respect to the 90-day requirement for an unlicensed dental assistant to complete the infection control course that is currently in AB 873.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Ms. Welch reiterated that at the moment, AB 873 includes BPC section 1755, subdivision (g), which was added by the Assembly Business and Professions Committee and does implement the Board's request from its February meeting to limit the use of the electronic infection control course to only unlicensed dental assistants and could not be used for RDA and RDAEF licensure or OA or DSA permits. The issue before the Board is to decide whether it wants to maintain subdivision (g) in BPC section 1755 or agree with CDA to remove subdivision (g) from 1755 in AB 873.

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

Ms. Randolph, representing the Alliance, reminded the Board that removing subdivision (g) would set a precedent that the Board is allowing two different educational experiences for the same license. She expressed that individuals who go through an RDA approved program have the hands-on training for infection control and are required to have the hands-on training for infection control. Ms. Randolph added that if [the hands-on training is not required when a] dental assistant becomes an RDA, a precedent will be set for two different pathways for the same licensure. She stated that the Alliance strongly supported keeping subdivision (g) [of BPC section 1755] in the bill.

Ms. Zokaie, representing CDA, supported removing provision (g) and stated there should not be a requirement for the same course to be taken again if there becomes an online available course, which currently does not exist. She added that it would need to

meet the same standards. Regarding the comment about two different educational experiences, she stated that the 8-hour infection control course should be meeting the same competencies as an in-person course. Although there may not be the hands-on experience, there is significant hands-on experience when going through the training to become an RDA through the process of applying as well. Ms. Zokaie declared that if the course was taken online as an unlicensed dental assistant and then there is the application for licensure, there is still going to be a process to go through that experience. She indicated that CDA does not want to create a barrier to licensure and added that the level of exposure does not substantially change when an assistant becomes licensed, making an additional in-person infection control course unnecessary.

Dr. Witcher, CDA representative, seconded Ms. Zokaie's comments.

Ms. Becker, representing herself, suggested that the Board consider that a cardiopulmonary resuscitation (CPR) class with a hands-on component is required, and the coronal polishing class for the unlicensed dental assistant requires a hands-on component. She conveyed that infection control is a very important piece for the unlicensed dental assistant, whether going for licensure or not. She asked the Board to consider maintaining the hands-on lab portion regardless of whether or not dental assistant was going for licensure.

(M/S/C) (Felsenfeld/Olague) to remove subdivision (g) from BPC section 1755 in AB 873.

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

Ms. Vallery clarified that removing subdivision (g) will change the standard from someone going through an RDA program versus someone going through a work experience pathway. She added that those going through the work experience pathway would be allowed to take the virtual infection control course while those going through an RDA educational program would be required to take the clinical portion.

Ms. Zokaie, CDA representative, communicated that they do not believe that it is two different standards because it should be the same course and that through work experience having that hands-on experience is that through the experience of that training pathway. She added that CDA supports removing subdivision (g) as proposed.

Ms. Becker, representing the Alliance, voiced that they oppose the proposed motion to remove subdivision (g).

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

Ayes: Felsenfeld, Larin, Medina, Olague, Yu.

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Nays: Chan, Cheng, David, Forge.
Abstentions: None.
Absent: Thakur.
Recusals: None.

The motion passed.

Ms. Welch stated that Board staff is recommending that the Board support AB 873 if amended to add the Board's previously submitted legislative proposals from its November 2024 and February 2025 meetings and include the proposed revisions as discussed today for BPC section 1725 and 1755.

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

Dr. Whitcher, CDA representative, clarified that the bill was heavily amended, which came out in print just yesterday, and noted that if you look at it you will see the elements that the Board asked for are included in there.

(M/S/C) (Larin/Felsenfeld) to support AB 873 if amended to include the Board's previously submitted legislative proposals from its November 2024 and February 2025 meetings, as well as the Board's additional amendments to BPC section 1725 and 1755, and if the bill is amended as requested by the Board, authorize the Executive Committee to change the Board's position to support.

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

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

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

The motion passed.

At 10:07 a.m., the Board recessed for a break.

At 10:20 a.m., the Board reconvened.

AB 966

Mr. Nelson continued the report.

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(M/S/C) (Yu/Felsenfeld) to oppose AB 966.

Board Member Larin noted that when Board voted for the Board to no longer issue approval of foreign dental schools, the Board was told the Commission on Dental Accreditation of the American Dental Association (CODA) approval process would be quick, but it has been a very lengthy process. She knew for a fact that the Mexico school has attempted it but has been told they need more changes to how they provide their curriculum and several other issues. That school wants another CODA review but has been told CODA would not schedule that review until 2027 just to look at the school. She stated there are many graduates who have not been able to complete their requirements, and she was hoping they could get a little bit of extra time, maybe not until the CODA application is denied, but at least three years because of the length of time it has been taking to get CODA approval. Regarding a foreign school is not equivalent, ADEX is providing exams at the university, so the school has requirements that it comply with all ADEX testing requirements. She stated she knew the percentage of pass and fail rates are identical or very close to the US rates. Board Member Larin stated there is a good record from the school in la Salle, and she has not seen any complaints against those foreign school graduates. She stated these dentists are working in underserved areas, and during prior Board meetings, it was explained that most of those dentists are providing services and access to care in California. She stated it was approved because of the language skills and cultural background that these students may come back to serve in California, and it has provided that. She stated many of these students are going back to federally qualified clinics and underserved areas, and it has been proven, there is a list of where these students are serving. She stated that if the Board is going to oppose this, at some point, she is unsure where it could be done, that if maybe it could just be extended a little bit and put a deadline. She knew it was a lot of work, and there is a lot of controversy about this, but she requested the Board consider access to care issues and providing a home for the 40% of Latinos who live in California. They always feel better when there is a cultural component to the health provider, they feel more comfortable and will access this care. She recommended the Board watch the bill.

Board Member Forge supported watching the bill. She noted last year, the Board had representatives come in and give a presentation about the CODA process, and a representative come in from the schools who talked about the contribution that these students made. She did not want to oppose the bill but supported watching the bill.

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

Dr. Vaqar Choudry, dentist, commented on the experience of a dentist enrolled in a foreign dental school who traveled back to the states for work.

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

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

The motion failed.

(M/S/C) (David/Medina) to oppose AB 966 unless amended.

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

Dr. Guy Acheson, speaking as a private dentist, voiced that he opposes this mainly because of the lack of oversight and regulation and noted that if this goes through, it has already been seven years since the Board did an on-site visit. He added that there is no other dental school in North America that has gone so long because they are under CODA supervision and are looked at a much closer time schedule. He stated that if it is the Board's job to protect the public, it is not being done as far as examining that dental school in a timely manner.

Ms. Zokaie, CDA representative, emphasized that one of the key pieces is that the Board has shared that they do not have capacity to approve foreign dental schools and was now looking at the challenges to approving dental assistant education programs and looking at different pathways. She mentioned that the key piece is that the Board does not have the bandwidth and capacity to be able to approve these foreign dental schools, and while the challenges for CODA approval have been made known, there are two foreign dental schools that have received CODA approval. She voiced that there is a process and a pathway to make that happen through the appropriate entity and noted that CDA recommends opposing the bill language.

Dr. Choudry suggested the Board look into other options of attracting dentists from other states on reciprocity.

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

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

The motion passed.

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AB 1307

Mr. Nelson continued the report.

Ms. Welch noted additional concerns with the bill. First, as the Board has seen with the Licensure by Credential (LBC) license pathway, at times, temporary licensees terminate their required employment before the end of their two-year contract. In that event, the LBC license is revoked pursuant to the statutory requirements. However, under AB 1307, there is no provision to suspend or revoke the new three-year program license upon the licensee's failure to maintain the terms of the program; rather, an Administrative Proceeding Act (APA) proceeding would have to be initiated, which could take years to complete, beyond the 3-year term of the program license. Ms. Welch also noted that the bill would require the Board to issue the temporary license without the Board first receiving individual taxpayer identification number (ITIN) or social security number (SSN), which conflicts with the provisions under BPC section 30 applicable to all DCA boards that require the applicant to provide the ITIN or SSN at the time of license issuance, not after the license has been issued. A licensee failing to provide the ITIN or SSN shall be reported by the Board to the Franchise Tax Board. Ms. Welch stated the Board may wish to request the requirements for the temporary license created by this bill conform to the provisions under BPC section 30.

Ms. Welch also noted the bill would require applicants to complete an orientation program approved by the Board; but the Board has not approved any orientation program and as ill-equipped to do so. The bill would make the three-year period of the license commence on the day the licensee begins practice, which will be difficult for Board staff to track. Ms. Welch recommend that the license should be effective on the date it is issued by the Board and noted that the Board does not otherwise issue licenses with a future effective date. Ms. Welch also raised concern that the bill would require the program to be evaluated either by a California dental school and either the National Autonomous University of Mexico or any foreign dental school approved by the Board. However, the Board no longer approves foreign dental schools. It is also unclear how evaluation of the program by entities outside of California, especially foreign dental schools located in countries other than Mexico, would be beneficial to California patients. Ms. Welch also noted the bill would allow the evaluation to be conducted by an independent consultant selected by the Director of Consumer Affairs, which is not the statutory title of the Department of Consumer Affairs, and it is unclear how the Director of DCA would select an independent consultant to evaluate the program. Ms. Welch added that the bill would require the costs for administering the program to be fully paid for by funds provided by philanthropic foundations; however, it is unclear how these funds would be paid or to whom. The Board typically charges a licensing fee to cover staff costs to review the application, administer the license, and enforce the Dental Practice Act and supporting regulations; if staff time is necessary to create orientation program guidelines and review the orientation program for approval, that would be another cost under the bill, and there may be costs associated with the provisions of the bill by the dental schools, California representatives, National Autonomous University of

Mexico, and other entities named in the bill. She also noted the bill was unclear whether philanthropic foundations will pay the licensing fees and costs for all involved entities and whether the entities would submit invoices to the foundations for payment.

Board Member Larin stated the Board's mission also includes improving access to care, and the Board has never invested in any access to care issues. The Board has just looked at dental assisting venues and improve dental assisting and staffing. She stated access to care for patients has never been looked at. She stated there is a very good program in Massachusetts, which she spoke about last year, that has been around for many years and has been very successful. She urged the Board to look at that in regard to access to care.

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

Ms. Zokaie, CDA representative, echoed Board staff about allowing the Executive Committee to have some flexibility in the position especially once the number of issues have been addressed in amendments.

(M/S/C) (Chan/Yu) to oppose AB 1307 unless amended and authorize the Executive Committee to work with the bill author to resolve the Board's concerns, and if those the bill is amended to resolve the concerns, authorize the Executive Committee to move the Board's position to watch.

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

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 1434

Mr. Nelson continued the report.

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

The Board will watch this bill.

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SB 351

Mr. Nelson continued the report.

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

The Board will watch this bill.

SB 470

Mr. Nelson continued the report.

(M/S/C) (Yu/Cheng) to support SB 470.

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

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

Ayes: Chan, Cheng, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: David.

Absent: Thakur.

Recusals: None.

The motion passed.

SB 641

Mr. Nelson continued the report.

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

The Board will watch this bill.

SB 861

Mr. Nelson continued the report.

Mr. David stated he did not see why the Board's appointment of its Executive Officer requires DCA Director oversight.

Ms. Welch added that BPC section 1616.5 in this bill was a prior requirement and may have been inadvertently repealed in SB 1453. Following the recent review by DCA Executive of the Board's statutes regarding the Board's pending selection of a new

Executive Officer, this issue was identified. The DCA Director would not be reviewing all potential candidates who have applied for the position; rather, the candidate selected by the Board for appointment as the Executive Officer would be submitted to the DCA Director for approval. She noted there are several other DCA boards, including the Medical Board of California, that have this requirement. She also noted there are other sections in the bill the Board needs, so if the Board opposed the bill, the Board would need to be selective to only oppose the addition of the BPC section requiring DCA Director approval of the Board's Executive Officer candidate.

(M/S/C) (David/Cheng) to oppose SB 861 unless amended to remove BPC section 1616.5 from the bill.

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

Mr. Lum stated that before he became Executive Officer, he went through the interview process with the DHBC, they had a task force first for the eligible applicants, and then a formal interview before the entire board. Afterwards, DHBC selected him as their Executive Officer. Subsequently after that, he went before the DCA Director and Deputy Directors for an interview as they wanted to ensure that the DHBC was going to have the appropriate person in place with the right mindset and the goals of the Board in moving forward.

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

Ayes: Chan, Cheng, David, Forge, Larin, Medina, Olague.

Nays: Felsenfeld, Yu.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 350

Mr. Nelson continued the report.

Board Member David stated the requirement in the bill to make fluoride treatments a covered Medi-Cal benefit seems like good patient care, and the Board should support this. He noted that fiscally, he thought the bill had little chance of being successful, but he believed the Board should be on record for supporting fluoride treatments for the Medi-Cal population.

(M/S/C) (David/Felsenfeld) to support AB 350.

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

Ms. Zokaie stated CDA is a sponsor of this bill, and they would be very pleased to see that the Board is prioritizing disease prevention and the importance of fluoride varnish and accomplishing that. She added that if the Board moves to support, CDA thinks that that is very aligned with the Board's duties and goals.

Dr. Acheson, private dentist, spoke in support of the bill and mentioned that fluoride varnish is a no-brainer for protection of the public and is already approved for medical people to be able to apply it. He stated that this will reduce a barrier since 40% of the population is on Medi-Cal.

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

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, Medina, Olague, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 23: Public Comment on Future Agenda Items

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

Agenda Item 24: Adjournment

President Chan adjourned the meeting at 11:13 a.m.

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	July 21, 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, will provide a verbal report.

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Interim Executive Officer Report

Background

Christy Bell, Interim Executive Office of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.

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MEMORANDUM

DATE	July 23, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 6.a.i: Status Update on Pending Regulations

Background

This memo addresses rulemaking packages that have moved forward in the rulemaking process since the last Dental of California Board (Board) meeting. Rulemaking packages that require Board action will be presented as separate agenda items or will be presented at a future Board meeting.

Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 14-15, 2025 Board meeting materials](#).

Update:

The proposed text was approved by the Dental Board at its May 14-15, 2025, Board meeting. Board staff submitted the proposed text to the Dental Hygiene Board of California (DHBC) for review and consensus.

At its meeting on July 19, 2025, the DHBC approved the Dental Board's approved text, and thereby reached consensus with the Board. Board staff will take the necessary steps to begin the rulemaking process.

Action Requested

This item is informational only. No action is requested.

MEMORANDUM

DATE	July 16, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda item 6.a.ii.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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

This rulemaking was approved by the Board at its February 6-7, 2025, Board meeting. Board staff presented a rulemaking proposal to update the Board's application regulations for licensure by examination and other applications for dentist licensure to reflect changes in law and regulations and changes to the Licensing Unit's processes and procedures. A summary of the previously proposed changes can be found within the [February 6-7, 2025, Board meeting materials](#).

Discussion and Recommendations

Since that time, Board staff drafted an initial rulemaking package, which includes the proposed text, Notice and Initial Statement of Reasons (ISOR) explaining the regulation's purpose and impact. This package is currently undergoing internal review by the Department of Consumer Affairs' Regulations Unit, including Regulations Counsel and the DCA Budget Office. As a result of this review, Regulations and Board Counsel and staff have identified further revisions to the proposed text, which include the following changes:

- (1) Add the term "nonrefundable" to the introductory sentence of 16 CCR section 1021 to clear about any possible ambiguity as to whether the Board considers these fees earned and therefore nonrefundable after submission,

Agenda Item 6.a.ii.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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
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- (2) add new text to specify the process for applicants to authorize the CDCA-WREB-CITA (hereinafter referred to as the “test administrator”) to release their WREB scores to the Board at 16 CCR section 1028(c) and delete obsolete references to the date (November 15, 2019) the Board began accepting the ADEX examination in 16 CCR section 1028(d),
- (3) add new text to specify that applicants will be notified “in writing” by the Board if the first fingerprint card or Live Scan fingerprints are rejected at 16 CCR section 1028(e)(4),
- (4) add new text to 16 CCR section 1028(f) to further clarify that the approval letter shall contain information notifying the applicant of the requirements of Section 1028.4 (requirement to apply to register their place of practice with the Board),
- (5) move reasonable accommodation language for applicants which was previously added to the Application for Issuance of License Number and Registration of Place of Practice section (“registration application”) at 16 CCR section 1028.4, subdivision (b)(3) to the Application for California Law and Ethics Examination section at 16 CCR section 1028.5, subdivision (b)(3) since the examination application process is where such accommodations would be requested,
- (6) add new text to 16 CCR section 1028.4(c) that would specify for applicants filing a registration application, that if an applicant files an application and leaves the practice address “blank,” the licensee must immediately report “their name, license number,” and their practice address to the Board in writing, if and when the licensee has a practice address in California,
- (7) corrects an error in 16 CCR section 1028.5(b)(6) by deleting references to waiving the “initial license fee” in relation to the California Law and Ethics Examination, as that fee is collected and, if applicants qualify under specified conditions it is waived when they file the registration of place of practice application in CCR section 1028.4 (there is no authority to waive the fee paid to file the application for or take the California Law and Ethics examination), and,
- (8) make grammatical, syntax and other technical clean-up changes for consistency in the use of terminology in the proposed regulations.

Agenda Item 6.a.ii.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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
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Most of these changes are substantive and therefore require the Dental Board to reauthorize the rulemaking to make these changes to the current proposal.

Action Requested

Board staff requests that the members review the proposed regulatory text and attachments included with this memo and consider whether they would support the regulatory changes 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 February 6-7, 2025, 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 Interim 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 February 6-7, 2025, 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 Interim 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,

Agenda Item 6.a.ii.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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
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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)

Agenda Item 6.a.ii.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of 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
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**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 nonrefundable 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) \$400490

(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~~

~~(dc)~~ Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code \$525

~~(ed)~~ Initial License \$650 [FN*]

~~(fe)~~ Biennial License Renewal fee \$650

~~(gf)~~ 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 ~~(fe)~~.

~~(hg)~~ Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(ih) Substitute Certificate or Pocket License \$111

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16 CCR Sections 1021, 1028,
1028.4, 1028.5, 1030, 1030, 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

Proposed Text
Applications for Dentist Licensure
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(j i) Application for an Additional Office Permit	\$350
(k i) Biennial Renewal of Additional Office Permit	\$250
(h 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
(a z) Oral and Maxillofacial Surgery Permit Renewal	\$650
(a b a) Continuing Education Registered Provider Renewal	\$325

(aeb) License Certification	\$50
(adc) Application for Law and Ethics Examination	\$125 <u>180</u>
(aed) Application for Use of Oral Conscious Sedation of Adult <u>Oral Conscious Sedation</u> <u>CertificatePatients</u>	\$459
(afe) Adult Oral Conscious Sedation Certificate Renewal	\$168
(agf) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees)	\$532
(ahg) 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).

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16 CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, 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	Applications for Dentist Licensure and Fees	08/14/25

(2) (A) For applications submitted by mail or hand delivery, the application and required fee, if applicable, 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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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 Applications for licensure shall be accompanied by include the following information and fees:

(1) The non-refundable initial application and examination(s) fees as set by Section 1021 unless the applicant meets the requirements for waiver of the fee specified in paragraph (8);

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16 CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, 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	Applications for Dentist Licensure and Fees	08/14/25

(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, day, 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;

(13) Information as to whether the applicant has ever taken the California Law and Ethics written examination;

(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);

(915) 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;

(16)(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. An acceptable certification shall include:

1. The name of the dental school,
2. The date the applicant first enrolled in the school's educational program,
3. The applicant's years of attendance,
4. The date the applicant completed the clinical and didactic requirements of the educational program and graduated,
5. The type of degree granted to the applicant by the dental school,
6. 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,
7. 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 DEA;

(128) Excluding actions based upon the applicant's criminal conviction history, 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 Board;

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(139) Excluding investigations related to the applicant's criminal conviction history, 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 Board if known 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;

(1420) Excluding denials based upon the applicant's criminal conviction history, 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 Board;

(1521) Excluding surrenders based upon the applicant's criminal conviction history, 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 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 to the Dental Board of California (Board) 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.

(1724) 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 subsections (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. Applicants shall authorize the CDCA-WREB-CITA (hereinafter referred to as the "test administrator") 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 the WREB examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically. 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 (1) of subdivision (c) of Section 1632 of the Code.

(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 "ADEX" examination shall also authorize the test administrator 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 the ADEX examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically.

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 in writing by the Board 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 notifying the applicant of the requirements of Section 1028.4, 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, 6157, 6159 and 6162, 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 approval and notice of their eligibility for licensure as a dentist from the Board per Section 1028, the applicant shall file-submit to the Board a completed application as specified in

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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 fee, if applicable, 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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

~~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 (5).

(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 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 waiver of the initial license fee 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 written statement, signed and dated 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 to the Dental Board of California (Board) 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.

(9) 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 name, license number, and 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; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government Code.

§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).

(a) Application for the California law and ethics examination required by Section 1632 of the Code and Section 1031 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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

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(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, day, and year).

(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) 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:

1. The name of the dental school,
2. The date the applicant first enrolled in the school’s educational program,
3. The applicant’s years of attendance,
4. The date the applicant completed the clinical and didactic requirements of the educational program,
5. 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,
6. 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,
7. 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.

(10) A written statement, signed and dated 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 to the Dental Board of California (Board) 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; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government 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.jcnnde.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 email from the Joint Commission shall contain all of the following to confirm the applicant's score: first and last name of the applicant; name of the examination taken; the applicant's birth date; the applicant's exam date; the applicant's 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.~~

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1028.4, 1028.5, 1030, 1032,
1032.1, 1032.2, 1032.3, 1032.4,
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1032.9, 1032.10, 1033.1, 1034,
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~~(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:~~

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~~(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.~~

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~~(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,~~

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~~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 edentulous 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 edentulous 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~~

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(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.~~

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~~(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.~~

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~~(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~~

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~~approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpitis, irreversible pulpitis, 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.~~

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~~(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, cemento-enamel 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;~~

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~~(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, cemento-enamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility.~~

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- ~~(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)~~

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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~~ 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~~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.;

Dental Board of California	Proposed Text	Page 55 of 57
16 CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, 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	Applications for Dentist Licensure and Fees	08/14/25

(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~~board's designee shall respond to the appeal in writing and may request a personal appearance by the candidate. The ~~B~~board 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.~~

Dental Board of California	Proposed Text	Page 57 of 57
16 CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, 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	Applications for Dentist Licensure and Fees	08/14/25



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 _____
Def Sent _____	CBT _____	SCH _____	Law P/F _____
DOJ _____	Notify _____	CODE _____	Ethics P/F _____
ATI _____	FBI _____	YG _____	
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 ACCOMMODATION" 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

TAPE PHOTO
HERE

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 _____

(SEAL OF
COLLEGE OR
UNIVERSITY)

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 or have you ever had any disciplinary action taken or changes filed against a dental license or 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	Yes <input type="checkbox"/>
	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.	No <input type="checkbox"/>

13.	Are there any pending investigations by any State or Federal agencies against you?	Yes <input type="checkbox"/>
	If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).	No <input type="checkbox"/>

14.	Have you ever been denied a dental license or permission to take a dental examination?	Yes <input type="checkbox"/>
	If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).	No <input type="checkbox"/>

15.	Have you ever surrendered a license, either voluntarily or otherwise?	Yes <input type="checkbox"/>
	If yes, provide a detailed explanation and a copy of all documents relating to the surrender.	No <input type="checkbox"/>

16.	Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code?	Yes <input type="checkbox"/>
	If yes, provide a detailed explanation.	No <input type="checkbox"/>

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?	Yes <input type="checkbox"/>
	“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.	No <input type="checkbox"/>
	If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	

19.	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>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.</i>	
	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.



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 <input type="checkbox"/> Female <input type="checkbox"/>	
9. Have you previously taken the California Dentistry Law and Ethics Examination		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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.

<p>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).</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license.</p> <p>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).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>16. Are there any pending investigations by any State or Federal agencies against you?</p> <p>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).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>17. Have you ever been denied a dental license or permission to take a dental examination?</p> <p>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).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>18. Have you ever surrendered a license, either voluntarily or otherwise?</p> <p>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).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>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)).</p> <p>If yes, provide an explanation.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>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?</p> <p>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 plea 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)).</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

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.

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 _____

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.

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.



APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only

ATS#

For Office Use Only

Received

No Fee Required

(Please type or print neatly)

1. LEGAL NAME: _____

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 ☐ Southern ☐
California 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



CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION FOR PORTFOLIO COMPETENCY RE-EXAMINATION ELIGIBILITY

Candidate Name: _____

Candidate Number: _____

Competency Examination Subject Remediated (Please mark all that apply)

Competency	Type of Course* (Circle)	Date Completed	Signature of Faculty
Oral Diagnosis and Treatment Planning	D L C		
Periodontics	D L C		
Endodontics	D L C		
Direct Restorations	D L C		
Indirect Restorations	D L C		
Removable Prosthodontics	D L C		

*Type of Course D=Didactic L=Laboratory C=Clinical

Guidelines for Remedial Education

- Course of study must be a minimum of 50 hours for each competency failed three (3) times.
- Course work must be completed prior to re-examination of the competency.
- Course of study must be didactic and/or laboratory. Use of patients is optional.
- Instruction must be provided by a faculty member(s) of an approved dental school.
- Pre-testing and post-testing must be a part of the course of study to ensure the program has been effective in improving knowledge and skills.

Summary of Requirement

An applicant who fails to pass the examination required by Section 1632 of the Business and Professions Code after three (3) attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within one year from the date of notification of the applicant's third failure.

**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)

DENTAL BOARD OF CALIFORNIA

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

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7.: 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

The Department of Consumer Affairs Board and Bureau Relations will provide a verbal report.

Action Requested

No action requested.

Agenda Item 7.: 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

Dental Board of California Meeting
August 14, 2025

Page 1 of 1

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 10, 2025
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 8.: 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 Budget Act Summary

The following chart provides an overview of [SB 101](#), Budget Act of 2025 (Chapter 4, Statutes of 2025) as it pertains to the Dental Board of California.

2025-26 Budget Act: Fiscal Year 2025-26		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$19,082,000	\$20,579,000

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

Analysis of Fund Condition Statement (See Attachment 3):

The attached fund condition statement (FCS) is based on the 2025-26 Governor's Budget and 2024-25 Fiscal Month 11 Revenue and Expenditure projections. It has been updated with 2024-25 expenditure and revenue projections, which resulted in a fund balance reserve of \$25.1 million (13.7 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 \$20.7 million in revenues with \$3.7 million from initial license fees and \$15.1 million from license renewals.

Expenditures (See Attachment 1 & 3) – The Board's 2024-25 appropriation is \$19.8 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 increase in future years, with the most significant growth driven by personnel services, investigation costs, and statewide contributions.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process. If that happens, it could place more financial pressure on the Fund.

General Fund (GF) Loan – Item 1111-011-0741, Budget Act of 2020, authorized a \$5 million loan transfer from the Fund to the GF, with an interest rate of .67%.

The loan was repaid on June 30, 2025 and is projected to have earned \$160,000 in interest. The final interest amount is pending finalized year end financials for fiscal year 2024-25.

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 July 2025, the Board has an 8% vacancy rate.

The Board further notes, most existing license fee types are currently being assessed below their statutory maximums. These fees could be increased through regulatory action and/or statutory amendments, which could address the existing structural imbalance. Regulatory fee changes typically take 18 to 24 months to complete the promulgation process.

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

Reporting

Structure(s)

Fiscal Month: 11

Fiscal Year: 2024 - 2025

Run Date: 06/19/2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$7,333,000	\$6,202,335	\$7,263,000	\$545,828	\$6,057,017	\$0	\$6,057,017	\$6,623,077	\$639,923
5100	TEMPORARY POSITIONS	\$284,000	\$13,362	\$284,000	\$76,890	\$215,999	\$0	\$215,999	\$236,000	\$48,000
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$19,561	\$130,000	\$500	\$15,325	\$0	\$15,325	\$23,632	\$106,368
5150	STAFF BENEFITS	\$4,405,000	\$3,753,409	\$3,944,000	\$300,449	\$3,198,588	\$0	\$3,198,588	\$3,497,418	\$446,582
	PERSONAL SERVICES	\$12,152,000	\$9,988,668	\$11,621,000	\$923,667	\$9,486,930	\$0	\$9,486,930	\$10,380,126	\$1,240,874

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$167,000	\$150,827	\$375,000	\$7,226	\$67,827	\$18,414	\$86,241	\$162,241	\$212,759
5302	PRINTING	\$85,000	\$156,201	\$75,000	\$4,595	\$51,028	\$98,842	\$149,869	\$157,251	-\$82,251
5304	COMMUNICATIONS	\$47,000	\$33,343	\$47,000	\$1,595	\$18,185	\$0	\$18,185	\$25,543	\$21,457
5306	POSTAGE	\$54,000	\$60,464	\$54,000	\$14,186	\$69,887	\$65	\$69,951	\$73,052	-\$19,052
5308	INSURANCE	\$2,000	\$19,301	\$2,000	\$0	\$18,850	\$0	\$18,850	\$19,011	-\$17,011
53202-204	IN STATE TRAVEL	\$170,000	\$59,207	\$152,000	\$10,388	\$66,862	\$0	\$66,862	\$96,200	\$55,800
53206-208	OUT OF STATE TRAVEL	\$0	\$0	\$0	\$0	\$1,000	\$0	\$1,000	\$6,072	-\$6,072
5322	TRAINING	\$12,000	\$7,822	\$12,000	\$2,992	\$5,256	\$0	\$5,256	\$14,364	-\$2,364
5324	FACILITIES	\$855,000	\$728,517	\$716,000	\$60,813	\$658,502	\$60,712	\$719,214	\$748,155	-\$32,155
5326	UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,564,000	\$1,812,856	\$2,487,000	\$189,836	\$1,962,351	\$12,294	\$1,974,645	\$2,112,212	\$374,788
53404-53405	C/P SERVICES (EXTERNAL)	\$1,024,000	\$1,573,826	\$1,275,000	\$63,572	\$774,105	\$167,622	\$941,728	\$1,063,875	\$211,125
5342	DEPARTMENT PRORATA	\$3,405,000	\$2,965,277	\$3,384,000	\$0	\$2,839,167	\$0	\$2,839,167	\$3,288,000	\$96,000
5342	DEPARTMENTAL SERVICES	\$36,000	\$229,837	\$186,000	\$391	\$151,623	\$0	\$151,623	\$224,969	-\$38,969
5344	CONSOLIDATED DATA CENTERS	\$42,000	\$54,226	\$42,000	\$0	\$0	\$0	\$0	\$45,409	-\$3,409
5346	INFORMATION TECHNOLOGY	\$304,000	\$32,934	\$32,000	\$2,662	\$39,027	\$6,254	\$45,281	\$59,120	-\$27,120
5362-5368	EQUIPMENT	\$112,000	\$24,572	\$89,000	\$82	\$171,527	\$40,145	\$211,672	\$332,029	-\$243,029
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$50,186	\$5,000	\$8,759	\$62,929	\$3,678	\$66,608	\$74,951	-\$69,951
54	SPECIAL ITEMS OF EXPENSE	\$0	\$9,504	\$0	\$0	\$2,969	\$0	\$2,969	\$9,504	-\$9,504
	OPERATING EXPENSES & EQUIPMENT	\$8,885,000	\$7,968,902	\$8,934,000	\$367,096	\$6,961,095	\$408,027	\$7,369,122	\$8,511,956	\$422,044

OVERALL TOTALS	\$21,037,000	\$17,957,569	\$20,555,000	\$1,290,762	\$16,448,025	\$408,027	\$16,856,052	\$18,892,083	\$1,662,917
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FINGERPRINT REPORTS	-\$66,000	-\$66,000	-\$66,000					-\$66,000	
EXTERNAL/PRIVATE/GRANT	-\$217,000	-\$217,000	-\$217,000					-\$217,000	
OVERALL NET TOTALS	\$20,820,000	\$17,740,569	\$20,272,000	\$1,290,762	\$16,448,025	\$408,027	\$16,856,052	\$18,609,083	\$1,662,917

ESTIMATED TOTAL NET ADJUSTMENTS			-\$432,000						
OVERALL NET TOTALS	\$20,820,000	\$17,740,569	\$19,840,000	\$0	\$0	\$0	\$0	\$18,609,083	\$1,230,917

6.20%

Attachment 2

Department of Consumer Affairs Revenue Projection Report

Reporting
Structure(s):
Fiscal Month: 11
Fiscal Year: 2024 - 2025
Run Date: 06/19/2025

Revenue

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	Year to Date	Projection To Year End
	Delinquent Fees	\$359,000	\$32,452	\$27,841	\$29,888	\$30,218	\$31,934	\$28,847	\$30,847	\$31,560	\$33,027	\$28,456	\$41,773	\$346,842	\$376,270
	Other Regulatory Fees	\$275,000	\$34,724	\$38,412	\$25,778	\$46,859	\$34,299	\$34,298	\$18,284	\$41,824	\$53,739	\$29,072	\$39,465	\$396,754	\$426,064
	Other Regulatory License and Permits	\$3,352,000	\$339,449	\$362,049	\$307,394	\$295,090	\$247,232	\$240,076	\$285,183	\$284,043	\$360,086	\$315,725	\$416,202	\$3,452,530	\$3,737,480
	Other Revenue	\$205,000	\$2,735	\$132,203	\$963	\$290,469	\$580	\$593	\$318,424	\$1,875	\$2,214	\$304,813	\$1,082	\$1,055,950	\$1,058,588
	Renewal Fees	\$14,692,000	\$1,625,395	\$1,856,542	\$2,206,118	\$1,295,110	\$1,224,870	\$1,197,483	\$1,367,779	\$1,173,173	\$1,220,874	\$965,257	\$740,564	\$14,873,165	\$15,073,940
	Revenue	\$18,883,000	\$2,034,755	\$2,417,046	\$2,570,142	\$1,957,746	\$1,538,915	\$1,501,296	\$2,020,517	\$1,532,474	\$1,669,939	\$1,643,323	\$1,239,086	\$20,125,240	\$20,672,342

Reimbursements

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$0	\$2,597	\$2,254	\$1,862	\$2,124	\$1,813	\$2,107	\$2,303	\$2,614	\$1,715	\$2,352	\$3,381	\$25,122	\$62,110
	Unscheduled Reimbursements	\$0	\$49,431	\$31,255	\$12,298	\$40,496	\$70,874	\$65,268	\$16,886	\$40,558	\$26,257	\$27,252	\$60,000	\$440,575	\$479,964
	Reimbursements	\$0	\$52,028	\$33,509	\$14,160	\$42,620	\$72,687	\$67,375	\$19,189	\$43,172	\$27,972	\$29,604	\$63,381	\$465,697	\$542,074

Attachment 3

0741 - Dental Board of California Fund Analysis of Fund Condition (Dollars in Thousands) 2025-26 Governor's Budget with FM11

Prepared 7.8.25

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27
BEGINNING BALANCE				
Prior Year Adjustment	\$ 17,639	\$ 19,224	\$ 25,075	\$ 22,117
Adjusted Beginning Balance	\$ 402	\$ -	\$ -	\$ -
	\$ 18,041	\$ 19,224	\$ 25,075	\$ 22,117
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 361	\$ 376	\$ 364	\$ 364
4127400 - Renewal fees	\$ 14,741	\$ 15,074	\$ 14,791	\$ 14,791
4129200 - Other regulatory fees	\$ 310	\$ 426	\$ 291	\$ 291
4129400 - Other regulatory licenses and permits	\$ 3,474	\$ 3,737	\$ 3,431	\$ 3,431
4143500 - Miscellaneous Services to the Public	\$ -	\$ 1	\$ 15	\$ 15
4150500 - Interest Income from Interfund Loans	\$ -	\$ 131	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 859	\$ 906	\$ 176	\$ 279
4170400 - Capital Asset Sales Proceeds	\$ 8	\$ -	\$ -	\$ -
4171400 - Escheat of unclaimed checks and warrants	\$ 19	\$ 9	\$ 12	\$ 12
4172500 - Miscellaneous revenues	\$ 14	\$ 12	\$ 2	\$ 2
Totals, Revenues	\$ 19,786	\$ 20,672	\$ 19,082	\$ 19,185
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	\$ 25,672	\$ 19,082	\$ 19,185
TOTAL RESOURCES	\$ 37,827	\$ 44,896	\$ 44,157	\$ 41,302
Expenditures:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 17,201	\$ 18,350	\$ 20,296	\$ 20,905
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
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 18,603	\$ 19,821	\$ 22,040	\$ 22,408
FUND BALANCE				
Reserve for economic uncertainties	\$ 19,224	\$ 25,075	\$ 22,117	\$ 18,894
Months in Reserve	11.6	13.7	11.8	9.8

NOTES:

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

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 9.: Dental Assisting Council Meeting Report

Background

Ms. De'Andra Epps-Robbins, Chair of the Dental Assisting Council, will provide a verbal report on the August 14, 2025 meeting.

Action Requested

No action requested.

MEMORANDUM

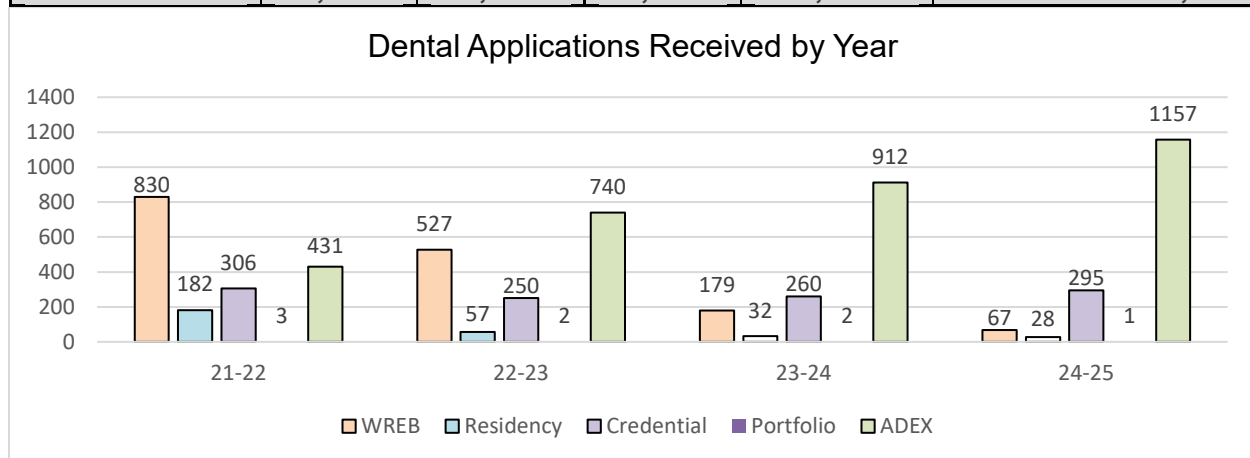
DATE	July 17, 2025
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Staff Services Manager II Dental Board of California
SUBJECT	Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics

Year Over Year 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 June 30, 2025.

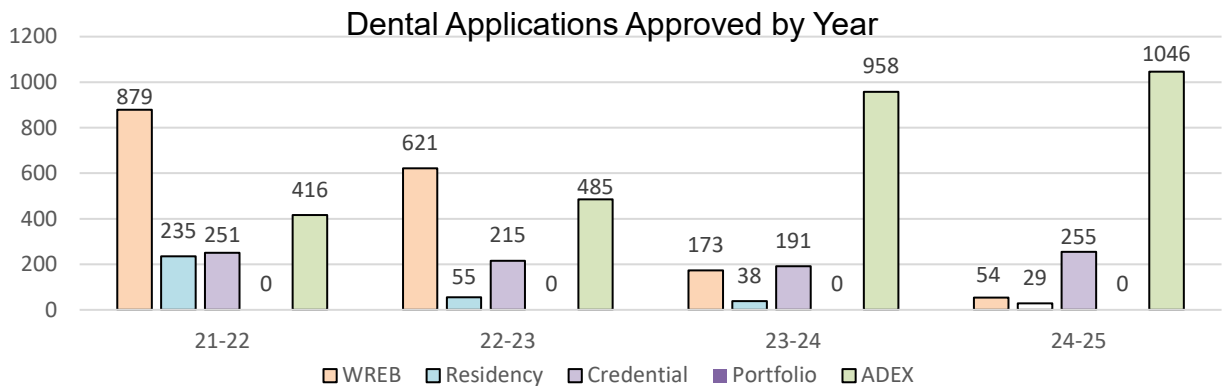
***NOTE: Canceled and Withdrawn applications have been removed from reporting as they are used internally for cleanup and not pertinent to DBC reporting.**

Dental Applications Received by Year					
	21-22	22-23	23-24	24-25	Yearly Totals
WREB	830	527	179	67	1,603
Residency	182	57	32	28	299
Credential	306	250	260	295	1,111
Portfolio	3	2	2	1	8
ADEX	431	740	912	1,157	3,240
Total	1,752	1,576	1,385	1,548	6,261

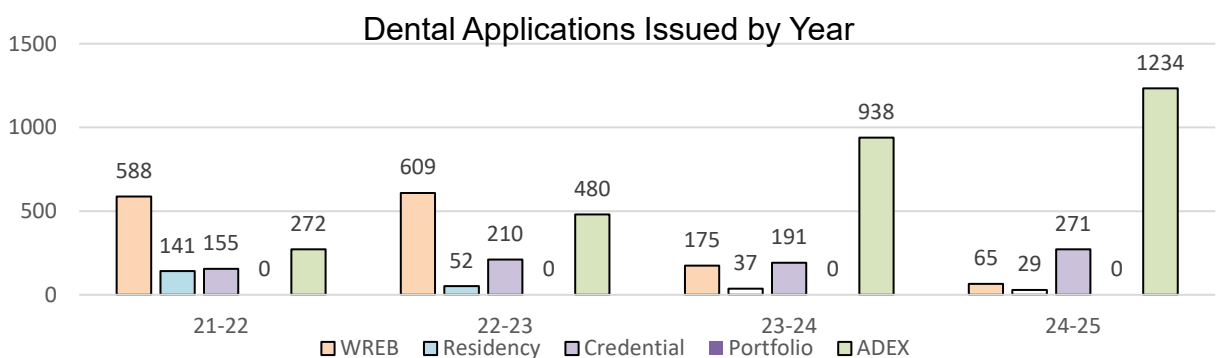


Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
August 14, 2025

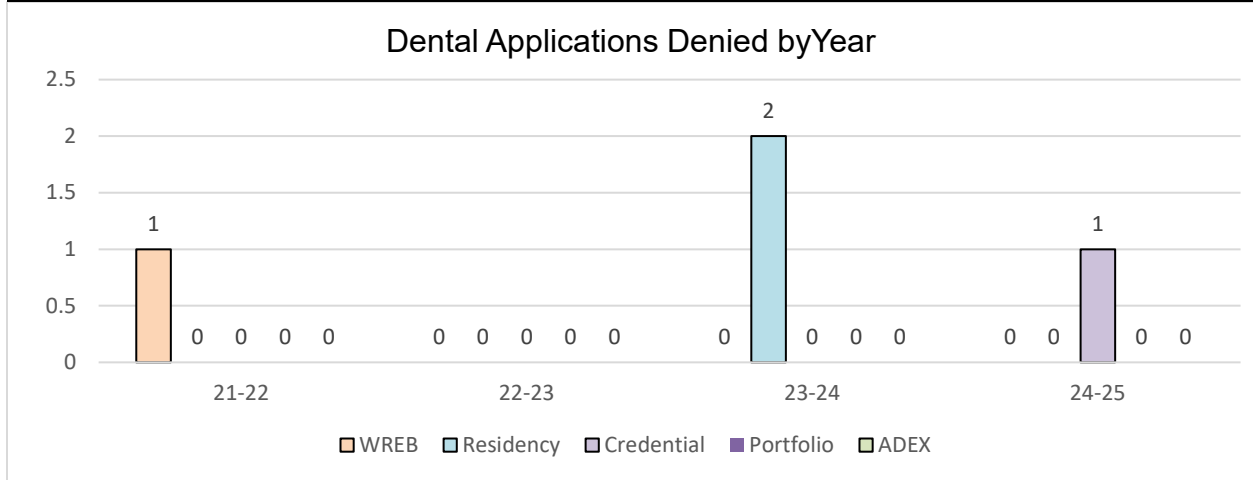
Dental Applications Approved by Year					
	21-22	22-23	23-24	24-25	Yearly Totals
WREB	879	621	173	54	1,727
Residency	235	55	38	29	357
Credential	251	215	191	255	912
Portfolio	0	0	0	0	0
ADEX	416	485	958	1,046	2,905
Total	1,781	1,376	1,360	1,384	5,901



Dental Applications Issued by Year					
	21-22	22-23	23-24	24-25	Yearly Totals
WREB	588	609	175	65	1,437
Residency	141	52	37	29	259
Credential	155	210	191	271	827
Portfolio	0	0	0	0	0
ADEX	272	480	938	1,234	2,924
Total	1,156	1,351	1,341	1,599	5,447



Dental Applications Denied by Year					
	21-22	22-23	23-24	24-25	Yearly Totals
WREB	1	0	0	0	1
Residency	0	0	2	0	2
Credential	0	0	0	1	1
Portfolio	0	0	0	0	0
ADEX	0	0	0	0	0
Total	1	0	2	1	4

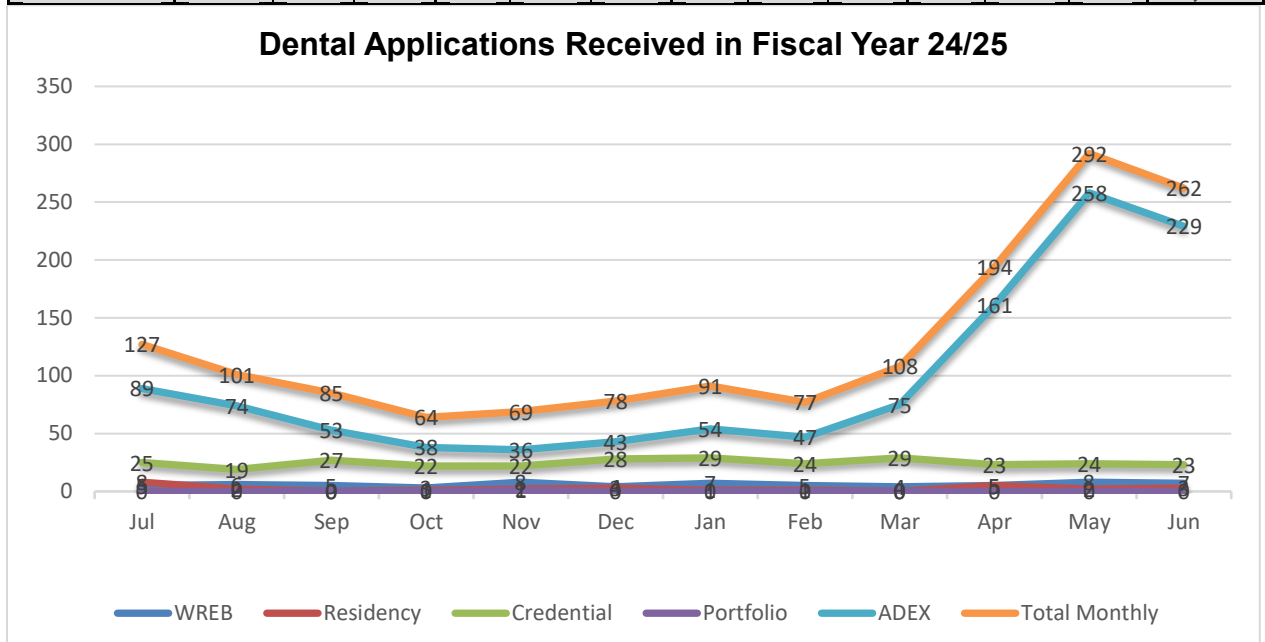


Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial 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.

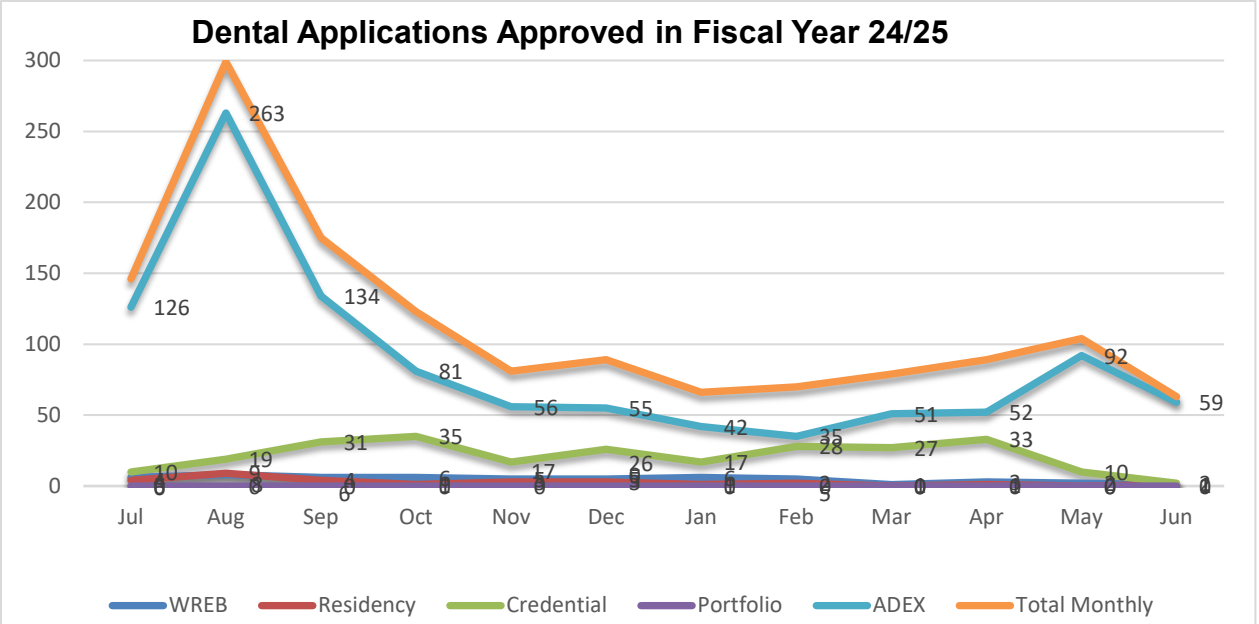
Monthly Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2024-25 as of June 30, 2025.

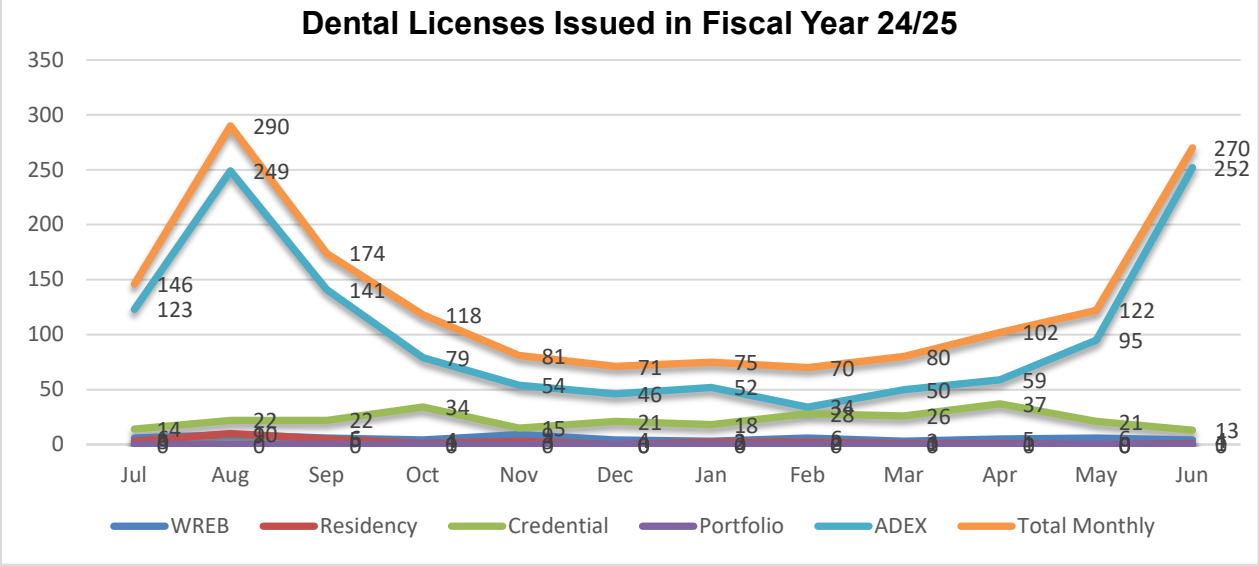
Dental Applications Received by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	5	6	5	3	8	4	7	5	4	5	8	7	67
Residency	8	2	0	1	2	3	1	1	0	5	2	3	28
Credential	25	19	27	22	22	28	29	24	29	23	24	23	295
Portfolio	0	0	0	0	1	0	0	0	0	0	0	0	1
ADEX	89	74	53	38	36	43	54	47	75	161	258	229	1,157
Total	127	101	85	64	69	78	91	77	108	194	292	262	1,548



Dental Applications Approved by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	6	8	6	6	5	5	6	5	1	3	2	1	54
Residency	4	9	4	1	3	3	1	2	0	1	0	1	29
Credential	10	19	31	35	17	26	17	28	27	33	10	2	255
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	126	263	134	81	56	55	42	35	51	52	92	59	1,046
Total	146	299	175	123	81	89	66	70	79	89	104	63	1,384



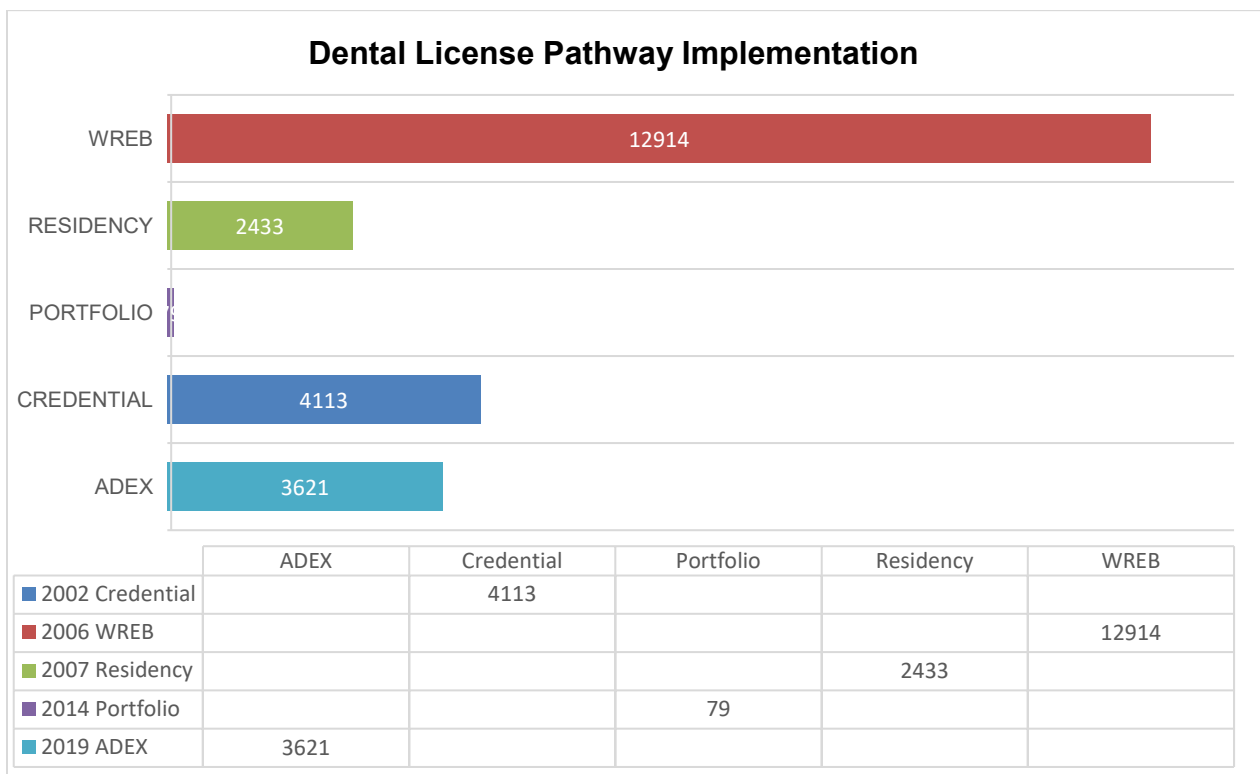
Dental Licenses Issued by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	6	9	6	4	9	4	3	6	3	5	6	4	65
Residency	3	10	5	1	3	0	2	2	1	1	0	1	29
Credential	14	22	22	34	15	21	18	28	26	37	21	13	271
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	123	249	141	79	54	46	52	34	50	59	95	252	1,234
Total	146	290	174	118	81	71	75	70	80	102	122	270	1,599



Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential	0	0	0	0	0	0	0	0	0	0	1	0	1
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	1	0	1

Dental License Pathway Implementation Statistics

The following table provides statistics on dental licenses issued by pathway to licensure from date the pathway was implemented as of June 30, 2025.



****Total licenses issued 23,160.***

Dental Law and Ethics Written Examination Statistics

The following table provides statistics on dental Law and Ethics written examination statistics by fiscal year 2021–22, 2022–23, 2023-24, and 2024-25 as of June 30, 2025.

License Type		DDS				
Exam Title		Dental Law and Ethics Examination				
Licensure Pathway		WREB	LBR	PORT	ADEX	*Pathway not chosen
2021/22	# of 1 st Time Candidates	55	85	0	271	73
	Pass %	70.60%	81.18%	N/A	74.17%	71.23%
2022/23	# of 1 st Time Candidates	444	52	N/A	761	199
	Pass %	74.55%	88.46%	N/A	83.57%	69.35%
2023/24	# of 1 st Time Candidates	90	18	N/A	587	563
	Pass %	91.11%	94.44%	N/A	90.12%	82.42%
2024/25	# of 1 st Time Candidates	42	11	N/A	861	180
	Pass %	92.86%	100.00%	N/A	94.77%	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 license and permit status statistics by fiscal year 2021–22, 2022–23, 2023-24, and 2024-25 as of June 30, 2025.

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	35,584
	Inactive	1,727	1,691	1,661	1,582
	Reduced Renewal Fee*	1,251	1,168	1,132	943
	Disabled	95	87	94	91
	Delinquent	6,002	6,180	6,069	6,199
	Cancelled	19,604	20,703	21,735	22,826
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	2,676
	Delinquent	1,204	1,390	1,285	1,291
	Cancelled	7,418	7,726	7,979	8,239
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Conscious Sedation Permit	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	764
	Delinquent	776	660	625	530
	Cancelled	2,471	2,663	2,782	2,923
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	29
	Delinquent	6	6	6	7
	Cancelled	3	4	5	6
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Extramural Facility Registration	Active	205	60	67	89
	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	7,317
	Delinquent	2,394	2,855	2,731	2,737
	Cancelled	7,808	8,350	8,875	9,334
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
General Anesthesia Permit	Active	925	949	941	958
	Delinquent	38	41	49	40
	Cancelled	1,067	1,095	1,131	1,179
	PE Under 7	-	-	-	286
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Mobile Dental Clinic Permit	Active	44	45	50	63
	Delinquent	44	39	40	40
	Cancelled	81	88	96	100

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Medical General Anesthesia Permit	Active	156	153	150	154
	Delinquent	27	32	39	37
	Cancelled	226	242	267	291
	PE Under 7	-	-	-	278
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Moderate Sedation Permit	Active	N/A	192	445	617
	Delinquent	N/A	1	4	5
	Cancelled	N/A	3	10	42
	PE Under 13	-	-	-	56
	PE Under 7	-	-	-	55
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Oral Conscious Sedation Adults Certificate	Active	2,352	1,971	1,460	1,206
	Delinquent	702	386	412	439
	Cancelled	1,185	1,960	2,562	2,891
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	96
	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	397
	Delinquent	N/A	1	3	21
	Cancelled	N/A	0	0	1
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Special Permit	Active	35	34	38	39
	Delinquent	7	6	8	8
	Cancelled	195	203	207	215
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Reduced Renewal Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)				
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) 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 June 30, 2025. 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	1,486	1,651,979	1,111
Alpine	0	1,200	0	0	1,200	0	0	1,200	0
Amador	21	40,297	1,918	23	40,297	1,918	21	40,297	1,918
Butte	124	201,608	1,625	118	201,608	1,625	123	201,608	1,639
Calaveras	21	45,049	2,145	21	45,049	2,145	23	45,049	1,958
Colusa	6	21,807	3,634	4	21,807	3,634	4	21,807	5,451
Contra Costa	1,103	1,156,555	1,048	1,092	1,156,555	1,048	1,092	1,156,555	1,059
Del Norte	11	27,218	2,474	11	27,218	2,474	12	27,218	2,268
El Dorado	152	190,465	1,253	148	190,465	1,253	151	190,465	1,261
Fresno	620	1,011,273	1,631	625	1,011,273	1,631	625	1,011,273	1,618
Glenn	7	28,750	4,107	7	28,750	4,107	7	28,750	4,107
Humboldt	63	135,168	2,145	66	135,168	2,145	66	135,168	2,048
Imperial	39	179,329	4,598	40	179,329	4,598	40	179,329	4,483
Inyo	5	18,978	3,795	7	18,978	3,795	6	18,978	3,163
Kern	341	909,813	2,668	350	909,813	2,668	343	909,813	2,652
Kings	61	152,023	2,492	58	152,023	2,492	59	152,023	2,576
Lake	39	67,407	1,728	37	67,407	1,728	36	67,407	1,872
Lassen	22	30,274	1,376	18	30,274	1,376	21	30,274	1,441
Los Angeles	8,416	9,861,224	1,171	8,464	9,861,224	1,171	8,448	9,861,224	1,167
Madera	44	157,396	3,577	47	157,396	3,577	46	157,396	3,421
Marin	290	257,135	886	279	257,135	886	279	257,135	921
Mariposa	7	17,045	2,435	6	17,045	2,435	7	17,045	2,435
Mendocino	49	89,999	1,836	45	89,999	1,836	47	89,999	1,914

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
Merced	92	284,338	3,090	98	284,338	3,090	98	284,338	2,901
Modoc	3	8,690	2,896	5	8,690	1,738	4	8,690	2,172
Mono	5	13,379	2,675	5	13,379	2,675	5	13,379	2,675
Monterey	248	433,716	1,748	244	433,716	1,777	242	433,716	1,792
Napa	110	136,179	1,237	106	136,179	1,284	105	136,179	1,296
Nevada	72	101,242	1,406	69	101,242	1,467	70	101,242	1,446
Orange	4,073	3,162,245	776	4,183	3,162,245	755	4,165	3,162,245	759
Placer	472	409,025	866	482	409,025	848	471	409,025	868
Plumas	13	18,942	1,457	13	18,942	1,457	13	18,942	1,457
Riverside	1,142	2,435,525	2,132	1,163	2,435,525	2,094	1,163	2,435,525	2,094
Sacramento	1,176	1,576,618	1,340	1,207	1,576,618	1,306	1,210	1,576,618	1,302
San Benito	23	65,479	2,846	26	65,479	2,518	25	65,479	2,619
San Bernardino	1,398	2,187,665	1,564	1,403	2,187,665	1,559	1,410	2,187,665	1,551
San Diego	2,820	3,287,306	1,165	2,853	3,287,306	1,152	2,852	3,287,306	1,152
San Francisco	1,151	842,754	732	1,127	842,754	747	1,138	842,754	740
San Joaquin	376	784,298	2,085	393	784,298	1,995	388	784,298	2,021
San Luis Obispo	210	280,721	1,336	217	280,721	1,293	210	280,721	1,336
San Mateo	843	744,662	883	829	744,662	898	830	744,662	897
Santa Barbara	307	445,164	1,450	312	445,164	1,426	311	445,164	1,431
Santa Clara	2,289	1,894,783	827	2,283	1,894,783	829	2,296	1,894,783	825
Santa Cruz	168	255,564	1,586	171	255,564	1,494	170	255,564	1,503
Shasta	100	180,531	1,805	109	180,531	1,656	106	180,531	1,703
Sierra	0	3,229	0	0	3,229	0	0	3,229	0
Siskiyou	23	43,830	1,905	23	43,830	1,905	22	43,830	1,992
Solano	279	447,241	1,603	277	447,241	1,614	274	447,241	1,632
Sonoma	382	482,404	1,262	374	482,404	1,289	380	482,404	1,269
Stanislaus	274	549,466	2,005	277	549,466	1,983	281	549,466	1,955

Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
August 14, 2025

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
Sutter	51	99,145	1,944	49	99,145	2,023	49	99,145	2,023
Tehama	31	65,052	2,194	28	65,052	2,323	28	65,052	2,323
Trinity	3	16,023	5,341	2	16,023	8,011	2	16,023	8,011
Tulare	217	475,014	2,131	218	475,014	2,178	219	475,014	2,169
Tuolumne	47	55,291	1,209	45	55,291	1,228	45	55,291	1,228
Ventura	627	833,652	1,265	634	833,652	1,314	633	833,652	1,316
Yolo	122	221,165	1,874	125	221,165	1,769	125	221,165	1,769
Yuba	7	82,275	11,653	10	82,275	8,227	10	82,275	8,227
Out of State/Country**	2,343	N/A	N/A	2,284	N/A	N/A	3,072	N/A	N/A
Total	34,423	39,185,605	N/A	34,582	39,174,605	N/A	37,846	39,174,605	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 6/30/2025.

**Prior numbers updated and placed in correct columns.

*The counties with the highest Population per DDS are:	Yuba County (1:8,227)	*The counties with the lowest Population per DDS are:	San Francisco County (1:740)
	Trinity County (1:8,011)		Orange County (1:759)
	Colusa County (1:5,451)		Santa Clara (1:825)
	Imperial County (1:4,483)		Placer (1:868)
	Glenn County (1:4,107)		San Mateo (1:897)

* Alpine County (0:1,200) & Sierra County (0:3,229)
No reported address of record in county

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 10.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.

MEMORANDUM

DATE	July 1, 2025
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Chief, Northern California Enforcement Dental Board of California
SUBJECT	Agenda Item 11.a.: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint and Compliance Unit (CCU)

Number of Complaint Cases Received between April 1, 2025 to June 30, 2025

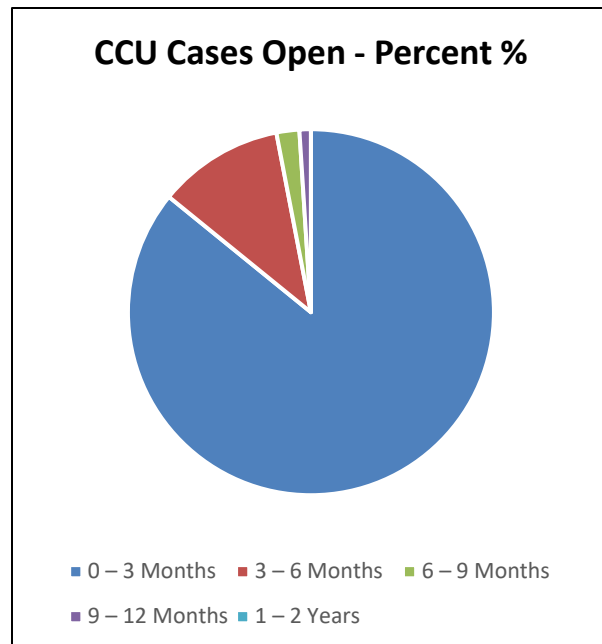
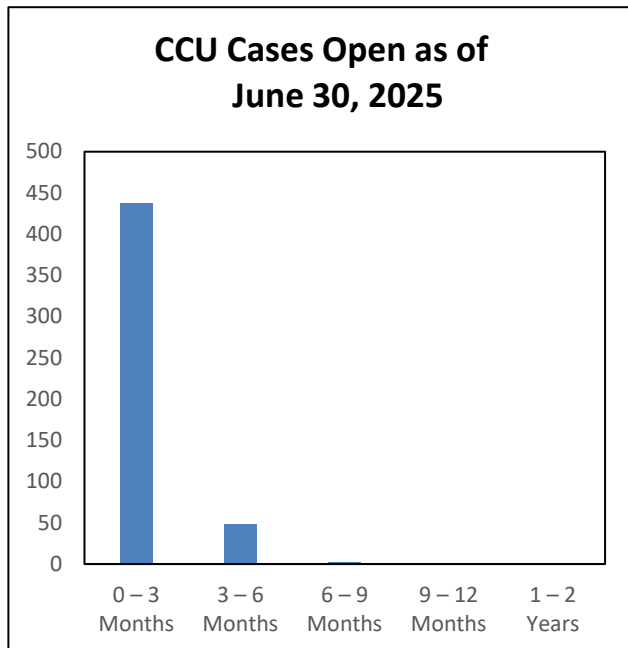
During this period, CCU received **1,172** complaints. The monthly average of complaints received was **391**.

The number of online complaints received was **642** and the number of physical complaint forms received was **314**. The remaining number of complaints fall into various categories including Subsequent Arrest Records, Hospitalization Reports and Settlements.

Number of Complaint Cases Open

As of June 30, 2025 there are **632** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint and Compliance Cases Open		
Complaint Age	As of June 30, 2025	Percent (%)
0 – 3 Months	552	87.4%
3 – 6 Months	64	10.1%
6 – 9 Months	11	1.7%
9 – 12 Months	2	0.3%
1 – 2 Years	3	0.5%
2 Plus Years	0	0%
Total	632	100%



Number of Complaint Cases Closed

Between April 1, 2025 to June 30, 2025 a total of **856** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **285**.

Number of Complaint Cases Received

Complaints Received	
License Type	April 1, 2025 and June 30, 2025
Dentists	827
Registered Dental Assistants	73
Other*	272
Total	1,172

*All other types of Complaints

Sacramento Investigative Analysis Unit (IAU)

Number of Subsequent Arrest Report (SAR) Cases Open in IAU

As of June 30, 2025, there are **408** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	As of June 30, 2025	Percent (%)
0 – 3 Months	95	23%
3 – 6 Months	65	16%
6 – 9 Months	74	19%
9 – 12 Months	49	12%
1 – 2 Years	97	24%
2 – 3 Years	14	3%
3+ Years	14	3%
Total	408	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 April 1, 2025 and June 30, 2025 a total of **106** SAR cases were closed in the IAU.

Enforcement Units

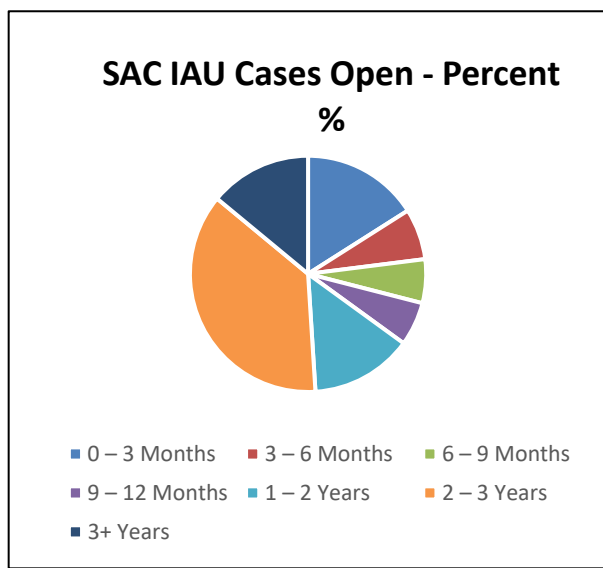
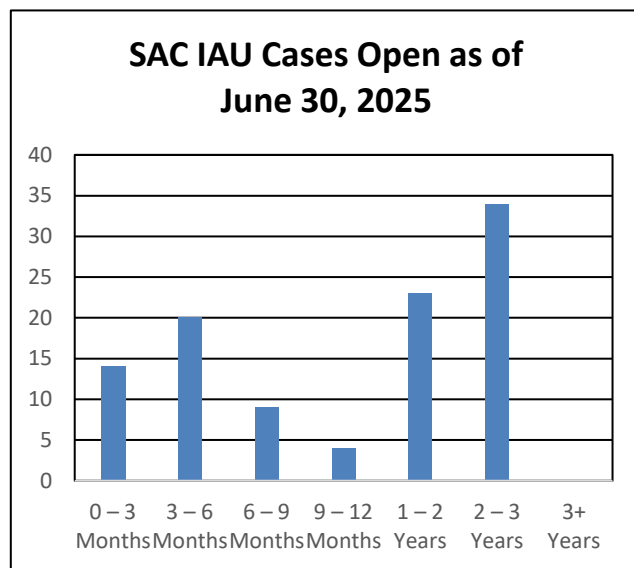
As of June 30, 2025 there **1,191** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	June 30, 2025
Sacramento IAU (Non-Sworn)	104
Orange IAU (Non-Sworn)	98
Sacramento Field Office (Sworn)	64
Orange Field Office (Sworn)	160
Pending Assignment	765
Total	1,191

Number of Investigative Cases Open in the Sacramento IAU

As of June 30, 2025, there are **104** investigative cases open in the Sacramento IAU. A breakdown of the cases is as follows:

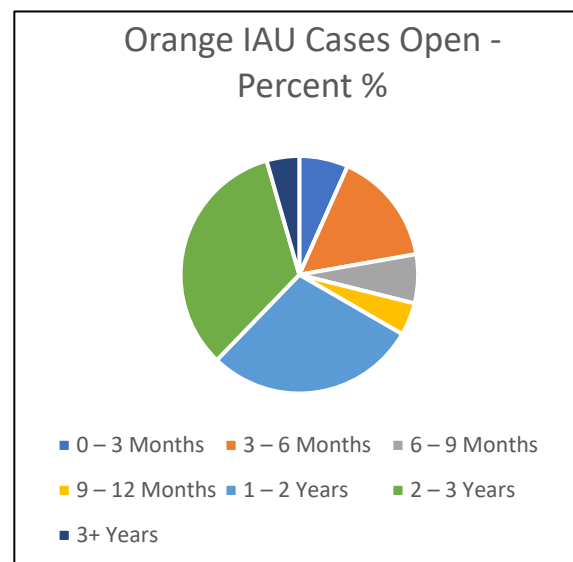
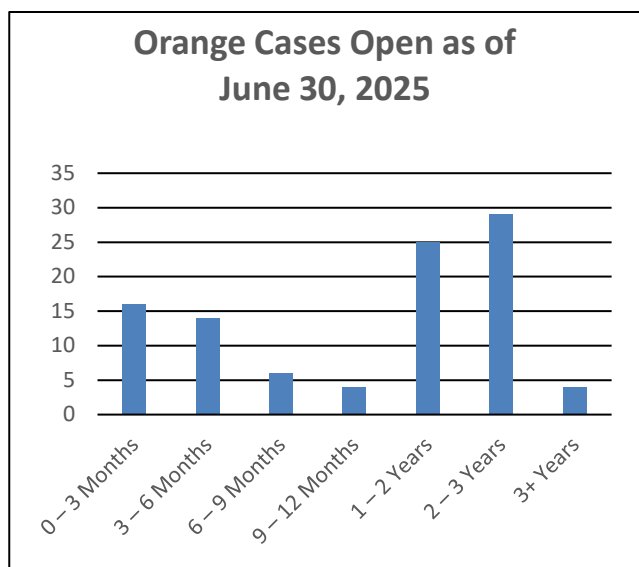
Sacramento IAU Cases Open		
Investigation Age	As of June 30, 2025	Percent (%)
0 – 3 Months	14	13%
3 – 6 Months	20	20%
6 – 9 Months	9	9%
9 – 12 Months	4	4%
1 – 2 Years	23	22%
2 – 3 Years	34	32%
3+ Years	0	0%
Total	104	100%



Number of Investigative Cases Open in the Orange IAU

As of June 30, 2025, there are **98** investigative cases open in the Orange IAU. A breakdown of the case aging is as follows:

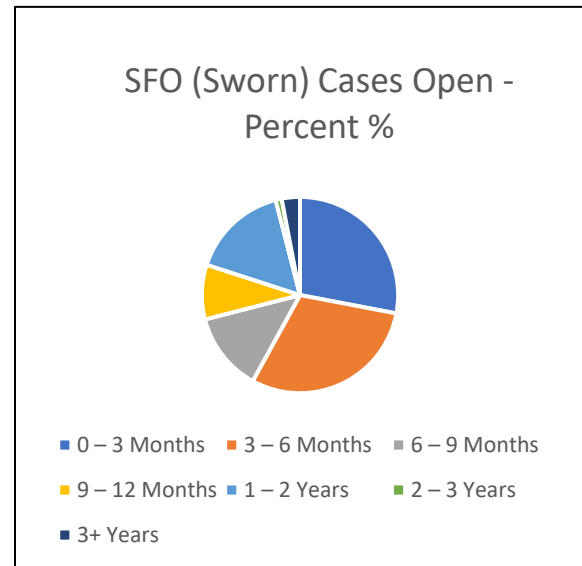
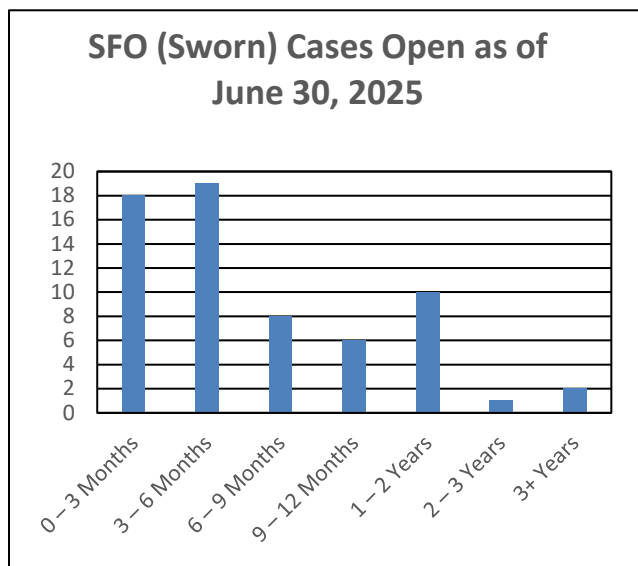
Orange IAU Cases Open		
Investigation Age	As of June 30, 2025	Percent (%)
0 – 3 Months	16	16%
3 – 6 Months	14	14%
6 – 9 Months	6	6%
9 – 12 Months	4	4%
1 – 2 Years	25	26%
2 – 3 Years	29	30%
3+ Years	4	4%
Total	98	100%



Number of Investigative Cases Open in the Sacramento Field Office (Sworn)

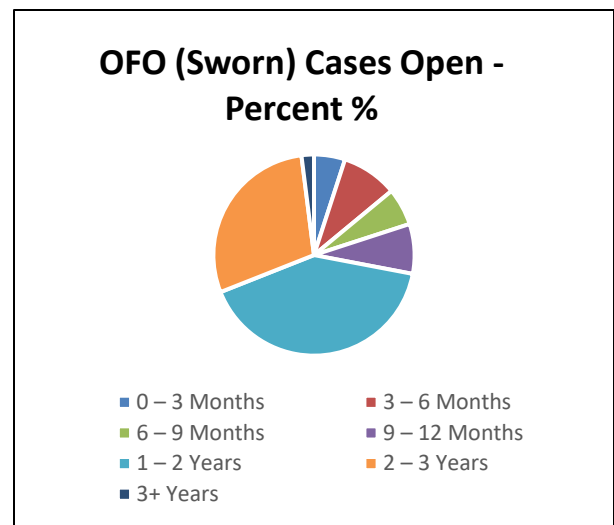
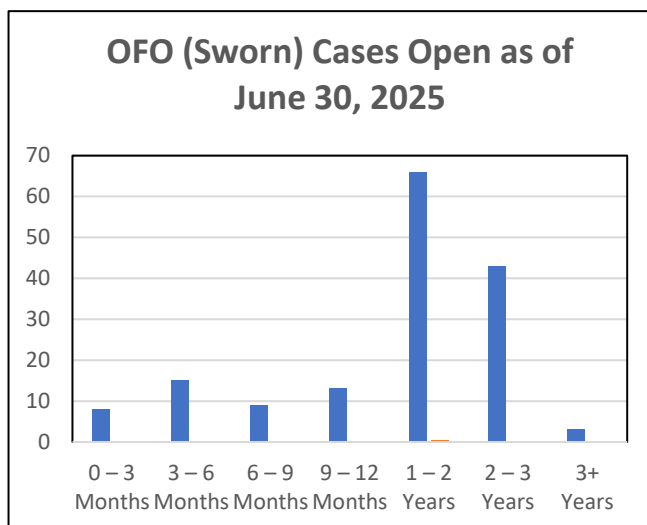
As of June 30, 2025, there are **64** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

Sacramento Field Office (Sworn) Cases Open		
Investigation Age	As of June 30, 2025	Percent (%)
0 – 3 Months	18	28%
3 – 6 Months	19	30%
6 – 9 Months	8	13%
9 – 12 Months	6	9%
1 – 2 Years	10	16%
2 – 3 Years	1	1%
3+ Years	2	3%
Total	64	100%



As of June 30, 2025, there are **160** 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	June 30, 2025	Percent (%)
0 – 3 Months	8	5%
3 – 6 Months	15	9%
6 – 9 Months	9	6%
9 – 12 Months	13	8%
1 – 2 Years	66	41%
2 – 3 Years	46	29%
3+ Years	3	2%
Total	160	100%



Number of Investigation Cases Closed

Between April 1, 2025 and June 30, 2025, a total of **202** investigative cases were closed in IAU, the Sacramento Field Office, and the Orange Field Office.

Number of Inspection Cases Open

As of June 30, 2025 there are **68** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sac IAU	34
Orange IAU	34
Total	68

Administrative and Disciplinary Action

As of June 30, 2025, there are **177** open cases in the Discipline Coordination Unit.

Accusations/Petitions to Revoke/Statement of Issues/Amended Pleadings

Between April 1, and June 30, 2025, there were **27** pleadings filed with the AG.

Cases Assigned to the Office of the Attorney General

Between April 1, and June 30, 2025, there were **43** cases transmitted to the AG. Of those 38 cases, 28 were referred for dentists and 15 were referred for dental auxiliaries.

As of June 30, 2025, there are **176** cases pending at the AG.

Citations

Between April 1, 2025 and June 30, 2025, there were **21** citations issued.

Number of Probation Cases Open

As of June 30, 2025, there are **139** probationer cases being monitored. Of those, **132** active probationers and **7** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	49	0
Sacramento Field Office	0	4
Orange IAU	80	3
Orange Field Office	3	0
Total	132	7

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 1, 2025
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Division Dental Board of California
SUBJECT	Agenda Item 12.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on June 30, 2025, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

The DEC met in person at the Dental Board of California's Sacramento office on both April 2, 2025 and July 2, 2025. The next quarterly meeting is scheduled for October 1, 2025.

As of January 1, 2025, Premier Health Group has assumed the administration of the Diversion (Recovery) Program.

Diversion	FY 2024/2025				FY 23/24	FY 22/23	FY 21/22
	Quarter 4			YTD			
	April	May	June	Totals			
New Participants (Close of Qtr)	1	0	0	4	2	3	3
Total Participants (Close of Qtr/FY)	5	5	5	5	4	7	12
Total Completed Cases	0	0	0	0	2	5	5
Positive Drug Tests for Current Participants	0	0	0	1			

Action Requested

None.

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MEMORANDUM

DATE	July 15, 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	16	1	0	1	6	0	0
Jan 2025	15	0	0	1	3	1	2
Feb 2025	18	0	0	0	1	0	3
Mar 2025	29	0	0	3	0	1	1
Apr 2025	21	0	0	3	1	0	2

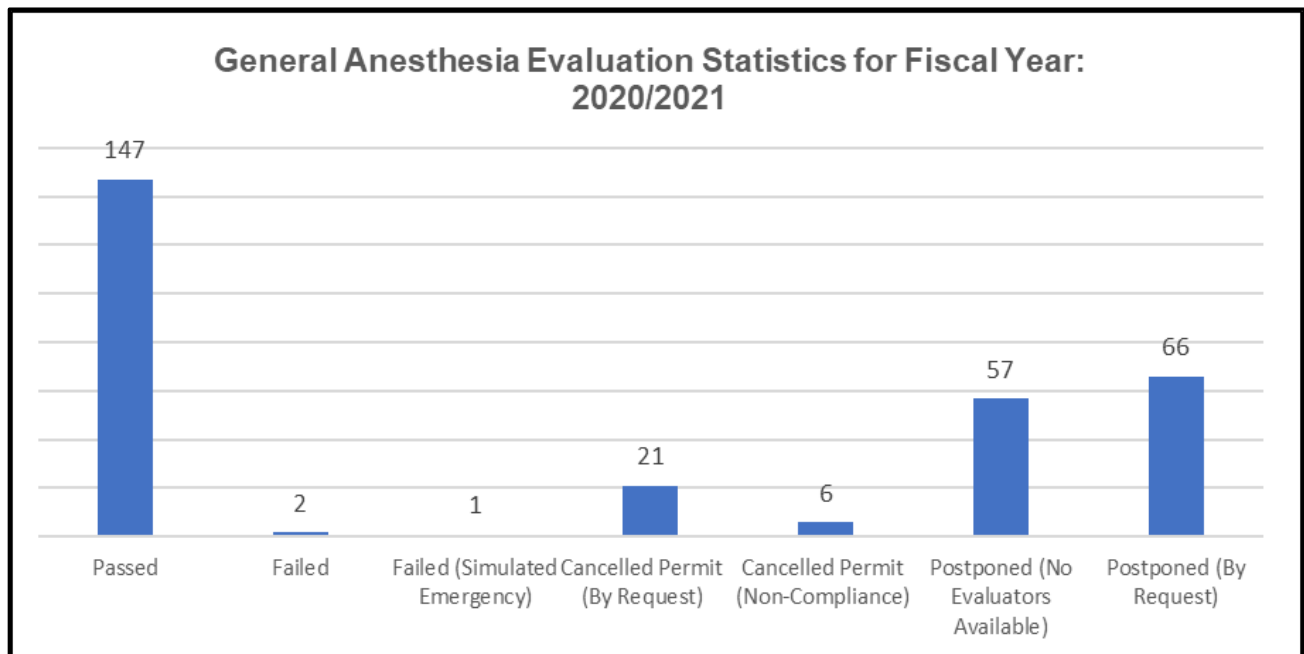
Agenda Item 13.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
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August 14, 2025

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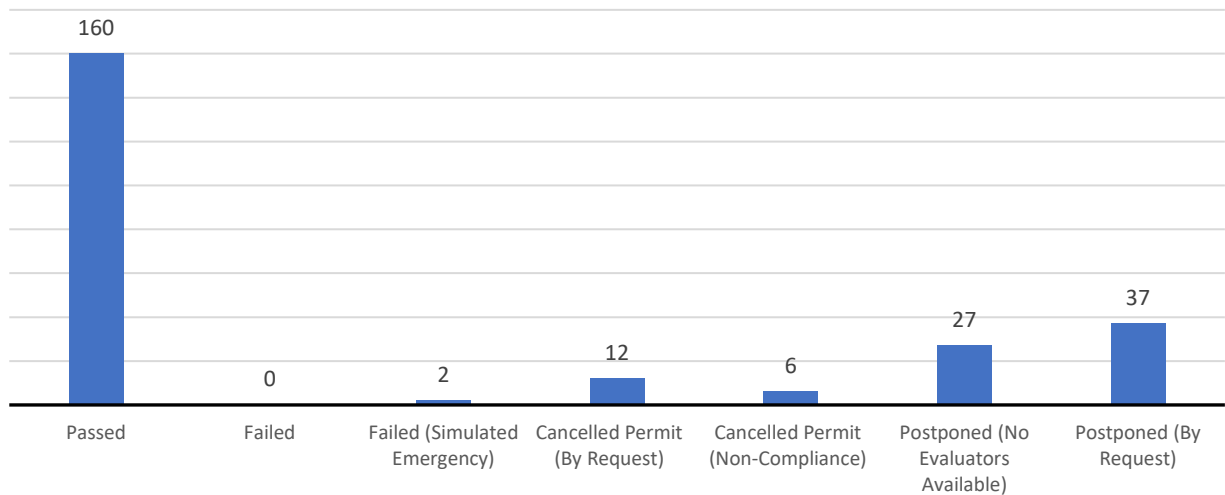
May 2025	23	0	1	2	1	0	2
Jun 2025	13	0	0	0	0	0	3
Total	212	1	2	21	22	2	19

General Anesthesia Evaluation Statistics for Fiscal Years, 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

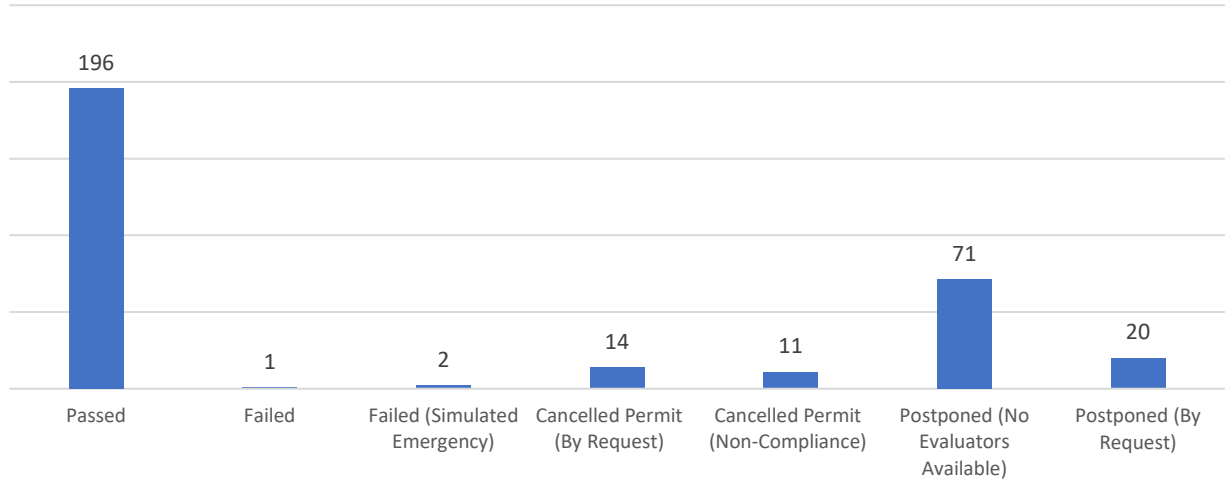
	20–21	21–22	22–23	23–24	24–25
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	147	160	196	202	212
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	0	1	0	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	2	2	3	2
Cancelled Permit by Request – Permitholder no longer wanted permit.	21	12	14	13	21
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	6	6	11	20	22
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	57	27	71	16	2
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	66	37	20	18	19

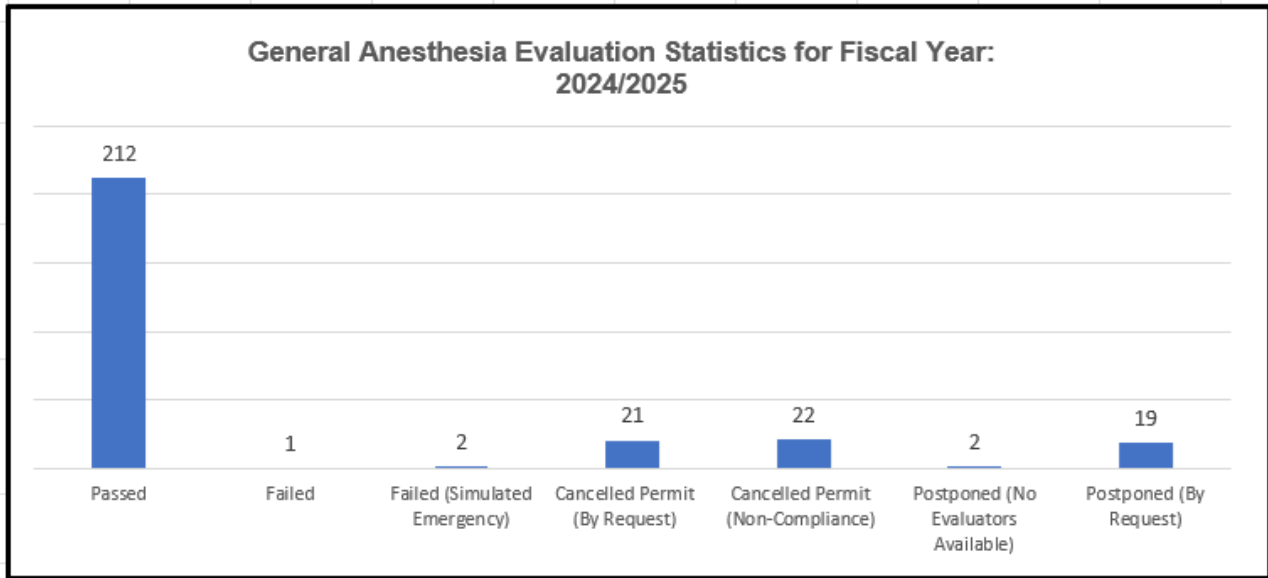
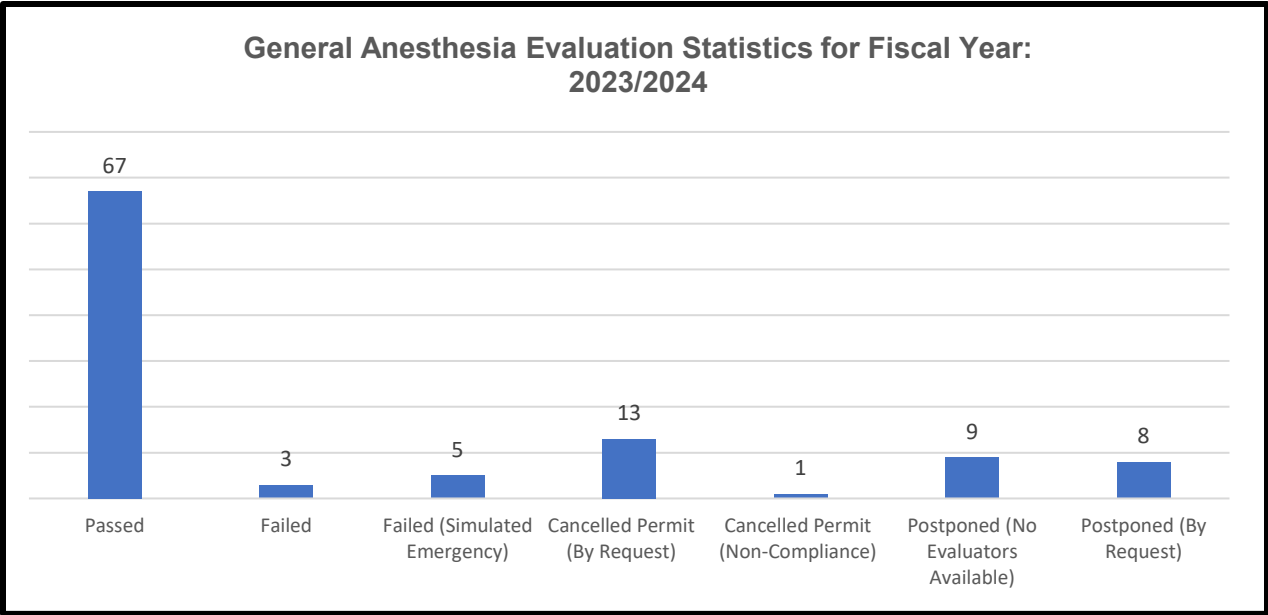


**General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**



**General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023**





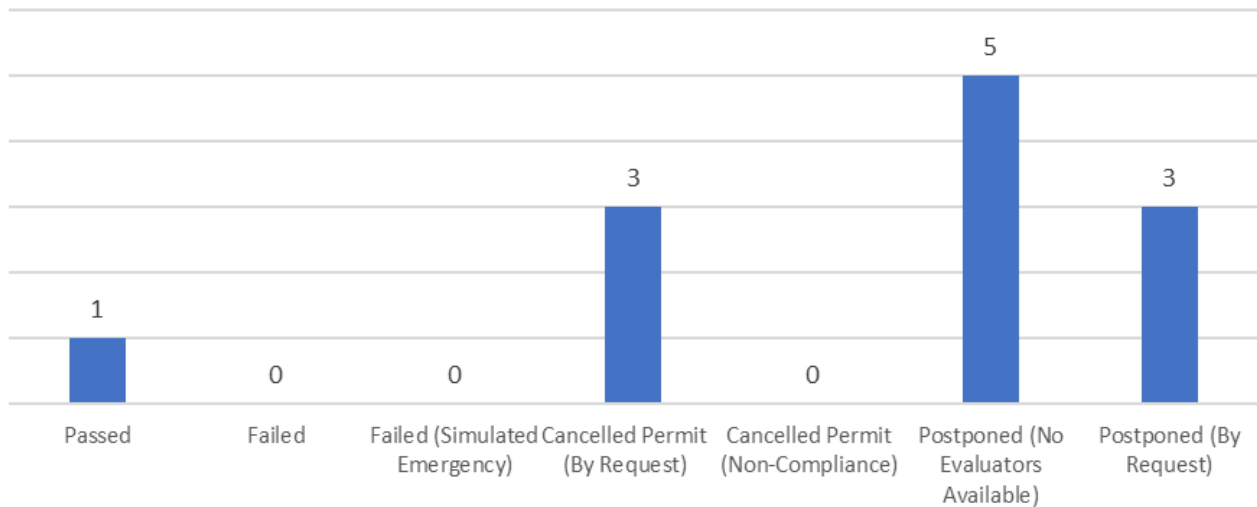
Medical General Anesthesia Evaluation Statistics for Fiscal Year 2024–25

	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	0	0	0	2	0	0	0
Feb 2025	0	0	0	0	3	0	0
Mar 2025	0	0	0	3	1	0	0
Apr 2025	1	0	0	2	0	0	0
May 2025	1	0	0	0	1	0	1
Jun 2025	2	0	0	0	0	0	0
Total	10	0	0	14	9	0	2

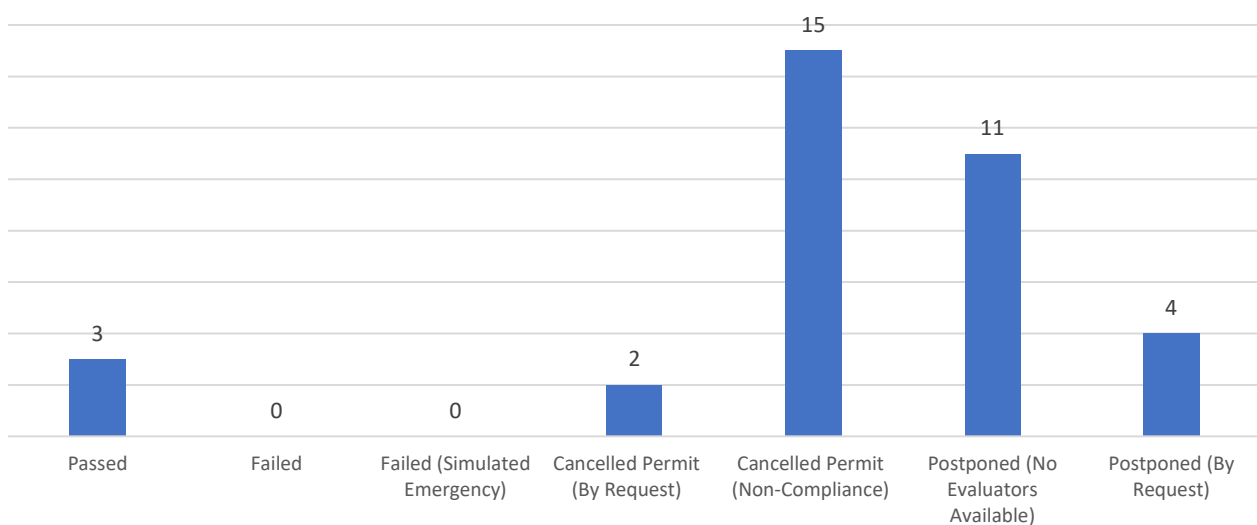
Medical General Anesthesia Evaluation Statistics for Fiscal Years 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

	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	10
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	14
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	0	15	9	16	9
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	2

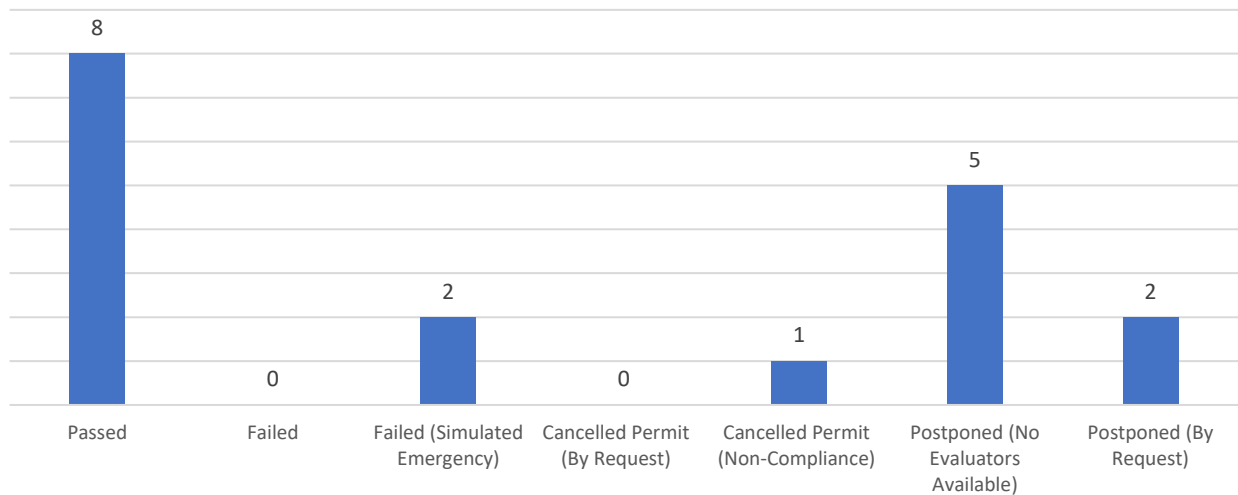
Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2020/2021



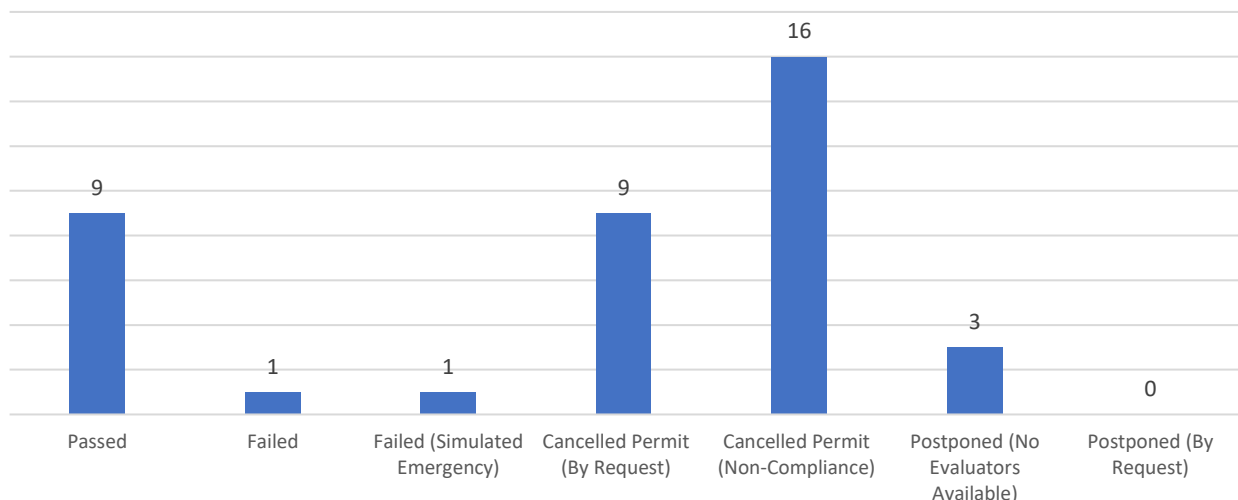
Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2021/2022

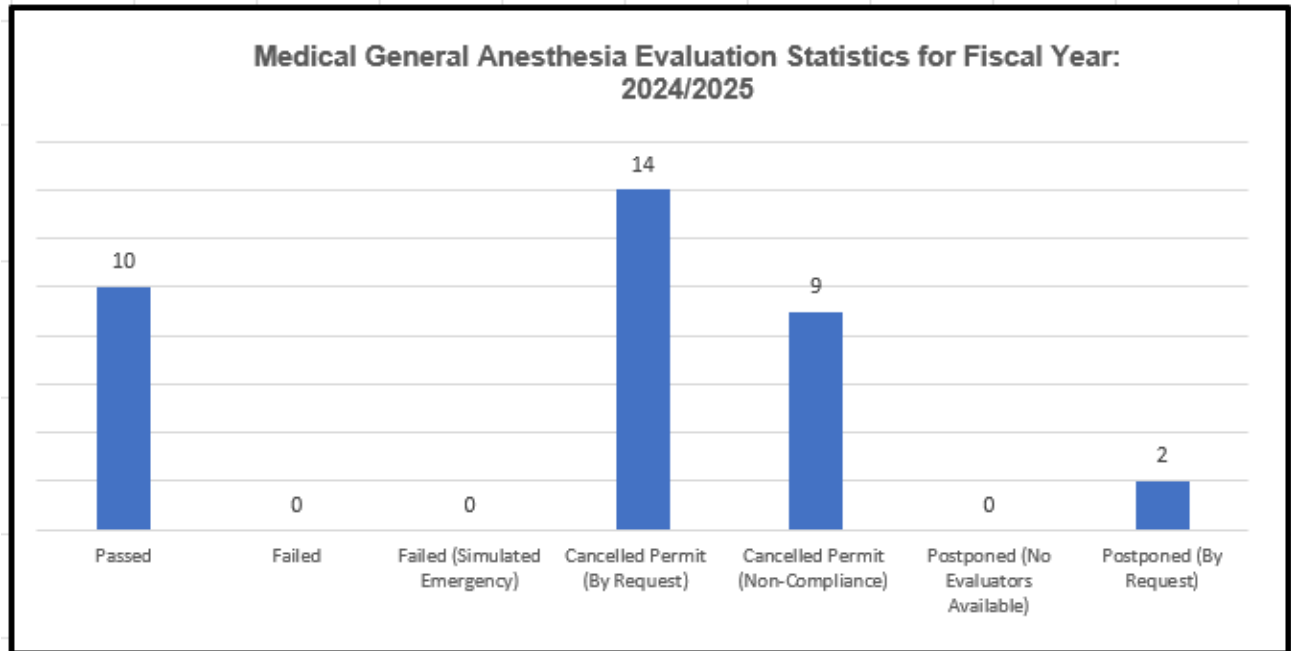


**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023**



**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2023/2024**



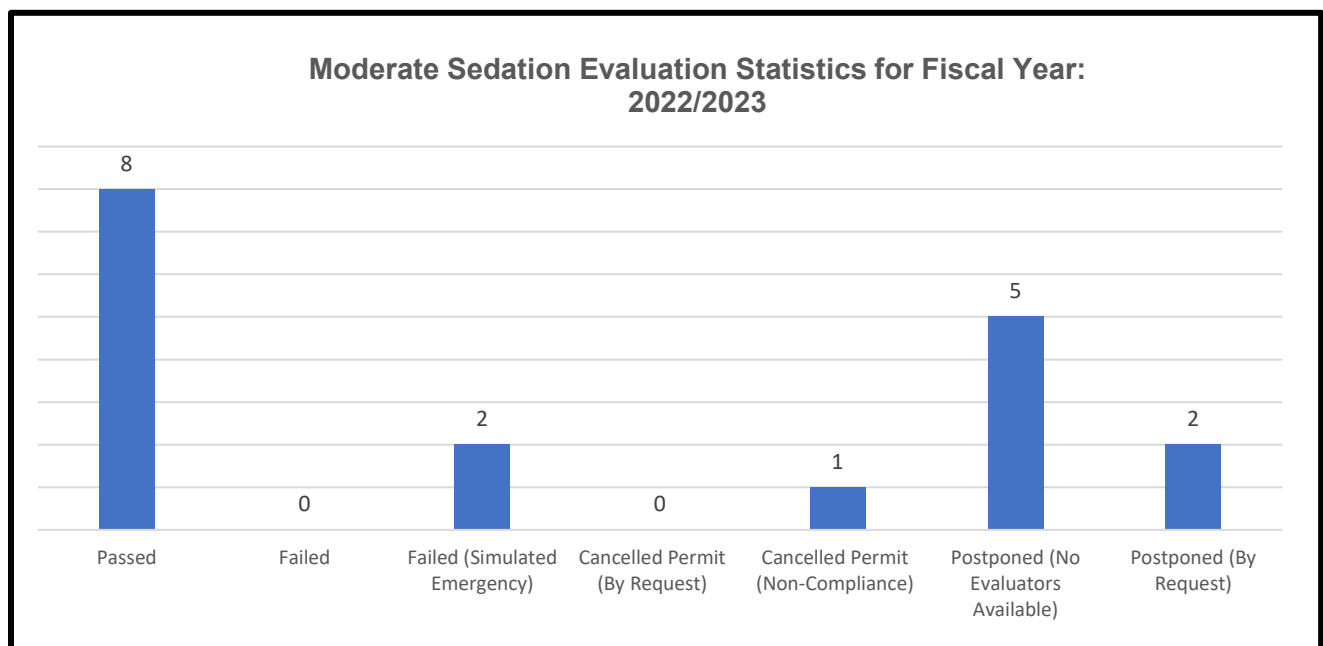


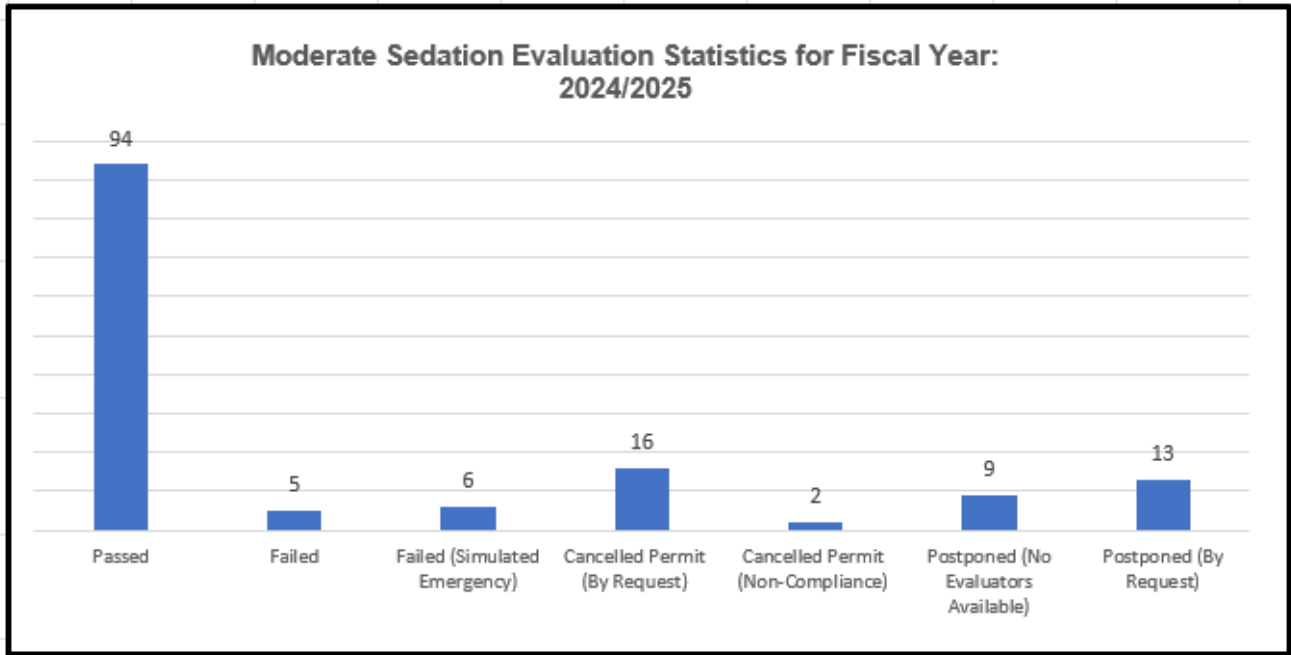
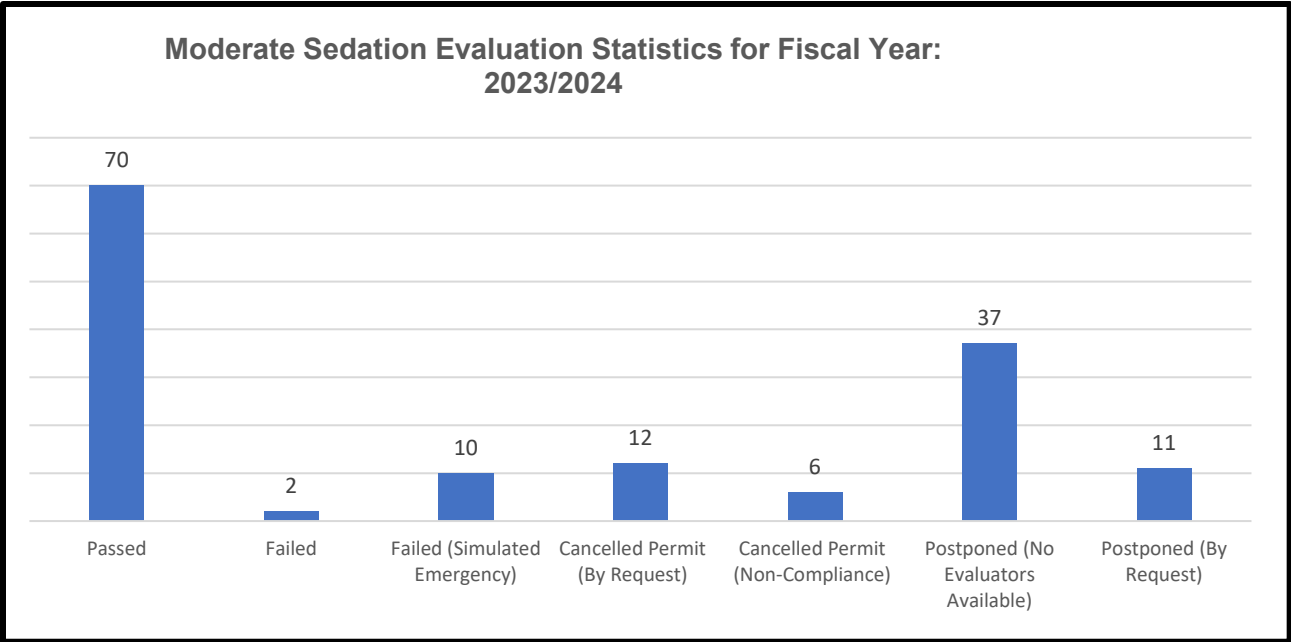
Moderate Sedation Evaluation Statistics for Fiscal Year 2024–25

	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	8	0	1	1	0	0	2
Feb 2025	5	1	0	2	1	2	2
Mar 2025	8	1	0	4	0	2	0
Apr 2025	9	0	0	1	0	0	2
May 2025	8	1	1	0	1	0	2
Jun 2025	10	1	0	2	0	0	1
Total	94	5	6	16	2	9	13

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	94		
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	2	5		
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	10	6		
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	12	16		
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	6	2		
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	37	9		
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	11	13		





Current Evaluators per Region

Region	GA	MGA	MS
Northern California	128	19	58
Southern California	172	16	52

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 13.b.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspections and Evaluations

On July 18, 2025, the Anesthesia Committee (Committee), comprised of Committee Chair, Alan Felsenfeld, DDS, MA, and Steven Chan, DDS, met to discuss two failed onsite inspections and evaluations of permitholder C.S., who holds a Moderate Sedation (MS) Permit.

Background

To administer or order the administration of moderate sedation on an outpatient basis for a dental patient, a dentist must possess either a general anesthesia permit or moderate sedation permit issued by the Board. (Business and Professions Code (BPC), § 1647.2, subd. (a).) Prior to issuance or renewal of a moderate sedation permit, the Board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. (BPC, § 1647.7, subd. (a).) The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the Board notifies the dentist of the failure unless, within that time period, the dentist has retaken and passed an onsite inspection and evaluation. (BPC, § 1647.7, subd. (a); California Code of Regulations (CCR), tit. 16, § 1043.6, subs. (c).) Every dentist issued a moderate sedation permit is required to have an onsite inspection and evaluation at least once in every six years. (BPC, § 1647.7, subd. (a).)

Board inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts (SMEs). At the conclusion of the evaluations, the SMEs each provide an independent evaluation and recommend a grade using the following pass/fail system pursuant to CCR, title 16, section 1043.6, subsection (b):

Agenda Item 13.b.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation
Dental Board of California Meeting
August 14, 2025

- a. Passed Evaluation. Permit holder or applicant met all required components of the onsite inspection and evaluation, as provided in CCR, title 16, sections 1043.3 and 1043.4; or
- b. Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping as provided in CCR, title, section 1043.3, subsection (b); or
- c. Failed Simulated Emergency. Permit holder or applicant failed one or more simulated emergency scenario(s) described in CCR, title 16, section 1043.4, subsection (c); or
- d. Failed Evaluation. Permit holder or applicant failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval, as provided in subsection (b)(2) of CCR, title 16, section 1043.6.

An applicant or permitholder who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days. (CCR, tit. 16, § 1043.6, subs. (d).)

Inspection and Evaluation of Permitholder C.S.

C.S. was issued an MS Permit on August 29, 2023. An onsite inspection and evaluation of C.S. was conducted on May 19, 2025, and the SMEs recommended a failure in the simulated emergencies only. A notice of the failed simulated emergencies of the onsite inspection and evaluation was mailed to the permitholder on May 30, 2025. A second onsite inspection and evaluation of the simulated emergencies was conducted on June 16, 2025. The SMEs recommended a failure. A notice of the second failed onsite inspection and evaluation and suspension of the MS permit was mailed to the permitholder on June 27, 2025, citing failure to physically demonstrate knowledge of and a method of treatment of the simulated emergencies as required by CCR, title 16, section 1043.4, subsection (c). The notice further advised the permitholder that pursuant to CCR, section 1043.6, subsection (c), the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.

Discussion of Permit Recommendation

Board staff met with the Committee to consider renewal of the MS Permit per CCR, title 16, section 1043.6, subsection (c), which provides:

Agenda Item 13.b.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation
Dental Board of California Meeting
August 14, 2025

- If a permit holder or applicant has failed two evaluations, the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.
- The permit holder or applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being reevaluated if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

The Committee recommended to deny renewal of the MS permit due to patient safety concerns during the administration of moderate sedation on an outpatient basis; if permit holder C.S. seeks to apply for a new MS Permit, the permit holder shall submit for prior Board approval and successfully complete, prior to applying for a new MS Permit, remedial education of 24 hours in the administration of moderate sedation including recognition and management of medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

Action Requested:

If the Board agrees with the Committee's recommendation, the Board is asked to move to approve the Committee recommendation to deny renewal of C.S.'s MS Permit.

Potential Motions:

1. Move to grant renewal of C.S.'s Moderate Sedation Permit.
2. Move to adopt the Committee recommendation to deny renewal of C.S.'s Moderate Sedation Permit; if C.S. seeks to apply for a new Moderate Sedation Permit, C.S. shall submit for prior Board approval and successfully complete, prior to applying for a new Moderate Sedation Permit, remedial education of 24 hours in the administration of moderate sedation including recognition and management of medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.
3. Move to further evaluate permit holder C.S. through a third onsite inspection and evaluation of the permit holder; prior to scheduling the third onsite inspection and evaluation, permit holder C.S. shall submit for prior Board approval and successfully complete remedial education of 24 hours in the administration of moderate sedation including recognition and management of medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 14, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 14.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.

DEADLINES

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

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

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

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

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

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6 Legislature Reconvenes (J.R. 51(a)(1)).
- Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 20 Martin Luther King, Jr. Day.
- Jan. 24 Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 17 Presidents’ Day.
- Feb. 21 Last day for bills to be **introduced** (J.R. 61(a)(1), (J.R. 54(a)).

- Mar. 31 Cesar Chavez Day

- Apr. 10 **Spring Recess** begins upon adjournment of this day’s session (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.

*Holiday schedule subject to Senate Rules committee approval.

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

June 2 - 6 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (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
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

July 4 Independence Day.

July 18 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer Recess** begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

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

Aug. 18 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 29 Last day for **fiscal committees** to meet and report bills to the Floor. (J.R. 61(a)(11)).

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

Sept. 1 Labor Day.

Sept. 2-12 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (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 Study Recess** begins at end of this day’s session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2025

Oct. 12

Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 12 and in the Governor’s possession 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)).

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 14, 2025
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 14.b.: Legislation of Interest

Background

The Dental Board of California (Board) staff have been tracking bills that impact the Board, the Department of Consumer Affairs (DCA), healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills are listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX). Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks, identified in blue, underlined text, are provided throughout this document to ensure Board members and the public have access to the most up-to-date information. The information below was based on legislation, statuses, and analyses (if any) publicly available on July 14, 2025.

Discussion

Staff will present updates on the following bills that may have a direct impact on the Board for discussion and possible action at the August meeting:

Priority Legislation for Board Consideration

[AB 485](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

[AB 489](#) (Bonta, 2025) Health care professions: deceptive terms or letters: artificial intelligence.

[AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters.

[AB 742](#) (Elhawary, 2025) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

[AB 873](#) (Alanis, 2025) Dentistry: dental assistants: infection control course.

[AB 876](#) (Flora, 2025) Nurse anesthetists: scope of practice.

[AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools.

[AB 1130](#) (Berman, 2025) Dentistry: outreach and support program.

[AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program.

Agenda Item 14.b.: Legislation of Interest
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[SB 351](#) (Cabaldon, 2025) Health facilities.
[SB 470](#) (Laird, 2025) Bagley-Keene Open Meeting Act: teleconferencing.
[SB 641](#) (Ashby, 2025) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.
[SB 744](#) (Cabaldon, 2025) Accrediting agencies.
[SB 861](#) (Committee on Business, Professions and Economic Development, 2025) Consumer Affairs.

Other Board-Monitored Legislation

The following bills have been identified by staff as being of potential interest to Board but do not require discussion at this time. Staff will continue to watch these bills and report on their progression at a future Board meeting. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary has been included in this memorandum. Please note staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position.

[AB 116](#) (Assembly Committee on Budget, 2025) Health omnibus trailer bill.
[AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories.
[AB 341](#) (Arambula, 2025) Oral Health for People with Disabilities Technical Assistance Center Program.
[AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments.
[AB 371](#) (Haney, 2025) Dental coverage.
[AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief.
[AB 787](#) (Papan, 2025) Provider directory disclosures.
[AB 837](#) (Davies, 2025) Ketamine.
[AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.
[AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure.
[AB 1215](#) (Flora, 2025) Hospitals: medical staff membership.
[AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas.
[AB 1434](#) (Michelle Rodriguez, 2025) Health care boards: workforce data collection.
[SB 338](#) (Becker, 2025) Mobile Health for Rural Communities Pilot Program.
[SB 386](#) (Limón, 2025) Dental providers: fee-based payments.
[SB 497](#) (Wiener, 2025) Legally protected healthcare activity.
[SB 682](#) (Allen, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.
[SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances.

Department of Consumer Affairs Legislation

The following bills make nonsubstantive changes for various provisions in connection with the Department of Consumer Affairs.

[AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs.
[AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards.
[SB 806](#) (Dahle, 2025) Department of Consumer Affairs.

Action Requested

If desired, the Board may take one of the following actions regarding each bill:

Support
Support if amended
Oppose
Oppose unless amended

Alternatively, the Board may take no action and designate the Board's position on a bill as one of the following:

Watch
Neutral
None

**Legislation Tracked by Dental Board of California (Board) Staff – 2025-2026
Legislative Session
2025 Legislative Year**

Priority Legislation for Board Consideration

[AB 485](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

Introduced: February 10, 2025

Last Amended: July 1, 2025

Location: Senate Judiciary Committee

Status: Set for hearing July 15, 2025

Summary: Existing law generally prohibits employers from continuing to conduct business in the California if they have an unsatisfied final judgment for nonpayment of wages, unless the employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner, as prescribed.

This bill would require a state agency, if an employer in an industry that is also required to obtain a license or permit from that state agency is found to have violated the unsatisfied judgment provision, to deny a new license or permit or the renewal of an existing license or permit for that employer. The bill would require the Labor Commissioner, upon finding that an employer is conducting business in violation of that provision, to notify the applicable state agency with jurisdiction over that employee's license or permit.

Staff Comments: This bill would require the Board to deny a new license or permit, or the renewal of an existing license or permit, upon notice by the Labor Commissioner of its finding that an employer is conducting business in violation of the unsatisfied judgment requirements. If the Board is required to deny licenses and permits, it may impact the Board's revenue. It is difficult for Board staff to estimate how this bill could impact Board revenue because the Labor Commissioner does not consistently aggregate and publicly report this data in a centralized, easily accessible format. However, Board staff anticipate the impact to be minimal.

Staff notes there is no process in the bill for the Board to issue the initial or renewal license or permit if the employer subsequently comes into compliance with the unsatisfied judgment requirements. Further, the Board does not provide lists of license or permit applicants to the Labor Commissioner, so it is unclear how the Labor Commission would know whether the employer had applied for a Board-issued license or permit. The Board may wish to communicate these issues to the author for clarification.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position on AB 485 to clarify Board action on the initial or renewal license or permit following subsequent compliance by the employer and resolve the

issue of Labor Commissioner awareness of license or permit applications submitted to the Board. On May 29, 2025, the Board sent an Oppose Unless Amended position letter to Assemblymember Ortega regarding these concerns. The bill was amended on July 1, 2025, but the amendments do not resolve the concerns raised by the Board in its Oppose Unless Amended position letter.

[AB 489](#) (Bonta, 2025) Health care professions: deceptive terms or letters: artificial intelligence.

Introduced: February 10, 2025

Last Amended: July 8, 2025

Location: Senate Judiciary Committee

Status: Set for hearing on July 15, 2025

Summary: This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice or care advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate. This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

Staff Comments: The Board anticipates a small increase in complaints and enforcement cases.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take a Support position. On May 29, 2025, the Board sent Assemblymember Bonta a Support position letter stating that the Board recognized the value of consumer protection as new technological developments are emerging in artificial intelligence.

[AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters.

Introduced: February 14, 2025

Last Amended: July 8, 2025

Location: Senate Appropriations Committee

Status: Re-referred to Senate Appropriations Committee

Summary: This bill would, beginning July 1, 2026, require certain boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination, as applicable, examination if the applicant meets all other requirements for licensure, as specified.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require those boards to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English, the examination is not offered in their preferred language, and they meet all other requirements for licensure.

Staff Comments: The bill was amended to remove DCA Division 2 (healing arts) boards. However, Board staff recommend monitoring to ensure the language is not added back due to examination security concerns.

Board Position: Watch

[AB 742](#) (Elhawary, 2025) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

Introduced: February 18, 2025

Last Amended: July 2, 2025

Location: Senate Judiciary Committee

Status: Set for hearing July 15, 2025

Summary: This bill, once a process to certify descendants of American slaves is established by the Bureau for Descendants of American Slavery pursuant to SB 518 (Weber Pierson, 2025), would require state licensing boards to prioritize applicants seeking licensure who are descendants of American slaves. The bill would make those provisions operative when the certification process is established by the Bureau for Descendants of American Slavery and would repeal those provisions four years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.

Staff Comments: This bill is similar to AB 2862 (Gipson, 2024), which the Board opposed unless amended to resolve implementation, fiscal, and clarity concerns with that bill. Like AB 2862, AB 742 raises implementation, fiscal, and clarity concerns. First, the Business and Professions Code (BPC) currently requires that four applicant populations receive expedited review for licensure from the Board: (1) members of the Armed Forces who have served on active duty and were honorably discharged, (2) members of the Armed Forces enrolled in the US Department of Defense Skillbridge program; (3) spouses or domestic partners of active duty members of the Armed Forces who are currently assigned to a duty station in California under official active duty military orders, and (4) refugees who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States or those with a special immigrant visa. (BPC, §§ 115.4, 115.5, 135.4.) Further, the Board is required to process an application within 30 days to register a military spouse or domestic partner licensed in another state. (BPC, § 115.10.) AB 742 is unclear whether it would require the Board to expedite license applications from descendants of American slaves ahead of military members and their spouses or domestic partners.

Second, the bill is unclear on what to prioritize and whether that means the Board just must expedite license applications from descendants of American slaves, or whether the bill requires the Board to do something more, such as outreach to communities and schools to encourage descendants of American slaves to apply for Board licensure. Third, Government Code section 12944 prohibits any licensing board to establish any qualification for licensing that has an adverse impact on any class by virtue of its race, unless the practice can be demonstrated to be job related. Further, Government Code section 11135 prohibits a state agency from denying full and equal access to the program or activity conducted by the state agency on the basis of race. Depending upon whether implementation of the bill would favor any particular race of descendants of American slaves, the Board may face constitutional challenges from applicants of other races, resulting in costly litigation for the Board to defend its implementation of this bill. So that the Board can properly implement the bill, it may be appropriate to seek additional clarification of these issues from the author or legislative committees. The Board may wish to request clarification as to what is meant by prioritizing these applications, request clarity of numerical priority as to what type of applicant population would get expedited processing, and require the state, not the Board or its licensees, to cover all costs associated with litigating claims brought against the Board due to its implementation of the bill.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position to resolve the implementation, fiscal, and clarity concerns raised above. On May 29, 2025, the Board sent an Oppose Unless Amended letter to Assemblymember Elhawary regarding these concerns.

[AB 873](#) (Alanis, 2025) Dentistry: dental assistants: infection control course.

Introduced: February 19, 2025

Last Amended: July 9, 2025

Location: Senate Committee on Business, Professions, and Economic Development

Status: Two-year bill. Hearing canceled at the request of author.

Summary: As amended on July 9, 2025, AB 873, sponsored by the California Dental Association (CDA), would amend Business and Professions Code (BPC) section 1725 to establish a maximum \$300 fee cap for review of each approval application or reevaluation for a course provided pursuant to BPC sections 1753.52 (interim therapeutic restorations and radiographic decisionmaking (ITR/RDM course)), 1754.5 (radiation safety course), and 1755 (electronic infection control course). Board staff note the amendments to BPC section 1725 would not resolve the Board's implementation issues with the ITR/RDM, radiation safety course, and electronic infection control course raised during the Board's November 2024 and February 2025 meetings as the application fee maximums do not reflect the actual costs to the Board to review and evaluate the ITR/RDM and radiation safety course applications (\$7,330) and electronic infection control course (\$1,350), or include the Board's request to increase the other dental assisting course fee maximum to \$8,000.

The bill would amend BPC section 1750 to change the deadline for a dental assistant to successfully complete a Board-approved eight-hour course in infection control. Pursuant to the Board's Sunset bill (Senate Bill (SB) 1453 (Ashby, Ch. 483, Stats. 2024)), as of January 1, 2025, a dental assistant must successfully complete an infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. AB 837 would require the infection control course to be completed on or before 60 days from the date of first employment at the dental office, and require the employer of a dental assistant to provide bloodborne pathogen training, as specified, prior to the dental assistant's potential exposure to blood, saliva, or other potentially infectious materials and annually thereafter. The Board discussed the proposed amendments submitted by CDA to the infection control course deadline requirement, but the Board took no position on those amendments.

The bill also would specify the infection control course completed by the dental assistant must be a Board-approved eight-hour course as part of a Board-approved registered dental assisting education program, a stand-alone course approved by the Board pursuant to regulation, or a 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, that is approved by the Board pursuant to the requirements in BPC section 1755.

AB 873 also would make technical corrections to BPC section 1750.1 (dental assistant duties) citations and 1753.52 (ITR/RDM course). The bill would amend BPC sections 1753 and 1753.5 to correct registered dental assistant in extended function (RDAEF) duties as requested by the Board at its May 2025 meeting.

The bill would amend BPC sections 1754.5 and 1755 to incorporate the Board's requested course curriculum and application process amendments approved by the Board at its February 2025 meeting, as negotiated with the author's office and sponsor.

The Board approved several other legislative proposals at its November 2024 and February 2025 meetings to resolve other SB 1453 issues. Board staff worked with the author's office and CDA to incorporate the Board's amendments in AB 873, including:

- Amending BPC sections 1628 and 1633 regarding dentist licensure requirements;
- Amending BPC section 1635.5 regarding licensure by credential pathway requirements;
- Amending BPC section 1638.1 regarding elective facial cosmetic surgery (EFCS) Permits; and
- Amending BPC section 1724 to remove the application fee for the portfolio pathway that was previously repealed.

However, these aforementioned amendments approved at the November 2024 and 2025 meetings were not included in the July 9, 2025, version of the bill.

Staff Comments: Until the ITR/RDM, radiation safety, and electronic infection control course and related fee statutes are amended to resolve the previously identified implementation issues, these courses cannot yet be approved by the Board for course providers to offer to students.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take a Support if Amended position to include the Board's additional legislative proposals to resolve SB 1453 issues. On May 23, 2025, the Board sent a Support if Amended position letter to Assemblymember Alanis. However, on July 14, 2025, the author cancelled the hearing of this bill making it a two-year bill. In California's two-year legislative session, a "two-year bill" refers to a bill introduced in the first year that can be carried over and considered in the second year of the session.

[AB 876](#) (Flora, 2025) Nurse anesthetists: scope of practice

Introduced: February 19, 2025

Last Amended: July 9, 2025

Location: Senate Appropriations Committee

Status: Rereferred to Senate Appropriations Committee

Summary: Existing law provides that the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If a general anesthetic agent is administered in a dental office, the dentist shall hold a general anesthesia permit issued by the Board.

This bill was amended on July 9, 2025, to expressly provide that a nurse anesthetist is authorized to perform anesthesia services. The bill would define "anesthesia services" for purposes of the act to mean, among other things, preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services. Under the bill, an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient would be deemed the authorization for the nurse anesthetist to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia during the course of care. The bill would provide that the selection and administration of medication by a nurse anesthetist for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist shall not constitute a prescription as that term is defined in a specified provision of federal law.

This bill would state that the provisions of the Nurse Anesthetists Act are declaratory of existing law and of an advisor opinion, including specified case law as set forth in *California Society of Anesthesiologists v. Brown* (2012) 204 Cal.App.4th 390.

Staff Comments: Nurse anesthetists are authorized to perform anesthesia services. In acute care facilities, the facility must approve the services, and the services must be provided at the discretion of the physician, dentist, or podiatrist. In dental offices where general anesthesia is administered, the dentist must hold a general anesthesia permit issued by the Dental Board.

The statutory authority for nurse anesthetists to provide anesthesia services is vague—aside from what is implied under the Registered Nurse scope of practice, there is no affirmative, specific authorization for a nurse anesthetist to provide anesthesia services, and there is no definition of anesthesia services. Instead, three sentences in the Nursing Practice Act together form the basis of nurse anesthetist authority to provide anesthesia services, as described in detail in the Assembly Business and Professions Committee analysis of this bill. Taken together, the three sentences authorize a nurse anesthetist to provide anesthesia services in any setting where anesthesia may lawfully be provided, subject to certain conditions. The structure of this implied authority has raised questions regarding the scope of “anesthesia services,” the necessary components of an “order” for anesthesia medication, and the liability implications for providers issuing an order.

This bill is sponsored by the California Association of Nurse Anesthesiology (CANA), which writes in support:

[This bill] provides much-needed clarity and stability to the practice of anesthesia in California by codifying existing law and case precedent regarding the scope of practice for [nurse anesthetists]. [This bill] builds upon the landmark 2012 Court of Appeal decision in *California Society of Anesthesiologists v. Brown*, which affirmed that nurse anesthetists are legally authorized to administer anesthesia under the order of a physician without requiring additional supervision. This interpretation aligns with long-standing California law, the Nursing Practice Act, and the standard practice in most hospitals and surgical settings across the state.

The California Society of Anesthesiologists writes in opposition:

Anesthesiology is a high-risk medical specialty requiring expert management of life-threatening situations and immediate response to complications. The physician-led Anesthesia Care Team (ACT) Model has long ensured the highest standard of care, yet [this bill] seeks to dismantle this system by chipping away at physician oversight and putting patients in harm’s way.... Proponents claim [this bill] will improve access to care, but there is no evidence that expanding nurse anesthetists’ scope of practice will do anything to increase access to care. It only increases risk. Physicians and nurses are both essential—but they are not interchangeable. The physician-led ACT Model is the right solution—there are different roles, different jobs, different training. But physician leadership and involvement are essential to ensuring patient safety.

Recommended Board Position: Watch

[AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools.

Introduced: February 20, 2025

Last Amended: April 7, 2025

Location: Assembly Business and Professions Committee

Status: Two-year bill.

Summary: Beginning January 1, 2024, existing law requires foreign dental schools seeking approval by the Board to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association. Existing law maintained the approval of any foreign dental schools whose program was renewed by the board prior to January 1, 2020, through any date between January 1, 2024, and June 30, 2026, through that renewal date.

This bill would instead maintain the approval of any foreign dental school whose program was approved by the Board prior to January 1, 2024, until the school is denied accreditation by the Commission on Dental Accreditation of the American Dental Association (CODA) and the school does not appeal, the school has been issued a denial by CODA following the completion of the appeals process, or the school withdraws its application for CODA accreditation. The bill would require license applicants who graduated from a foreign dental school with extended Board approval to agree to practice dentistry in specified practice settings. The bill would require the Board, as part of the Board's first Sunset review report following January 1, 2032, to report specified information regarding workforce data of licensees and graduates of foreign dental schools with extended approval, as specified.

Staff Comments: This bill would require significant statutory and regulatory changes and staff time preparing the new workforce report required under the bill and increase staffing resource costs. This bill also may result in decreased consumer protection resulting from licensees, who graduated from a foreign dental school that had not been audited or otherwise reviewed for educational requirements compliance for many years. The bill also may result in a foreign dental school maintaining Board approval without Board oversight of compliance with existing regulatory requirements for a long time, as long as the school had applied for CODA approval.

Board Position: At its May 14-15 meeting, the Board voted to take an Oppose Unless Amended position on AB 966. On May 20, 2025, the Board sent an Oppose Unless Amended letter to Assemblymember Carrillo stating that the Board would further discuss AB 966 at its August 2025 meeting to provide his office with instruction as to how this bill might best be implemented in anticipation of the bill returning in the next legislative session.

[AB 1130](#) (Berman, 2025) Dentistry: outreach and support program.

Introduced: February 18, 2025

Last Amended: June 23, 2025

Location: Senate Appropriations Committee

Status: Set for hearing August 18, 2025

Summary: This bill would require the board to develop, implement, and maintain an outreach and support program to recruit students from underserved communities in the state to pursue education and licensure in the field of dentistry. The bill would establish duties the board would be required to carry out in that regard, including conducting at least 2 outreach activities per year focused on students from underserved communities. The bill would require the board to provide a summary of actions taken pursuant to the bill's provisions as part of its report to the Legislature through the sunset review process.

Staff Comments: Board staff estimate \$179,856 in costs for an Associate Government Program Analyst position and travel costs to implement and maintain the outreach and support program in the first budget year. In the next budget year, Board staff estimate \$159,000 for ongoing costs for the Associate Government Program Analyst position.

Recommended Board Position: Watch

[AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program.

Introduced: February 21, 2025

Last Amended: April 2, 2025

Location: Assembly Appropriations Committee

Status: Referred to suspense file

Summary: This bill would repeal and replace the existing Licensed Dentists from Mexico Pilot Program and instead requires the Board to issue a three-year nonrenewable permit to practice dentistry to an applicant who meets specified criteria and require participants in the program to comply with specified requirements. The bill would authorize participants to be employed only by federally qualified health centers that meet specified conditions and would impose requirements on those centers. The bill would require an evaluation of the program to be commenced beginning one year after the program has commenced, as specified, and would prescribe the information to be included in that evaluation. The bill would require the costs for the program to be fully paid for by funds provided by philanthropic foundations.

Staff Comments: Board staff are working with Assemblymember Ávila Farías' office and the bill sponsor.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position on AB 1307 describing its specific concerns. Board staff met with Assemblymember Ávila Farías' office and the bill sponsor to address the Board's concerns. Based on the July 8, 2025, amendments to the bill that addressed the Board's concerns, the Board sent a letter on July 9, 2025, withdrawing its Oppose Unless Amended position.

Board Position: Watch

[SB 351](#) (Cabaldon, 2025) Health facilities.

Introduced: February 12, 2025

Last Amended: June 16, 2025

Location: Assembly Committee on Appropriations

Status: Set for hearing on July 16, 2025.

Summary: This bill would prohibit hedge funds and private equity groups, as defined, involved in any manner with a physician or dental practice doing business in this state from making health care decisions or exercising power over specified actions, including making decisions regarding coding and billing procedures for patient care services. This bill would also render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund.

Staff Comments: Board enforcement staff estimate 20 additional cases per year to investigate, which would potentially involve prohibited actions in connection with private equity or hedge fund ownership of dental practices.

Board Position: Watch

[SB 470](#) (Laird, 2025) Bagley-Keene Open Meeting Act: teleconferencing.

Introduced: February 19, 2025

Last Amended: April 10, 2025

Location: Assembly Appropriations Committee

Status: Re-referred to Assembly Appropriations Committee

Summary: The Bagley-Keene Open Meeting Act authorizes meetings through teleconference subject to specified requirements; those provisions will be repealed on January 1, 2026. This bill would instead repeal those provisions on January 1, 2030.

Staff Comments: The bill would allow the Board to continue with the current process of allowing teleconferencing providing cost savings and efficiencies for another four years.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take a Support position on SB 470. On May 29, 2025, the Board sent a Support position letter to Senator Laird stating the Board recognizes the value of efficiency, cost savings, and expanded public access to Board meetings provided by teleconferencing options.

[SB 641](#) (Ashby, 2025) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Introduced: February 20, 2025

Last Amended: April 9, 2025

Location: Assembly Appropriations Committee
Status: Rereferred to Assembly Committee on Appropriations

Summary: This bill would authorize boards under the jurisdiction of DCA to waive the application of certain provisions of the licensure requirements, as specified, that the board or DCA is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is in a declared disaster area.

Staff Comments: Board staff would need to coordinate with DCA to implement the bill in terms of initial set up, so fee waivers could be facilitated by way of BreEZe. Board staff, due to the inability to predict the extent of future disasters, are not certain as to the extent of fiscal impact this bill poses by allowing fee waivers (revenue loss).

Board Position: Watch

[SB 744](#) (Cabaldon, 2025) Accrediting agencies.

Introduced: February 21, 2025
Last Amended: June 11, 2025
Location: Assembly Appropriations Committee
Status: Rereferred to Assembly Appropriations Committee

Summary: This bill specifically addresses the concern among some of the Trump Administration's opponents that a national or regional accrediting agency recognized by the United States Department of Education might lose its recognition.

Existing law establishes the California Community Colleges, the California State University, the University of California, independent institutions of higher education, and private postsecondary educational institutions as the segments of postsecondary education in the state. Existing law requires certain postsecondary educational institutions to be accredited by an accrediting agency recognized by the United States Department of Education to qualify as an independent institution of higher education to be eligible for certain programs and to receive an approval to operate.

Existing laws applicable to, among other things, the licensure and regulation of various professions and vocations by the Department of Consumer Affairs require applicants for licensure or licensees to satisfy educational requirements by completing programs or degrees from institutions or universities accredited by a regional or national accrediting agency or association recognized by the United States Department of Education, or otherwise impose a requirement that a school or program be accredited by an accrediting agency recognized by the United States Department of Education.

This bill would provide that, for purposes of any code or statute, a national or regional accrediting agency recognized by the United States Department of Education as of January 1, 2025, shall retain that recognition until January 20, 2029, provided that the

accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025. The bill would repeal those provisions on January 1, 2030.

Staff Comments: The Commission on Dental Accreditation (CODA) is recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs—this recognition has been in place since 1952. It is important to note that the [President's April 23, 2025, Executive Order](#) did not explicitly mention CODA or dental accreditation programs. The order specifically calls out the American Bar Association's (ABA) Council of the Section of Legal Education and Admissions to the Bar, Liaison Committee on Medical Education (LCME), and the Accreditation Council for Graduate Medical Education (AGME) for investigation due to their Diversity Equity and Inclusion (DEI)-related standards which the Trump Administration views as unlawful discrimination. However, the Administration's opponents argue DEI standards are important safeguards against discrimination. Board staff believe CODA's specialized role in dental education makes it less likely to be targeted compared to broader, more political institutional accreditors. This bill is an attempt to ensure California can continue to use accreditation programs regardless of the U.S. Department of Education's recognition.

Recommended Board Position: Support

[SB 861](#) (Committee on Business, Professions and Economic Development, 2025)
Consumer affairs.

Introduced: March 13, 2025

Last Amended: June 30, 2025

Location: Assembly Appropriations Committee

Status: Rereferred to Assembly Appropriations Committee

Summary: This bill, the Senate Business, Professions and Economic Development Committee Omnibus Bill, would amend various aspects of regulation and licensing across multiple boards and bureaus. The bill also includes the Board's legislative proposal to conform BPC sections 1602 and 1603, subdivisions (d) and (e), to change the references of the former registered dental hygienist Board member position to the new registered dental assistant position in accordance with recent amendments to BPC section 1601.1.

Staff Comments: None

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position. On May 29, 2025, the Board sent an Oppose Unless Amended letter to Senator Ashby, Chair of the Senate Business, Professions, and Economic Development Committee, describing the Board's specific concern about the reinstatement of Business and Professions Code (BPC) section 1616.5 to make the Board's appointment of its Executive Officer subject to the approval of the Director of the Department of Consumer Affairs (DCA). On July 1, 2025, the Board sent a letter to

Senator Ashby stating that, based on amendments to the bill that removed BPC section 1616.5, the Board was withdrawing its Oppose Unless Amended position.

Other Board-Monitored Legislation

[AB 116](#) (Committee on Business, Professions and Economic Development, 2025)
Health omnibus trailer bill.

Introduced: January 8, 2025

Last Amended: June 24, 2025

Location: Senate Judiciary Committee

Status: Chaptered by Secretary of State – Chapter 21, Statutes of 2025

Summary: Trailer bills are companion legislation to the state budget, providing the specific statutory language needed to implement the budget's policy decisions. The health omnibus trailer implements and adds policy detail to the state's annual budget, specifically related to health and human services. These bills often include provisions affecting Medi-Cal, health information exchange, and various aspects of the state's healthcare system. In the California Legislature, trailer bills relating to the budget can take effect immediately upon the Governor's signature because they are passed by a simple majority vote and are typically listed as part of the Budget Act. Trailer bills implement the policy changes needed to enact the budget, and their immediate effect is enabled by Proposition 25 of 2010, which allows for such expedited passage and implementation. Accordingly, AB 116 was approved by the Governor and filed with the Secretary of State on June 30, 2025.

This bill excludes an individual who is 19 years of age or older and does not have satisfactory immigration status from dental benefits under Medi-Cal, as specified and would, beginning no sooner than July 1, 2027, require individuals who are not pregnant and who are 19 to 59 years of age, inclusive, to pay a monthly premium of \$30, subject to certain exceptions. The bill would make an individual who is 19 years of age or older and does not have satisfactory immigration status and who applies for Medi-Cal on or after January 1, 2026, eligible only for pregnancy-related services and emergency medical treatment. The bill would delay the implementation of certain provisions until the director makes specified communications to the Department of Finance.

This bill also imposes utilization management for outpatient hospice and COVID-19 services in the Medi-Cal program. Utilization management refers to a set of techniques and strategies used to ensure that healthcare services provided to beneficiaries are medically necessary, appropriate, and cost-effective. It involves reviewing the use of services, procedures, and facilities to optimize healthcare delivery and manage costs. The bill also reinstates the Medi-Cal asset limit at \$130,000 for individuals, and \$65,000 for each additional household member, when determining eligibility for Medi-Cal coverage. The bill imposes prior authorization requirements on Medi-Cal coverage of drugs that have been removed from the contracted drug list and require a 60-day notice to beneficiaries and stakeholders that a drug is no longer on the contracted drug list, rather than a public hearing.

Staff Comments: None

Recommended Board Position: None

[AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories.

Introduced: January 21, 2025

Last Amended: June 30, 2025

Location: Senate Appropriations Committee

Status: Rereferred to Senate Appropriations Committee

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. A plan or insurer would be subject to administrative penalties for failure to meet the prescribed benchmarks. A plan or insurer would be required to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services.

This bill also prohibits a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing which would count toward the in-network deductible and out-of-pocket maximum. A plan or insurer would be required to provide information about in-network providers to enrollees and insureds upon request and limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. A health care service plan, or the insurer, would be required to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate.

On or before January 1, 2026, this bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and establish a methodology to ensure accuracy of provider directories.

Staff Comments: None

Recommended Board Position: Watch

[AB 341](#) (Arambula, 2025) Oral Health for People with Disabilities Technical Assistance Center Program.

Introduced: January 28, 2025

Last Amended: May 1, 2025

Location: Senate Appropriations Committee
Status: Rereferred to Senate Appropriations Committee

Summary: This bill would require the State Department of Developmental Services (DDS) to contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with developmental and intellectual disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.

Staff Comments: None

Recommended Board Position: Watch

[AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments.

Introduced: January 29, 2025
Last Amended: April 23, 2025
Location: Assembly Appropriations Committee
Status: Unknown

Summary: This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age. This bill would make the application of fluoride or other appropriate fluoride treatment, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age. The bill would require the State Department of Health Care Services to establish and promulgate a policy governing billing and reimbursement for the application of fluoride varnish, as specified.

Staff Comments: At its May 14-15, 2025, meeting, the Board voted to take a Support position. On May 29, 2025, the Board sent Assemblymember Bonta a Support position letter stating that the Board recognized the value of enhancing fluoride varnish coverage to improve children's oral health in California.

Board Position: Support

[AB 371](#) (Haney, 2025) Dental coverage.

Introduced: February 3, 2025
Last Amended: April 24, 2025
Location: Assembly Health Committee
Status: Held under submission

Summary: If a health care service plan or health insurer pays a contracting dental provider directly for covered services, this bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by

the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-of-network cost may count towards their annual or lifetime maximum. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits.

This bill would require specified plans and insurers that cover dental services to offer urgent dental appointments within 48 hours of a request, nonurgent dental appointments within 18 business days of a request, and preventive dental care appointments within 20 business days of a request, as specified. The bill would require dentists to be available within 15 miles or 30 minutes from an enrollee's or insured's residence or workplace. The bill would require plans and insurers to report comprehensive information regarding the networks that each dental provider serves, including the plan's or insurer's self-insured network. The bill would require the Department of Managed Health Care or the Department of Insurance to review the adequacy of an entire dental provider network, including the portions of the network serving plans and insurers not regulated by the respective department.

Staff Comments: In a legislative committee, "held under submission" means a bill has been heard, but the committee has not yet made a motion to advance it out, indicating a desire to further work on or discuss the bill. It's essentially a pause, not necessarily a rejection, as the bill could be set for another hearing or withdrawn by its author.

Recommended Board Position: Watch

[AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief.

Introduced: February 10, 2025

Last Amended: N/A

Location: Assembly Public Safety Committee

Status: Hearing canceled at the request of author

Summary: Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license

to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

Staff Comments: None

Recommended Board Position: None

[AB 787](#) (Papan, 2025) Provider directory disclosures.

Introduced: May 06, 2025

Last Amended: June 23, 2025

Location: Senate Standing Committee on Appropriations

Status: Hearing canceled at the request of author

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require a health plan or insurer to include in its provider directory a statement advising an enrollee or insured to contact the plan or insurer for assistance finding an in-network provider and for an explanation of their rights regarding out-of-network coverage. A plan or insurer would also be required to acknowledge the request within one business day if contacted for assistance, and to provide a list of in-network providers confirmed to be accepting new patients within 2 business days for a request deemed urgent by the enrollee or insured and 5 business days for a request deemed nonurgent by an enrollee or insured.

Staff Comments: None

Recommended Board Position: None

[AB 837](#) (Davies, 2025) Ketamine.

Introduced: February 19, 2025

Last Amended: March 27, 2025

Location: Assembly Public Safety Committee

Status: Held under submission

Summary: Existing law, the California Uniform Controlled Substances Act, categorizes controlled substances into five designated schedules, places the greatest restrictions on those substances contained in Schedule I, and generally places the least restrictive limitations on controlled substances classified in Schedule V. Existing law categorizes ketamine as a Schedule III controlled substance. Existing law, with a specified exception, makes it a crime to possess for sale or sell ketamine. Existing law makes a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or in the state prison.

This bill would instead make a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or for 3, 4, or 5 years. The bill would also make it a crime to transport, import, furnish, administer, or give away, offer to transport, import, furnish, administer, or give away, or attempt to import or transport

ketamine into this state, except as specified. The bill would make a violation of these prohibitions punishable by imprisonment in the county jail for 3, 4, or 5 years.

Staff Comments: In a legislative committee, "held under submission" means a bill has been heard, but the committee has not yet made a motion to advance it out, indicating a desire to further work on or discuss the bill. It's essentially a pause, not necessarily a rejection, as the bill could be set for another hearing or withdrawn by its author.

Recommended Board Position: None

[AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.

Introduced: February 19, 2025

Last Amended: April 10, 2025

Location: Assembly Environmental Safety and Toxic Materials Committee

Status: Rereferred to Assembly Environmental Safety and Toxic Materials Committee

Summary: This bill seeks to address perfluoroalkyl substances (PFAS). This bill, beginning January 1, 2028, would prohibit a person from distributing, selling, or offering for sale a covered product, as defined, that contains intentionally added PFAS, as defined, unless the Department of Toxic Substances Control has issued a regulatory response for the covered product pursuant to the Green Chemistry program or the prohibition is preempted by federal law. The bill would authorize a manufacturer of a covered product to petition that department to evaluate a covered product and would require that department to evaluate and provide a regulatory response for a covered product under the Green Chemistry program, as specified. The bill would authorize that department to identify and categorize commercially active PFAS present in products distributed in California, as specified.

Staff Comments: None

Recommended Board Position: None

[AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure.

Introduced: February 20, 2025

Last Amended: Revised April 8, 2025

Location: Assembly Public Safety Committee

Status: Held under submission

Summary: Nitrous oxide is a colorless, odorless to sweet-smelling inorganic gas that was first used in surgical and dental anesthesia in the mid-1800s. Existing law, the Cigarette and Tobacco Products Licensing Act of 2003, requires the California Department of Tax and Fee Administration to issue a license to a retailer to engage in the sale of cigarettes or tobacco products upon receipt of a completed application and

payment of certain fees unless any of certain exceptions apply. Existing law subjects licenses issued by the act to suspension or revocation for specified violations. Existing law prohibits a person from dispensing or distributing nitrous oxide to a person if the distributor knows or should know that the person is going to use the nitrous oxide for certain unlawful purposes and that person proximately causes great bodily injury or death to that person or another person. Existing law also requires a person who dispenses or distributes nitrous oxide to record each transaction involving the dispensing or distribution of nitrous oxide in a written or electronic document, as specified. Existing law makes a violation of either of these provisions a misdemeanor.

This bill would require a court to order the suspension, for up to one year, of the business license of a person who knowingly violates either of those provisions after having been previously convicted of a violation of the respective provision, except as specified. This bill would specify violations subjecting licenses to suspension or revocation include, among others, the crimes above, as specified. The bill would exempt from the license issuance requirement the issuance of a license to a retailer who has been convicted of specified crimes relating to the distribution of nitrous oxide, including the misdemeanors described above.

Staff Comments: In a legislative committee, "held under submission" means a bill has been heard, but the committee has not yet made a motion to advance it out, indicating a desire to further work on or discuss the bill. It's essentially a pause, not necessarily a rejection, as the bill could be set for another hearing or withdrawn by its author.

Recommended Board Position: Watch

[AB 1215](#) (Flora, 2025) Hospitals: medical staff membership.

Introduced: February 21, 2025

Last Amended: N/A

Location: Assembly Business and Professions Committee

Status: Hearing canceled at the request of author

Summary: Existing law, enforced by the Medical Board of California, makes it unprofessional conduct in the regular practice of medicine in a specified licensed general or specialized hospital having five or more physicians and surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provision that membership on the medical shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields and worthy of professional ethics. Existing law also makes it unprofessional conduct in the regular practice of medicine in a licensed general or specialized hospital having less than five surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provision that membership on the medical staff shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields and worthy of professional ethics.

This bill would clarify the membership restriction provisions of other licensees to specifically list dentists, podiatrists, clinical psychologists, nurse anesthetists, and nurse midwives.

Staff Comments: None

Recommended Board Position: Watch

[AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas.

Introduced: February 21, 2025

Last Amended: April 28, 2025

Location: Assembly Revenue and Taxation Committee

Status: Held under submission

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2032, would allow a credit against the taxes imposed by that law to a qualified taxpayer in an amount equal to the qualified income earned by the qualified taxpayer for medical services performed in a rural area in the state, not to exceed \$5,000 per taxable year, as specified.

Staff Comments: In a legislative committee, "held under submission" means a bill has been heard, but the committee has not yet made a motion to advance it out, indicating a desire to further work on or discuss the bill. It's essentially a pause, not necessarily a rejection, as the bill could be set for another hearing or withdrawn by its author.

Recommended Board Position: Watch

[AB 1434](#) (Michelle Rodriguez, 2025) Health care boards: workforce data collection.

Introduced: February 21, 2025

Last Amended: February 24, 2025

Location: Assembly

Status: Pending referral

Summary: Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. This bill would make nonsubstantive changes to those provisions.

Staff Comments: Existing law but monitoring for changes.

Recommended Board Position: Watch

[SB 338](#) (Becker, 2025) Mobile Health for Rural Communities Pilot Program.

Introduced: February 12, 2025

Last Amended: July 3, 2025

Location: Assembly Appropriations Committee
Status: Rereferred to Assembly Appropriations Committee

Summary: Existing law establishes various programs to address the needs of migrant agricultural families. Existing law also provides funding to enhance and maintain rural health services.

This bill would establish the Virtual Health Hub for Rural Communities Pilot Program, and would require the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities. The bill would require the department to distribute grants to partnerships of 2 separate community-based organizations, except as specified, to establish and deploy virtual health hubs, as defined, and to administer the program and to provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program obligations. The bill would outline criteria for the grants and require the department to give priority to community-based organizations that meet specified criteria, including, but not limited to, a history of serving medically underserved communities. The bill would require the grant recipients, among other things, to deploy virtual health hubs, as defined, in 2 rural communities based on farmworker population and access to health care and to submit specified information on the program to the department. Under the bill, the virtual health hubs would include, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine. The bill would create the Virtual Health Hub Fund and would condition implementation of these provisions on no General Fund moneys being used, there being a minimum of \$2,000,000 in the fund, and the department posting a notice on its internet website. The bill would also require the department, 2 years after the notice is posted on the internet website, to submit a report to the Legislature, and post to its internet website, specified information provided by the grant recipients, including age ranges and type of health services accessed by the people served.

Staff Comments: None

Recommended Board Position: Watch

[SB 386](#) (Limón, 2025) Dental providers: fee-based payments.

Introduced: February 14, 2025

Last Amended: April 7, 2025

Location: Senate Floor

Status: Third reading

Summary: This bill would require a health care service plan contract or health insurance policy, issued, amended, or renewed on and after April 1, 2026, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment. The bill, beginning April 1, 2026, would require a health care service plan, health insurer, or contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the

plan or vendor provides a fee-based payment method to the provider and would authorize the dental provider to opt out of the fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor.

The bill would require a health care service plan, health insurer, or contracted vendor that obtains affirmative consent to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider. The bill would specify that its provisions do not apply if a health care service plan or health insurer has a direct contract with a provider that allows the provider to choose payment methods for services rendered.

This bill, sponsored by CDA, responds to the Governor's veto of [SB 1369](#) (Limón, 2024), which would have required dental plans to default to a non-fee-based method of payment to providers, and to remit with each payment the associated claims and claim details. The Governor vetoed that bill stating that the issue was a matter that should be addressed during contract negotiations between dental providers and the dental plan.

Staff Comments: The California Constitution requires a bill to be "read" three times before it can be voted on by either the Senate or Assembly. In the California State Legislature, "ordered to third reading" means a bill has passed through committee and is scheduled for its final reading and vote in the house of origin. This is the last step before the bill moves to the other house of the legislature.

Recommended Board Position: Watch

[SB 497](#) (Wiener, 2025) Legally protected healthcare activity.

Introduced: February 19, 2025

Last Amended: May 23, 2025

Location: Senate Public Safety Committee

Status: Set for hearing July 15, 2025

Summary: This bill would prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care. The bill would prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care, as specified. The bill would prohibit these entities from releasing medical information related to sensitive services, as defined, in response to a foreign subpoena that is based on a violation of another state's laws authorizing a

criminal action against a person or entity for provision or receipt of legally protected health care activity, as defined. The bill would generally prohibit the issuance of a subpoena based on a violation of another state's law that interferes with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care, as specified.

This bill would prohibit a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency from providing any Controlled Substances Utilization Review and Evaluation System (CURES) data or expend any resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability upon the provision or receipt of legally protected health care activity, as defined. The bill would prohibit out-of-state law enforcement from having access to CURES data through the interstate data sharing hub and would prohibit the department from sharing data with an out-of-state law enforcement agency without a warrant, subpoena, or court order, and would prohibit an out-of-state user from providing any data in furtherance of an investigation or proceeding to impose liability for the provision or receipt of legally protected health care activity.

Staff Comments: None

Recommended Board Position: Watch

[SB 682](#) (Allen, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.

Introduced: February 21, 2025

Last Amended: June 23, 2025

Location: Senate Health Committee

Status: Set for hearing on April 30, 2025

Summary: Existing law requires the Department of Toxic Substances Control, on or before January 1, 2029, to adopt regulations to enforce specified covered perfluoroalkyl substances (PFAS) restrictions, which include prohibitions on the distribution, sale, or offering for sale of certain products that contain specified levels of PFAS. Existing law requires the Department of Toxic Substances Control, on and after July 1, 2030, to enforce and ensure compliance with those provisions and regulations, as provided.

Existing law requires manufacturers of these products, on or before July 1, 2029, to register with the department, to pay a registration fee to the department, and to provide a statement of compliance certifying compliance with the applicable prohibitions on the use of PFAS to the Department of Toxic Substances Control, as specified. Existing law requires the Department of Toxic Substances Control to issue a notice of violation for a product in violation of the prohibitions on the use of PFAS, as provided.

This bill would, on and after January 1, 2028, prohibit a person from distributing, selling, or offering for sale a cleaning product, cookware, dental floss, juvenile product, food

packaging, or ski wax, as provided, that contains intentionally added PFAS, as defined, except for previously used products and as otherwise preempted by federal law. This bill would authorize the department, on or before January 1, 2029, to adopt regulations to carry out these provisions.

This bill would require these prohibitions on products containing intentionally added PFAS to be enforced by the department pursuant to the existing authority described above, including, but not limited to, product testing and administrative penalties. The bill would require a manufacturer of a product regulated by the bill to provide a certificate of compliance to the department upon request instead of on or before July 1, 2029. The bill would exempt a manufacturer of a product regulated by the bill from the registration and registration fees required by the existing enforcement authority described above.

Staff Comments: None

Recommended Board Position: None

[SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances.

Introduced: February 21, 2025

Last Amended: March 26, 2025

Location: Senate Environment Quality Committee

Status: Hearing canceled at the request of author

Summary: This bill, among other similar bills, seeks to address perfluoroalkyl substances (PFAS). This bill would, beginning January 1, 2027, prohibit a person from distributing, selling, or offering for sale, dental floss, among other things that contain intentionally added PFAS, as defined. The bill would authorize the Department of Toxic Substances Control to adopt regulations to designate additional consumer product categories to prohibit the distribution, selling, or offering for sale of consumer products containing intentionally added PFAS within those consumer product categories, as specified. The bill would define “product” for purposes of these provisions to not include, among other things, used products offered for sale, federally approved drugs or medical devices, or products containing fluoropolymers, as specified.

Staff Comments: None

Recommended Board Position: None

Department of Consumer Affairs Legislation

[AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs: An act to amend Section 100 of the Business and Professions Code, relating to professions and vocations.

This bill would make nonsubstantive changes to those provisions.

[AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards: Existing law provides for the licensure and regulation of various professions and vocations by boards and other entities within the Department of Consumer Affairs. Existing law establishes procedures for removing from office a member of a board or other licensing entity in the department based on certain conduct by that member.

This bill would make nonsubstantive changes to those provisions.

[SB 806](#) (Dahle, 2025) Department of Consumer Affairs: Existing law establishes the Department of Consumer Affairs, which is comprised of boards that license and regulate various professions and vocations. Under existing law, each board within the department exists as a separate unit with specified functions.

This bill would make a nonsubstantive change to these provisions.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 15.: 2026 Meeting Dates

Background

The Board needs to establish the 2026 meeting schedule to provide adequate time to negotiate contracts for meeting space locations. A 2026 calendar is attached for your reference. The calendar includes dates for holidays and association meetings.

Pursuant to Business and Professions Code, section 101.7, the Board shall meet at least two times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees. Historically, the Board meets quarterly.

Proposed Board Meeting Dates for 2026 Locations are yet to be determined	
February 5-6, 2026	May 12-13, 2026 May 13-14, 2026
August 13-14, 2026	November 5-6, 2026

Action Requested

The Board is asked to consider any potential conflicts with the proposed meeting dates.

January 2026						
◀ December						February ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 New Year's Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 CalAOMS 2026 January Meeting Hayes Mansion in San Jose, CA
18 CalAOMS 2026 January Meeting Hayes Mansion in San Jose, CA	19 Martin Luther King Jr. CSA 2026 Winter Anesthesia Conference	20 CSA 2026 Winter Anesthesia Conference	21 CSA 2026 Winter Anesthesia Conference	22 CSA 2026 Winter Anesthesia Conference	23 CSA 2026 Winter Anesthesia Conference	24
25	26	27	28	29	30	31

February 2026						
◀ January						March ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Groundhog Day	3	4	5	6	7
8	9	10	11	12	13	14 Valentine's Day
15	16 Presidents Day	17	18 Ash Wednesday	19	20	21
22 Washington's Birthday	23	24	25	26	27	28

March 2026						
◀ February						April ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8 Int'l Women's Day	9	10	11	12	13	14
15	16	17 St Patrick's Day	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
◀ March						May ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 Holy Thursday	3 Good Friday	4
5 Easter	6	7	8	9 CSA 2026 Annual Anesthesia Conference & Board Meeting	10 CSA 2026 Annual Anesthesia Conference & Board Meeting	11 CSA 2026 Annual Anesthesia Conference & Board Meeting
12 CSA 2026 Annual Anesthesia Conference & Board Meeting	13	14	15 Tax Day (Taxes Due)	16	17	18
19	20	21	22 Administrative Professionals	23	24 Arbor Day	25
26	27	28	29	30		

May 2026						
◀ April						June ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2 CalAOMS 26 th Annual Meeting The Westin Long Beach in Long Beach, CA
3 CalAOMS 26 th Annual Meeting The Westin Long Beach in Long Beach, CA	4	5 Cinco De Mayo	6	7	8	9
10 Mother's Day	11	12	13	14 CDA Presents Anaheim	15 CDA Presents Anaheim	16 CDA Presents Anaheim
17	18	19	20	21	22	23
24	25 Memorial Day	26	27	28	29	30
31						

June 2026						
◀ May						July ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14 Flag Day	15	16	17	18	19 Juneteenth	20
21 Father's Day	22	23	24	25	26	27
28	29	30				

July 2026						
◀ June						August ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 Independence Day
5	6	7	8	9	10	11
12	13 CSA 2026 Summer Anesthesia Conference	14 CSA 2026 Summer Anesthesia Conference	15 CSA 2026 Summer Anesthesia Conference	16 CSA 2026 Summer Anesthesia Conference	17 CSA 2026 Summer Anesthesia Conference	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
◀ July						September ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026						
◀ August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7 Labor Day	8	9	10	11 Patriot Day	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
◀ September						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12 Columbus Day	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31 Halloween

November 2026						
◀ October						December ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 Election Day	4	5	6	7
8	9 CSA 2026 Fall Anesthesia Conference	10 CSA 2026 Fall Anesthesia Conference	11 Veterans Day CSA 2026 Fall Anesthesia Conference	12 CSA 2026 Fall Anesthesia Conference	13 CSA 2026 Fall Anesthesia Conference	14
15	16	17	18	19	20	21
22	23	24	25	26 Thanksgiving Day	27	28
29	30					

December 2026						
◀ November						January ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 Christmas	26
27	28	29	30	31		

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 16.: 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.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2025
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22.: 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.