NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Assisting Committee of the Dental Board of California will be held as follows:

NOTICE OF DENTAL ASSISTING COMMITTEE MEETING

Thursday, February 24, 2011
Upon Conclusion of Licensing, Certification and Permits Committee Meeting
Doubletree San Diego Downtown
1646 Front Street
San Diego, CA 92101
619-239-6800/916-263-2300

AGENDA

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

DA 1 – Approval of the November 4, 2010 Dental Assisting Committee Meeting Minutes

DA 2 – Update Regarding Course Approvals for Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Radiation Safety, Coronal Polish, Pit & Fissure Sealants, Infection Control, Ultrasonic Scaler, Dental Sedation Assistant, and Orthodontic Assistant. (Information Only)

DA 3 – Dental Assisting Forum (DAF) Report
   (A) Discussion and Possible Action Regarding the DAF’s Recommendation for Changes to the Current Registered Dental Assistant (RDA) Examination Outline.

DA 4 – Report on Southern Testing Sites for the Registered Dental Assistant Practical Exam

DA 5 – Discussion and Possible Action Regarding CADAT’s Request:
   (A) To consider allowing Board-approved RDA programs to submit a written request to the Board staff to review/approve, as equivalent, a CPR provider utilized for RDA program graduate qualification for the exams;
   (B) To consider approval of RDA programs to use CPR providers recognized by the Dental Assisting National Board (DANB) for certification; and
   (C) To Consider Whether Board action is needed regarding the use of clinical hours for Coronal Polish, Pit & Fissure Sealants and Radiology in the school setting as clinical hours if not performed in an extramural facility

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.
Dental Assisting Committee Meeting Minutes
Thursday November 4, 2010
El Segundo, CA
DRAFT Meeting Minutes

Members Present:
Judith Forsythe, RDA, Chair
Bruce Whitcher, DDS, Vice Chair
Fran Burton, Public Member
Luis Dominicis, DDS
Huong Le, DDS
Thomas Olinger, DDS

Members Absent:

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Donna Kantner, Licensing & Examination Unit Manager
Lori Reis, Complaint & Compliance Manager
Kim A. Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Karen Fischer, Administrative Analyst
Sarah Wallace, Legislative/Regulatory Analyst
Linda Byers, Executive Assistant
Kristy Schields, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

Ms. Judith Forsythe, Chair, called the committee meeting to order at 9:30a.m. Roll was called and a quorum was established.

DA 1 – Approval of the May 5, 2010 Dental Assisting Committee Meeting Minutes
M/S/C (Whitcher/Le) to accept the May 5, 2010 Dental Assisting Committee meeting minutes. The motion passed unanimously.

DA 2 – Staff Report Regarding Course Approvals for Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Radiation Safety, Coronal Polish, Pit and Fissure Sealants, Infection Control, Ultrasonic Scaler, Dental Sedation Assistant, and Orthodontic Assistant. (Information Only)
Richard DeCuir, Executive Officer reported that about a year ago the Dental Board and Board staff took a look at all the pending course approvals. At that time there were 83 courses pending approval. With the help of Georgetta Griffith, former Executive Officer, a review was done. It was found that the Board was nothing more than a conduit and that the approvals being done by Consultants from COMDA were taking an average of 7.5 months per course to complete. A new process was put in place by which staff completed the review process with the help of the Consultants as needed. With the new process in place, staff was able to review 38 pending applications in about one month, averaging 2 applications per day. Ms. Tanya Webber joined the Board staff in September and began training with Ms. Griffith to take over the staff review process. Since the addition of Ms. Webber, staff has completed the review of 37 additional applications. In total the Board staff has completed the review of 75 Dental
Assistant Educational Courses. All prior and pending course applications have been reviewed. The initial goal was 60 days per application reviewed. The staff average for application review is currently 30-45 days. Judith Forsythe requested that staff provide the committee with a list of approved, pending, withdrawn and denied courses at each Board meeting. Mr. DeCuire agreed to the request.

Public Comment
There was no public comment.

Adjournment
The meeting adjourned at 9:40 a.m.
MEMORANDUM

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| TO         | Dental Assisting Committee  
Dental Board of California |
| FROM       | Tanya Webber, Associate Governmental Program Analyst  
Dental Board of California |
| SUBJECT    | **Agenda Item DA 2:** Update Regarding Course Approvals for  
Registered Dental Assistant (RDA), Registered Dental Assistant in  
Extended Functions (RDAEF), Radiation Safety, Coronal Polish, Pit &  
Fissure Sealants, Infection Control, Ultrasonic Scaler, Dental Sedation  
Assistant and Orthodontic Assistant – Information Only |

On November 4, 2010, the Dental Assisting Committee, under the direction of Ms. Judith Forsythe, requested that staff provide the committee with a list of approved, pending, withdrawn and denied courses at each Board meeting. The following is the current list of those Dental Assisting Courses.

In addition, as you may recall, on May 6, 2010, the Board voted to delegate authority to staff to grant approval for Radiation Safety, Coronal Polish, Pit and Fissure Sealants, Ultrasonic Scaler, Infection Control, Orthodontic Assistant and Dental Sedation Assistant courses. Since the Dental Assisting Educational Course review and approval was brought back in-house, the average length of time to process an application from receipt to approval/denial has gone from 7.5 months to 30-45 days.

The Dental Board is in the process of completing its regulatory package for Registered Dental Assistant Educational Programs, Infection Control Courses, Orthodontic Assistant Permit Courses, Dental Sedation Assistant Permit Courses, and Registered Dental Assistant in Extended Functions Programs. The Board will continue to review and process new applications for these courses and/or programs under the pending new regulations. Once regulations are approved, the Board will be able to formally approve or deny the applications.

Course applications for Radiation Safety, Coronal Polishing, Pit and Fissure Sealants and Ultrasonic Scaler will continue to be reviewed, as they are governed by existing regulations.
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*Note: Provider has received two deficiency letters by the Board since the receipt of their application. The Provider’s response to the second deficiency letter was received on January 27, 2011. Provider’s letter of response is currently under review by Board staff.
MEMORANDUM

DATE February 15, 2011
TO Dental Assisting Committee
FROM Dawn Dill, Manager, Dental Assisting Program
SUBJECT Agenda Item DA 3: Dental Assisting Forum (DAF) Report

Background
The Dental Assisting Forum (DAF) met on January 21, 2011 in Sacramento, CA. The DAF discussed the Registered Dental Assistant (RDA) written examination and concerns regarding the examination outline. Specifically, concerns have been raised in the dental assisting community pertaining to the percentage of exam questions that are rudimentary or require certification to qualify for licensure within the areas of Infection Control, Coronal Polish, and Pit and Fissure Sealants.

During the meeting, the DAF voted to recommend that the Board consider changes to the examination outline to include Infection Control, Dental Radiation Safety, and preventative procedures after the current examination review is complete.

Board Member Judith Forsythe, RDA, will give a verbal report during this agenda item.

Board Action Requested
The Board may choose to accept, reject, or table the Dental Assisting Forum's recommendation to consider changes to the examination outline to include Infection Control, Dental Radiation Safety, and preventative procedures after the current examination review is complete.
DENTAL ASSISTING FORUM MEETING

January 21, 2011
Dental Board of California
2005 Evergreen Street, Hearing Room
Sacramento, California

DRAFT MINUTES

Meeting was called to Order at 10:06 and a quorum was established.

Members Present
Pam Baldwin
Brenda Gyllenswan
Suzy Jordan
Lois Parento

Members Absent
Barbara Blade

Also Present
Judith Forsythe, Board Member, Dental Assisting Chair
Dr. Bruce Whitcher, Board Member, Dental Assisting Vice-Chair
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kristy Shellans, Legal Counsel
Dawn Dill, Manager, Dental Assisting Program
Tanya Webber, AGPA
Georgetta Griffith, Special Consultant

Agenda Item 1 – Approval of the Dental Assisting Forum Meeting Minutes of April 7, 2010

Mr. DeCuir recommended that the minutes be tabled due to the minutes not being received prior to the meeting today. Ms. Shellans asked for clarification regarding missing information in regards to Agenda Item 2.

M/S/C (Baldwin/Parento) moved to table the minutes to the next meeting.
Dr. Montez gave an overview of the process that is utilized to develop licensure examinations. Subject Matter Experts (SME) who are all licensees in good standing and actively practicing were contacted and asked to attend workshops or focus groups to assist in developing the new examination.

There were several focus group meetings; the prior examination outline was reviewed, as well as, the prior analysis that was done. The focus group then went over the changes in the statutory language; based on this information the focus group determined what type of competencies to include in the examination outline and what competencies to remove because they were no longer relevant. Workshops were then scheduled to developed questions based on the identified critical competencies for licensure.

The new examination outline and questions were developed based on the statutory requirements and followed the national standards for licensure examination test development. This very standardized process for developing licensure examinations always involved testing experts and SME's. Board staff is also involved because staff knows the policies. These processes make the examination defensible.

Dr. Montez stressed the importance of continuing to develop the exam to ensure the examination will test competency. It is also important to accept feedback from stakeholders and schools, the information be fed into the exam development process and the necessity of always reevaluating what you are testing.

Ms. Gyllenswan asked why educators are eliminated from the process. Dr. Montez responded that it depends on the philosophy of the testing expert. Educators traditionally have a mindset of teaching to the universe of practice, with licensing exams you want to test critical competencies. Educators were in some of the workgroups, but were not included in workgroups that set the passing score to protect themselves and the Board.

Ms. Baldwin asked how the recruitment of SME’s was done. Dr. Montez responded that Board staff was provided with the criteria for a SME and contacted the SME’s.

Many questions were asked relating to the percentage of questions on the examination plan that are rudimentary or require certification to qualify for licensure, including Infection Control, Coronal Polish, and Sealants. Dr. Montez responded that the dozens of SME’s felt it was very important to have the quantity of questions and that they should be weighted heavier with those types of questions. As a licensing board, the Dental Board must be conservative in it’s measurement of competency. In time these percentages may change.

Joan Greenfield, Dental Assisting Alliance Stated the Alliance has gone on record that they don’t feel the RDA written is defensible. The Alliance believes the testing expert allowed the SME’s to derail the RDA written and the exam is not reflective of current
RDA duties. Hopes that DAF will have input to the Board on what she feels the structure of the exam should have.

Lori Gagliardi, CADAT asked if we knew the pass rate for candidates based on the individual qualification method. Stated that CADAT is happy with the wide variety of questions.

M/S/C (Baldwin/Jordan) recommend to the Board upon review of the examination, would like the Board to consider changes to the following areas in the content outline to include Infection Control, Dental Radiation Safety and Preventative procedures.

**Agenda Item 3 – Discussion of the Registered Dental Assistant Law and Ethics Examination Development Process**

Nancy Linn from the Department of Consumer Affairs, Office of Professional Examination Services, gave an overview of the contract utilized to develop the new exam. Ms. Linn explained the process that was used to develop the examination outline and cited the differences between the process and references she was able to use versus those that had to be used for other exams.

Ms. Linn stated it is very important in licensure and selection of Subject Matter Experts (SME) to utilize relatively newly licensed SME’s because we are trying to gear all of our information and focus to the entry level/minimally competent.

Ms. Linn explained how a cut score is determined for each version of an exam.

Ms. Baldwin asked what the pass/fail rate is this examination. Ms. Linn stated 71%. Ms. Baldwin asked why the ethics references did not include the CDAA or ADAA. Ms. Linn responded that all reference that were available to the public. It was the decision of the SME’s on which reference materials to use.

Dr. Whitcher asked what was planned for developing further questions for the item bank. Ms. Linn explained that we have a new contract as a result of the examination breach that occurred. The contract was originally scheduled to start in August 2010. Ms. Linn explained that additional questions cannot be developed without a contract.

Ms. Baldwin questioned “veracity” portion of the outline. She believes this category is geared toward front office duties. Ms. Linn responded that these questions were developed and validated by the SME’s and were written from the Dental Assistant perspective.

Joan Greenfield, Dental Assisting Alliance. Asked how an exam plan is select. Ms. Linn responded that in most cases you would use the tasks and knowledge needed to perform the task. Ms. Greenfield talked about the gap between what was taught in the OA course and what was on the licensing examination. Ms. Linn commented that what is on a licensure exam is concerned with protecting the public.
Agenda Item 4 – Discussion of Methods to Communicate New Employment Requirements for Dental Assistants as outlined in Business & Professions Code, Section 1750

Dr. Whitcher suggested that this information be included in a future newsletter.

Ms. Parento asked since it has been a year, have we seen that there is compliance with this requirement. Ms. Dill stated that it is the employer’s responsibility and is not monitored by the Board except during Inspections of dental offices.

Ms. Shellans suggested a notice be prominently posted on the home page of the Board’s web site.

Ms. Shellans also suggested an email blast be sent.

Lori Gagliardi, CADAT stated there is no accountability to the employer dentists. She suggests a letter be sent to all dental offices requiring the dentist to report their employees have met the requirement or are currently licensed.

Gail Mathe, CDA stated it is CDA’s commitment to continue to put the information out and educate their members.

Joan Greenfield, Dental Assisting Alliance stated she is aware that the new requirements for the RDAEF, DSA, OA license or permits are not widely known within the dental community. She suggested that the web site be updated with this information.

Agenda Item 5 – Discussion of Potential New Allowable Dental Assistant Duties

There was discussion of what additional duties the Board may want to consider adding to the allowable duties for each license type. It was suggested to possibly add to the Dental Sedation Assistant duties “Place sedative socket dressing” and to the Registered Dental Assistant in Extended Functions duties “administration of local anesthesia”.

This item will be carried over to the next meeting for additional discussion.

Agenda Item 6 – Future Meeting Dates – 2011

The following dates were selected for future meetings. April 8, 2011, June 17, 2011 and September 30, 2011.

There was no public comment.

The meeting adjourned at 12:45.
MEMORANDUM

DATE  February 9, 2011

TO   Dental Assisting Committee

FROM   Dawn Dill, Manager, Dental Assisting Program

SUBJECT   DA 4 – Report on Southern Testing Sites for the Registered Dental Assistant Practical Exam

Staff is currently working on finalizing the contract to hold the RDA Practical exam at a Pomona testing site in Southern California. As reported at the last meeting, neither of the sites previously used at UCLA or USC have been made available to the Board for RDA examinations. Since this is a new location that has not previously contracted with the State, there has been some negotiation involved with the contract language and the legal counsels involved both at the site and at Department of Consumer Affairs. This has taken some time to work out the details of the contract, however the contract language has been finalized and we are currently waiting for the contract to be returned from the site's legal counsel.

Staff has also been in contact with a hotel in San Diego that would like us to consider using their hotel for the exam. This hotel is currently one of the test sites used by the State Bar. We have also been in contact with a school in Santa Maria that would like us to consider holding the examination at their site.
MEMORANDUM

DATE  February 11, 2011

TO  Dental Assisting Committee

FROM  Dawn Dill, Manager, Dental Assisting Program

SUBJECT  DA 5 – Discussion and Possible Action Regarding CADAT’s Request:

(A) To consider allowing Board-approved RDA programs to submit a written request to the Board staff to review/approve, as equivalent, a CPR provider utilized for RDA program graduate qualification for the exams;

(B) To consider approval of RDA programs to use CPR providers recognized by the Dental Assisting National Board (DANB) for certification; and

(C) To Consider Whether Board action is needed regarding the use of clinical hours for Coronal Polish, Pit & Fissure Sealants and Radiology in the school setting as clinical hours if not performed in an extramural facility.

The Board received a request on January 25, 2011 from the California Association of Dental Assisting Teachers (CADAT) to have this item placed on the agenda.
January 25, 2011

Mr. Richard DeCuir
Executive Officer, Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Dental Assisting Subcommittee/Board Agenda Items □ Request for Consideration

Dear Mr. DeCuir:

The California Association of Dental Assisting Teachers (CADAT) would like to request your consideration and recommendation to the Dental Assisting Subcommittee to include the following items on the next Board agenda:

1) Consider allowing Board-approved RDA programs to submit a written request to the Board staff to review/approve, as equivalent, a CPR provider utilized for RDA program graduate qualification for the exams.

2) Consider approval of RDA programs to use CPR providers recognized by the Dental Assisting National Board (DANB) for certification (see attached).

Rationale: During the 2010 RDA Board examinations, candidates completing and passing their examinations were not issued licenses to practice as a RDA due to staff use of CCR Section 1016, continuing education regulations, requiring only AHA or ARCoertification, or those providers recognized by ADA CERP or AGD PACE. Although RDA programs have for years used providers whose content is equivalent to that of a more expensive course by a provider recognized by AHA or ARCo, the new CPR requirements defined in Section 1016 were being applied to the candidate population, a population for which continuing education regulations do not yet legally apply. Examination candidates were deemed不合格 for submitting CPR cards absent of the AHA or ARCo symbol.

Given that the RDA programs are required to provide extensive education in medical emergencies, office emergency procedures and other first-aid protocols, as well as BLS C-training by a CPR provider, CADAT believes that the cost of having to conform to the provider requirements of Section 1016 is prohibitive to the students and candidates seeking to complete the qualifications to sit for the examination.

We ask that the Board consider a motion to allow, for the purposes of examination qualification and initial licensure only, the RDA programs to use providers recognized by the Dental Assisting National Board (DANB) or
seek Board approval for consideration of a provider whose content is equivalent to that of the DANB recognized providers, the AHA or the ARC. RDA programs not using a recognized provider could submit a request for consideration to the Board staff by providing a course content outline, provider data and program hours for consideration as being equivalent. Provisions of dental assisting statute (B&P 1750.2) still allow for the Board to deem CPR courses as being equivalent to AHA or ARC; we would ask that the Board consider exercising such options for RDA programs and examination candidates.

Once a candidate becomes licensed, the requirements of Section 1016 become effective. The new licensee will then be required to seek CPR re-certification by a provider as defined in the continuing education regulations duly applicable to their new licensure status.

3) Consider whether Board action is needed regarding the use of clinical hours for coronal Polish, Pit & Fissure Sealants and Radiology in the school setting as clinical hours if not performed in an extramural facility.

Rationale: By definition in the proposed regulations, clinical hours used to meet the minimum 800-hour requirement for RDA programs must be obtained in an extramural facility. Existing regulations for each of the three (3) subjects listed have specific clinical hours in each area that must be completed:
- 4 hours □ coronal polish
- 12 hours □ radiology
- 8 hours □ sealants

Given the importance of instructor supervision during the clinical aspect of each subject mentioned, we believe that many programs will want to count these school-based clinical hours as extramural clinical hours. We would ask that the site evaluation process conducted by the Board allow for such a provision, create a reporting process for schools to identify how many hours of clinical the students obtain and in what location such hours are completed. This allows for the greatest amount of program flexibility and does not penalize programs whose faculty may not be comfortable with students performing these clinical procedures outside the confines of the teaching facility until minimum competency has been achieved.

Thank you for your time and consideration. We will be pleased to speak to each of these items, if agendaed, at the upcoming meeting in February.

Respectfully,

Lori Gagliardi, CDA, RDA, RDH, Ed.D
Director of Policy Council

Tamara McNealy, RDA
Chairperson of Policy Council
CDE Categories

Category 1: Mandatory DANB-Accepted CPR Certification

CDE Credits: 4 credits

Accepted Documentation:
Copy of front and back of a current CPR card from one of the organizations listed below; the card must be dated and signed, or imprinted with the instructor’s name, and have the Certificant’s name or signature on the card.

Additional Information:
Current certification in cardiopulmonary resuscitation (CPR) is required for annual renewal of DANB certification. Certificants may earn a maximum of four CDE credits annually (credit depends on the length of the course and may be less for refresher courses) for successful completion of a CPR certification course that includes a hands-on examination provided by the organizations below.

Courses from organizations other than those approved by DANB or course offerings from approved organizations without a hands-on examination will not be accepted. Certificants may only count the CDE credits in the year that CPR is earned.

Note: Two-year CPR card holders can only apply the credits to recertification in the year CPR is earned. In the second year, CPR credits will not count, and the Certificant must earn the full number of credits from other categories.

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  • American Environmental Health and Safety
  • American Heart Association
  • American Red Cross
  • American Safety and Health Institute
  • Canadian Red Cross
  • Emergency Care and Safety Institute
  • Emergency First Response
  • Emergency Medical Training Associates
  • Emergency University - Not all courses include the hands-on exam, so check with provider before taking course to be sure it will be accepted by DANB
  • EMS Safety Services
  • Medic First Aid
  • Military Training Network
  • National Safety Council (Green Cross)
  • ProCPR (added Feb. 2009) - Not all courses include the hands-on exam, so check with provider before taking course to be sure it will be accepted by DANB
  • Saudi Heart Association

DANB accepts CPR certifications from the providers above, if the Certificant was given a hands-on examination. CPR must be part of the course. CPR certification from other providers or courses will not be accepted.
February 14, 2011

Ms. Judith Forsythe - Chair  
Dr. Bruce Whitcher – Vice Chair  
Dental Board of California, Dental Assisting Committee  
2001 Evergreen Street, Suite 1550  
Sacramento, CA 95815

Dear Ms. Forsythe and Dr. Whitcher:

The California Association of Dental Assisting Teachers (CADAT) would like to express our appreciation for the inclusion of Committee agenda items under section DAS5 for consideration on February 24, 2011. As you know, CADAT has begun the process of communicating and assisting all Board-approved RDA programs represented by our members with implementation of the new educational regulations set for promulgation in the very near future. As part of this process, we have identified operational items that may require policy recommendations by the Committee and approval by the Board; specifically the following:

- Allowing RDA programs seeking to utilize a CPR provider who may not meet the Board’s provider requirements as set forth in CCR Section 1016(b)(1)(C) to submit a request for approval as an equivalent provider.

  **Rationale:** Last year, the Board staff found RDA applicants deficient in meeting the application requirements based on the school’s use of a CPR provider that did not meet the Board’s requirements for providers as set forth in CCR Section 1016(b)(1)(C). Although the training and content areas of the courses were consistent with that of an American Heart Association or American Red Cross course, the Board chose to apply the standards set forth in the above stated regulations as the standard for RDA programs to incorporate. Unfortunately, schools and institutions were not notified of such expectations and continued to use the same providers as years past. Graduates/candidates for the examinations were not issued licenses upon successful completion of their examinations due to this deficiency.

  CADAT would like to ask that those programs under your supervision be allowed to submit a request to the Board for review and approval, as equivalent, those providers meeting the content areas of an AHA or ARC course. The costs of training the students solely for the purpose of having an AHA or ARC designation (symbol) on the card is much greater and serves only to add additional educational costs to a student population already struggling. We believe that the required content areas of a RDA program in the areas of office/medical emergencies, patient protection and basic life support plus the content of a CPR provider meets or exceeds the educational criteria necessary for application for the examinations.

  In reviewing this matter, we ask that you please note the following: CADAT believes it unlawful to apply regulations for continuing education (Section 1016(b)(1)(C)) to a population for whom continuing
education does not apply. Once licensed, the provisions of CCR Section 1016, including the provider content for CPR, do apply and as such the licensee must seek the applicable provider for future licensure renewal.

- Consideration for approval of RDA programs to use CPR providers recognized by the Dental Assisting National Board (DANB).

  Rationale: As stated previously, CADAT believes that for the purposes of educational criteria within the RDA programs there are a number of non-Board approved providers of CPR/BLS recognized by national educational, certification and licensing Boards. The listing of DANB recognized providers is attached. CADAT requests that the Board consider a motion to approve the same listing of providers for use by all RDA programs in California.

- Consider allowing clinical hours required for certification in coronal polishing, radiation safety and sealant education within the RDA programs to be performed within the school setting and still allow for those hours to be considered clinical in light of the new regulations requiring extramural facility use for all clinical training hours.

  Rationale: Although the new regulations define what an extramural facility is and how clinical hours shall be obtained, there may be a necessity for clinical supervision of the three above stated competencies to be performed within the school setting. CADAT would like to see consideration given by the site evaluators and Board staff visiting the educational programs whose students do perform these clinical functions within the facility as not being deficient for doing so. The total number of hours a program might utilize in the three areas mentioned would be less than 20. This consideration also allows for schools that may have a clinic within the teaching facility to utilize those clinic hours as effectively as possible.

As always, CADAT appreciates the opportunity to provide input and present rationale for your consideration. We are happy to address any questions you may have during the committee meeting as well as for the Board to consider.

Sincerely,

Lori Gagliardi, CDA, RDA, RDH, Ed.D
Director – Policy Council

Tamara McNealy, RDA
Chairperson – Policy Council
CDE Categories

Category 1: Mandatory DANB-Accepted CPR Certification

CDE Credits: 4 credits

Accepted Documentation:
Copy of front and back of a current CPR card from one of the organizations listed below; the card must be dated and signed, or imprinted with the instructor's name, and have the Certificant's name or signature on the card.

Additional Information:
Current certification in cardiopulmonary resuscitation (CPR) is required for annual renewal of DANB certification. Certificants may earn a maximum of four CDE credits annually (credit depends on the length of the course and may be less for refresher courses) for successful completion of a CPR certification course that includes a hands-on examination provided by the organizations below.

Courses from organizations other than those approved by DANB or course offerings from approved organizations without a hands-on examination will not be accepted. Certificants may only count the CDE credits in the year that CPR is earned.

Note: Two-year CPR card holders can only apply the credits to recertification in the year CPR is earned. In the second year, CPR credits will not count, and the Certificant must earn the full number of credits from other categories.

DANB-Accepted CPR Providers:
- American Environmental Health and Safety
- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University - Not all courses include the hands-on exam, so check with provider before taking course to be sure it will be accepted by DANB
- EMS Safety Services
- Medic First Aid
- Military Training Network
- National Safety Council (Green Cross)
- ProCPR (added Feb. 2009) - Not all courses include the hands-on exam, so check with provider before taking course to be sure it will be accepted by DANB
- Saudi Heart Association

DANB accepts CPR certifications from the providers above, if the Certificant was given a hands-on examination. CPR must be part of the course. CPR certification from other providers or courses will not be accepted.