



Tuesday, January 29, 2019

Dental Hygiene Board of California

Full Board Agenda



Notice is hereby given that a public meeting of the
Dental Hygiene Board of California (DHBC) will be held as follows:

DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC)
TELECONFERENCE AGENDA

January 29, 2019

12:00 p.m. - Adjournment

Department of Consumer Affairs
2005 Evergreen Street, 1st Fl. Silverwood Lake Room*
Sacramento, CA 95815
916-263-1978

*No members, only administrative staff at this location

OTHER TELECONFERENCE LOCATIONS LISTED BELOW

The DHBC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard.

AGENDA

1. Roll Call & Establishment of Quorum
2. Public Comment for Items Not on the Agenda
[The DHBC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting] (Government Code §§ 11125 & 11125.7(a))
3. President's Report
4. Approval of the April 21, 2018 Full Committee Meeting Minutes
5. Executive Officer's Report
6. Discussion and Possible Action on the Following Proposed Regulatory Package: 16
CCR §1105.2. Required Curriculum
7. Discussion and Possible Action on the Following Proposed Regulatory Package: 16
CCR §1109. Radiograph Decision Making and Interim Therapeutic Restorations
8. Discussion and Possible Action on the Following Proposed Regulatory Package: 16
CCR §1115 Retired License Fee Resolutions and Permanently Disabled Category
Subsection

9. Carrington College Stock Transfer Update

10. Omnibus Bill Update

11. Future Agenda Items

12. Adjournment

TELECONFERENCE LOCATIONS:

Susan Good, President, Public Member Catalano Fenske c/o Bitwise South Stadium Donkey Kong Conference Room, 1 st Fl. 700 Van Ness Avenue Fresno, CA 93721	Evangeline Ward, RDH Diablo Valley College Dental Hygiene Program 321 Golf Club Road Life Science Bldg., #109 Pleasant Hill, CA 94523
Michelle Hurlbutt, RDH Educator West Coast University Conference Room, 3rd Fl. 1477 S. Manchester Avenue Anaheim, CA 92802	Sandra Klein, Public Member Congregation B'nai Israel 2111 Bryan Ave. Tustin, CA 92782
Timothy Martinez, DMD Borrego Health 1700 Iowa Street, Suite 290 Riverside, CA 92507	Noel Kelsch, RDHAP Cabrillo College HAWK Bldg. (next to parking lot J) Room. 2147 6500 Soquel Dr Aptos, CA, 95003

One or more DHBC Member(s) will participate in this meeting at the teleconference sites listed above. Each teleconference location is accessible to the public and the public will be given opportunity to address the DHBC at each teleconference location. The public teleconference sites are noticed on the agenda. Public comments will be taken on the agenda items at the time the specified item is raised. The DHBC 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. For verification of the meeting, contact Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or access the DHBC Web Site at: www.dhcc.ca.gov

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 his or her 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)).

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email Elizabeth.elias@dca.ca.gov or send a written request to the DHBC at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.



*Roll Call for the Dental Hygiene Board of California
Full Board Meeting*

Tuesday, January 29, 2019

	Present	Absent
Susan Good, Public Member, President		
Nicolette Moultrie, RDH Member, Vice President		
Edcelyn Pujol, Public Member, Secretary		
Michelle Hurlbutt, RDH Educator Member		
Noel Kelsch, RDHAP Member		
Sandra Klein, Public Member		
Timothy Martinez, Public Health Dentist Member		
Garry Shay, Public Member		
Evangeline Ward, RDH Member		



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 2

Public Comment for Items Not on the Agenda

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



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 3

President's Report

A Verbal Report Will Be Provided



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 4

Approval of the April 21, 2018 Full Committee

Meeting Minutes

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



Dental Hygiene Committee Meeting Minutes

Saturday, April 21, 2018

Location:

Doubletree by Hilton Hotel – San Diego Mission Valley
7450 Hazard Center Drive
San Diego, CA 92108

DHCC Members Present:

Susan Good, President, Public Member
Edcelyn Pujol, Secretary, Public Member
Michelle Hurlbutt, Registered Dental Hygienist (RDH) Educator
Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP)
Sandra Klein, Public Member
Garry Shay, Public Member

DHCC Members Absent and Excused:

Timothy Martinez, Public Health Dentist
Nicolette Moultrie, RDH
Evangeline Ward, RDH

DHCC Staff Present:

Anthony Lum, Executive Officer
Brittany Alicia, Receptionist
Nancy Gaytan, Enforcement Analyst
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist
Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

Public Present:

Maureen Titus, CDHA
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Thomas Stewart, DDS, President, DBC
JoAnn Galliano, MEd, RDH, DHCC Educational Consultant and Subject Matter Expert (SME)
Debra Daniels, Taft College
Vickie Kimbrough, Taft College, Purple Pen
Brenda Serpa, SJVC – Visalia
Kelly Reich, Western Regional Examination Board (WREB)
Jana Pierce, Shasta College
Melissa Nieves, SWC Dental Hygiene Student
Kaila Everett, SWC Dental Hygiene Student
MJ Centeno, SWC Dental Hygiene Student
Sherielaine Edquilang, SWC Dental Hygiene Student
Taylor Nevlue, SWC Dental Hygiene Student

Howie Huynt, SWC Dental Hygiene Student
Natalie Monty, SWC Dental Hygiene Student
Ashley LaFavor, SWC Dental Hygiene Student
Victoria Peterson, SWC Dental Hygiene Student
Chelsea Tuano, SWC Dental Hygiene Student
Hilda Cumberos, SWC Dental Hygiene Student
Kim Dinh, SWC Dental Hygiene Student
Leliha Dukes, SWC Dental Hygiene Student
Amanda Gordo, SWC Dental Hygiene Student
Casey Reinhardt, SWC Dental Hygiene Student
Marlene Loja, SWC Dental Hygiene Student
Roya Lugtu, SWC Dental Hygiene Student
Vero Carrille, SWC Dental Hygiene Student
Trang Huynh, SWC Dental Hygiene Student
Lisa Kamibayashi, West Los Angeles College (WLAC)
Arezou Goshtasbi, Concorde Career College (CCC) – Garden Grove
Jean Honny, SWC
Linda Brookman, University of Southern California (USC)
Donna Smith, USC
Diane Melrose, USC
Mary McCune, California Dental Association (CDA)
Mark Ito, Department of Consumer Affairs (DCA) Budget Analyst

1. Roll Call and Establishment of a Quorum

Susan Good, President of the Dental Hygiene Committee of California (DHCC), called the meeting to order at **9:00 a.m.** She announced Timothy Martinez, Nicolette Moultrie, and Evangeline Ward are absent and had been excused. DHCC Secretary, Edcelyn Pujol, took roll call and a quorum was established with six members present.

2. Public Comments for Items Not on the Agenda

Maureen Titus, CDHA, requested that two bills, SB 1464 and AB 3087, be reviewed by the DHCC.

No further comments received.

3. Update on Pending Regulatory Packages

DHCC Executive Officer (EO) Anthony Lum, stated that the following regulation packages have been returned for edits caused by the fiscal impact that was not completed beforehand:

1. CCR Title 16, Division 11, § 1104 Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs.
2. Proposed CCR, Title 16, Division 11, § 1109.4 Retired License.
3. CCR Title 16, Division 11, § 1150, 1151, 1153 Name Badge/Sponsored Free Healthcare Events.

Staff will be working on these three regulation packages to proceed through the regulatory process.

4. Consideration of the Legislative and Regulatory Subcommittee Report

President Good requested Legislative and Regulatory Subcommittee Chairman, Garry Shay, to present.

Chair Shay stated that all subcommittee members were present.

1. The November 17, 2017 meeting minutes were approved.
2. Several bills and regulations were considered and discussed among subcommittee members which are recorded in the Legislative and Regulatory Subcommittee meeting minutes.

President Good requested comments from members of the DHCC or public.

No comments received.

Motion: Noel Kelsch moved to adopt the Legislative and Regulatory Subcommittee Report.

Second: Sandra Klein

Vote: Motion to adopt the Legislative and Regulatory Subcommittee Report. Passed 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

5. Consideration of the Licensing and Examination Subcommittee Report

President Good requested Licensing and Examination Subcommittee Chairman, Noel Kelsch, to present.

Chair Kelsch stated that all subcommittee members were present.

1. The November 17, 2017 meeting minutes were approved.
2. The licensing and written examination statistics were reviewed.

- a. The Subcommittee requested research be conducted by staff to ensure exam questions parallel the law and the curriculum that is being taught in dental hygiene schools.
 - b. The Subcommittee requested research be done to find out what questions examinees are missing the most, especially registered dental hygienist in alternative practice (RDHAP) because of the high fail rate.
 - c. A post exam survey should be created to find out what examinees are struggling with regarding the written examination.
3. An Occupational Analysis (OA) and exam development contract with the Office of Professional and Examination Services (OPES) requested to be completed.
4. The Subcommittee requested Business and Professions Code (BPC) §1917(b) be amended to place a two (2) year time limit to accept a pass clinical examination score to apply for licensure.
5. The Subcommittee reviewed the RDH, RDHAP, and registered dental hygienist extended functions (RDHEF) duty chart in public health setting.
6. Future agenda items included alternative licensing examination options such as portfolios and other pathways to licensure.

President Good requested comments from members of the DHCC or public.

Dr. Michelle Hurlbutt stated that she is opposed to conducting an OA as the DHCC does not administer a California Dental Hygiene Clinical Exam. She stated the purpose of an OA is to get an understanding of what is happening in the dental hygiene workplace which will not affect the California Law and Ethics Exam.

EO Lum stated that the recommendation was made to conduct an OA to review the current professional duties as compared to the last OA conducted in 2010.

Michelle Hurlbutt stated that if the DHCC is going to spend a large portion of the budget for a survey service, she would prefer an RDHAP survey as recommended by the Sunset Review Committee.

Susan Good stated that more research should be conducted as to types of questions an OA would be able to include.

EO Lum reviewed the purpose of an OA as defined by OPES:

1. An OA defines a profession in terms of the actual tasks that new licensees must be able to perform safely and competently at the time of licensure.
2. In order to develop a licensing examination that is fair, job-related, and legally defensible, it must be based upon what licensees actually do on the job.
3. The OA should be changed and reviewed every five to seven years to verify that it actually describes current practice.

Chair Kelsch stated that, in her interpretation, OPES defines the purpose of an OA as tasks of the job, not clinical reasoning or areas that can be directly related to law and ethics.

Kelly Reich, Western Regional Examination Board (WREB), stated that WREB recently conducted an OA, which will soon be shared with member states and educators. Ms. Reich stated OAs are conducted to determine the content of clinical examinations for licensure. She suggested that the DHCC refer to the WREB OA, rather than

conducting a separate OA as it is likely that the DHCC will not get desired results as it relates to the Law and Ethics Examination.

Karen Fischer, Executive Officer of the Dental Board of California (DBC), stated that the DBC accepts WREB as a pathway for licensure. She stated that the DBC conducts an OA to comply with BPC § 139. Ms. Fischer suggested EO Lum contact OPES regarding the OA requirement, as the DBC is required to conduct their OA every five to seven years.

Motion: Garry Shay moved to amend the Licensing and Examination Subcommittee Report such that the DHCC uses OPES unless the DHCC is capable of using a different vendor, in which case, this issue would be reconsidered by the Subcommittee.

Second: Noel Kelsch

Chair Kelsch requested comments from members of the DHCC or public.

JoAnn Galliano, RDH, MS, DHCC Educational Consultant and Subject Matter Expert (SME) seconded the recommendation to see if the DHCC, by law, can use the OA conducted by WREB and Central Regional Dental Testing Services (CRDTS) instead of conducting a separate OA.

Vote: Motion to amend the Licensing and Examination Subcommittee Report such that the DHCC uses OPES unless the DHCC is capable of using a different vendor, in which case this issue would be reconsidered. Passed 5:1:3.

Name	Aye	Nay	Abstain
Susan Good		X	
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

Dr. Hurlbutt asked if there was a final decision by the Subcommittee on the RDH, RDHAP, and RDHEF duty chart. She stated that she is not in favor of the duty chart as it is not accurate.

Chair Kelsch stated that there have been a substantial amount of inquiries on the scope of practice by licensed dental hygienists and a chart would be an excellent referral tool.

Ms. Galliano stated that she agrees with Dr. Hurlbutt as a chart does not always clearly delineate what a licensed hygienist can do. She recommended that if hygienists have questions regarding duties, an e-mail may be sent to the DHCC Members to make the determination. In addition, Ms. Galliano stated that in 2005, the duty chart was no longer used as it caused problems and confusion.

EO Lum stated that the majority of dental hygiene duties are set, with minimal adjustments. He stated that if a chart were adopted, a footnote may be added to disclose that duties are 'including but not limited to'.

President Good stated that as a consumer, it would be beneficial to have a duty chart so that any consumer can be aware of what the licensee can and cannot do.

Motion: Garry Shay moved to adopt the report as amended.

Second: Noel Kelsch

Chair Kelsch requested comments from members of the DHCC or public.

Ms. Titus stated that the concern is heavily weighted in the public health field, as it is unclear where the line is drawn if a dentist is not present nor available to a patient.
No further comments received.

Vote: The motion to adopt the report as amended. Passed 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

6. Consideration of the Enforcement Subcommittee Report

President Good requested Enforcement Subcommittee Chairman, Michelle Hurlbutt, to present.

Chair Hurlbutt stated that all subcommittee members were present. The November 17, 2017 Subcommittee meeting minutes were accepted. Enforcement statistics and performance measures were reviewed. The Subcommittee discussed and took action on diversion programs.

The Enforcement Subcommittee recommended to the full committee that the DHCC Staff would investigate Diversion Programs and provide the DHCC Members with more information such as, success rates, costs, how other Boards conduct their programs, the distinction between a Participant who volunteers and one who is assigned, if there is a cost associated with the contract, and anything else the DHCC Staff feels is necessary to report.

Chair Hurlbutt requested comments from members of the DHCC or public.

No comments received.

Vote: Motion to recommend DHCC staff investigate Diversion Programs and provide the DHCC Members with more information such as: success rates, costs, how other Boards conduct their programs, the distinction between a Participant who volunteers and one who is assigned, if there is a cost associated with creating a contract, and anything else the DHCC Staff feels is necessary to report. 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

The subcommittee took no action on the amendments on the uniform standards related to substance abuse and disciplinary guidelines as the Subcommittee was waiting on the outcome of a meeting regarding this matter. Depending on the outcome, it will return as an agenda item at a future meeting.

Motion: Michelle Hurlbutt moved to adopt the Subcommittee's report.

Chair Hurlbutt requested comments from members of the DHCC or public.

No comments received.

Vote: Motion to adopt the Enforcement Subcommittee Report. Passed 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

7. Consideration of the Education Subcommittee Report

President Good called on Education Subcommittee Chairman, Michelle Hurlbutt, to present.

Chair Hurlbutt stated that she was the stand-in Chair for Nicolette Moultrie, RDH, DHCC Education Subcommittee Chairman, and Evangeline Ward, RDH, who were both absent. Chair Hurlbutt, Noel Kelsch, and Edcelyn Pujol attended to form a Subcommittee. The November 17, 2017 meeting minutes were accepted.

The Subcommittee first discussed to amend 16 CCR §1107 RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage. The Subcommittee recommended to the Full Committee the issue concerning 16 CCR §1107(b)(9)(A) and 16 CCR §1107(b)(9)(B) be referred to a task force to clarify language.

The Subcommittee discussed clarification on radiography instruction in dental hygiene educational programs (DHEP). The Subcommittee recommended to the Full Committee that the DHCC follow the Commission on Dental Accreditation (CODA) standards regarding radiography education and recommended referral to a task force to discuss requirements for analog and digital radiography education in DHEP.

The Subcommittee discussed and took action on the number of Interim Therapeutic Restorations (ITR) to be completed in DHEPs for competency. The Subcommittee recommended to the Full Committee that this topic be referred to a task force to assist in drafting regulatory language concerning ITR course curriculum.

The Subcommittee discussed DHEP review updates.

1. The Subcommittee recommended to the Full Committee that the Executive Officer be directed to issue new approval for Taft College.

2. The Subcommittee recommended to the Full Committee withdraw of approval from Concorde Career College – Garden Grove with stay pending resolution of noted deficiencies by July 2, 2018.
3. The Subcommittee recommends to the Full Committee withdraw of approval from Concorde Career College – San Bernardino and Concorde Career College – San Diego if noted deficiencies are not resolved by July 2, 2018.

Chair Hurlbutt requested comments from members of the DHCC or public.

Noel Kelsch clarified that the dental hygiene educational programs should be following CODA standards.

Ms. Galliano stated that her understanding of the CODA Standard requiring analog processing was that students would have the ability to process analog radiographs, however, the DHEP could choose how the radiograph is taken.

Vickie Kimbrough (Taft College, Purple Pen) thanked the DHCC for their help in getting Taft through its deficiencies. She publicly acknowledged Dr. Daniels for being supportive of Taft's efforts and Taft's faculty and students for being flexible. She stated that in the Education Subcommittee report on DHEPs, the deficiencies are not equal among the schools. Dr. Kimbrough stated that for some schools, each deficiency is listed in detail, but for other schools, it simply says that a number of deficiencies were found without listing them. She stated that if the DHCC aims for consumer protection, then all schools and their deficiencies should be listed equally.

The Full Committee discussed and agreed with Dr. Kimbrough that all dental hygiene educational program deficiencies should be listed equally among all programs.

Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist stated specific deficiencies were not listed equally among the schools, as their deadlines fall after this meeting and the schools did not have the opportunity to correct the deficiencies prior to the report. The schools that had specific and detailed deficiencies listed had not corrected their deficiencies before the deadline and/or the deficiencies were of critical concern.

The Full Committee discussed and agreed that the only schools that have surpassed their deadline to correct their deficiencies should be reported to the Full Committee. In addition, staff to provide the Committee with critical concerns, elevated deficiencies, and full site visit reports.

Ms. Reich requested that if DHCC withdraws approval from a DHEP, that the information can be reported to WREB as well.

Chair Hurlbutt stated that even if the DHCC withdraws approval from a DHEP, the DHEP is still CODA accredited. The student can sit for the WREB clinical exam; however, the student cannot be licensed in California, but can be licensed in any other state that accepts WREB.

EO Lum stated that even when approval of a program is withdrawn, the school still has the right to an appeal which can be a lengthy process.

Laurel Sampson, Program Director of the Concorde Career College-San Diego Dental Hygiene Program (CCCSB), stated that she was asked to speak on behalf of the Concorde Career College-Garden Grove Dental Hygiene Program (CCCGG), the Concorde Career College-San Bernardino Dental Hygiene Program (CCCSB), and CCCSD. The Concorde Career College (CCC) programs were notified in January

2018 that CCC program length was not equivalent to two years academic years or 1600 hours. A couple of years ago, it was evaluated that units needed to be added to the core curriculum. She stated that CCC has been accredited by CODA and approved by DHCC since inception of the programs. CCC has been working diligently to get into compliance regarding the curriculum. She continued that it is CCC's intent to meet the deadline; however, CODA responded they would not review the curriculum change until July 2018, and discussed in an August 2018 meeting. Despite all efforts, there may be timeline issues, and as a result, CCC may not be able to meet the DHCC deadline. In addition to CODA, the Accrediting Commission of Career Schools and Colleges (ACCSC) poses a concern as well.

Chair Hurlbutt stated that she believes CODA has an emergency measure that allows DHEPs to put emergency changes in place as requested by the program. She recommended Ms. Sampson to look at CODA emergency measures. Dr. Hurlbutt stated CCC has a set of graduates that are not meeting the law; therefore, CCC must devise a plan to place the students in compliance.

Ms. Galliano stated that there should not be an issue with the accrediting body. If you are required by state law to make a change, the accrediting body must allow you to make that change. State law supersedes the accrediting body and they are required to acknowledge the changes.

Ms. Sampson stated that CCC will do everything they able to become compliant; however, CCC may not be able to meet the deadline for reasons that are out of CCC's control.

DHCC Legal Counsel Jason Hurtado stated that the DHCC may hold a Summer teleconference to discuss CCC concerns.

No further comments received.

Motion: Michelle Hurlbutt moved to adopt the Education Subcommittee Report.

Vote: Motion to adopt the Education Subcommittee Report. Passed 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

8. Discussion and Possible Action to Determine November 2018 and April & November 2019 Meeting Locations

President Good stated that at the November 2017 committee meetings, the dates for 2018 and 2019 committee meetings were determined as follows:

1. November 16-17, 2018.
2. April 12-13, 2019.
3. November 22-23, 2019.

Although meeting dates were determined, the locations were not. President Good recommended that the next meeting be held in the Central Valley. Additionally, she stated that it would meet the convenience of licensees who practice in the Central Valley and give them an opportunity to attend a DHCC Committee Meeting.

Motion: Susan Good moved to conduct the November 2018 meetings in Fresno and that the DHCC set a Committee goal to alternate between locations in Northern, Central, and Southern California.

Second: Noel Kelsch

President Good requested comments from members of the DHCC or public.

Brenda Serpa, SJVC – Visalia, voiced support for having a DHCC Committee Meeting in the Central Valley.

Ms. Kelsch stated that she would support holding future meetings at state facilities and schools.

Dr. Petty stated that holding the DHCC Committee Meetings at schools that have DHEPs may pose a conflict of interest if they are offering free usage of facilities. EO Lum stated that he was in agreement with Dr. Petty.

Sandra Klein suggested to hold the meeting at a hotel as the hotel would be the focal point for many attendees.

No further comments received.

Vote: Motion to meet in Fresno for the DHCC's November 2018 meetings and to alternate between locations in Northern, Central, and Southern California. Passed 6:0:3.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez			X (absent)
Sandra Klein	X		
Nicolette Moultrie			X (absent)
Edcelyn Pujol	X		
Garry Shay	X		
Evangeline Ward			X (absent)

9. Future Agenda Items

1. Breeze update patch schedule.
2. Mobile and portable dental unit legislation.
3. Remediation class to be considered for initial California licensure for RDH applicants whom have graduated over two (2) years prior to their application.
4. Request to clarify requirements of sealing, polishing, and contouring permanent restorations.
5. Soft tissue curettage, local anesthesia, and nitrous oxide-oxygen regulation clarification.
6. Radiography regulation clarification including future language requiring analog and digital training.
7. Review of amount of ITRs required for certification of licensure.

President Good requested comments from members of the DHCC or public.

Dr. Kimbrough recommended that the task force assigned to review ITRs consider creating language to enable continuing education providers the ability to provide ITR courses to licensed RDHs not associated with DHEPs, as well as separating anesthesia requirements between DHEPs and SLN providers for out-of-state dental hygienists applying for California licensure.

No further comments received.

10. Adjournment

President Good adjourned the Full Committee meeting of the DHCC at **10:51 a.m.**



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 5

Executive Officer's Report

A Verbal Report Will Be Provided



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 6

**Discussion and Possible Action on the Following
Proposed Regulatory Package:**

16 CCR §1105.2. Required Curriculum



MEMORANDUM

DATE	January 29, 2019
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Dental Hygiene Board of California
SUBJECT	Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR §1105.2. Required Curriculum

Background:

Since the Dental Hygiene Board of California (DHBC) began oversight in Dental Hygiene Educational Programs (DHEP) in January 2016, enforcement of regulations has posed some challenges due to the clarity of the regulations, as well as to additional areas that require an update of references to remain current and applicable.

At the November 17, 2018 Board meeting, the Board tabled addressing the proposed regulatory package and related forms of 16 CCR §1105.2. Required Curriculum and requested to be placed on the agenda of the next scheduled Board meeting.

Staff Recommendation:

Staff recommends to the Board to review the related forms and proposed language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 §1105.2 as noticed.

Pros: To update language to the current CODA Standards as well as to provide clarification to current regulations.

Cons: None.

TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

Amend §1105.2 of Title 16 of the California Code of Regulations (CCR) to read as follows:

- (a) The curriculum of an educational program shall meet the requirements of this section.
- (b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing
 - (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required,
 - (2) the standards used to measure the students' independent performance in each area, and
 - (3) the evaluation mechanisms by which competence is determined.
- (c) The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.
- (d) The content of the curriculum shall include biomedical and dental sciences and dental hygiene sciences and practice. This content shall be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency.
 - (1) Biomedical and Dental Sciences Content
 - (A) Cariology
 - (B) Dental Materials
 - (C) General **and Maxillofacial** Pathology and/or Pathophysiology
 - (D) Head, Neck and Oral Anatomy
 - (E) Immunology
 - (F) Oral Embryology and Histology
 - (G) Oral Pathology
 - (H) Pain management
 - (I) Periodontology
 - (J) Pharmacology
 - (K) Radiography
 - (L) Dental Anatomy and Morphology
 - (2) Dental Hygiene Sciences and Practice Content
 - (A) Community Dental Health
 - (B) Dental Hygiene Leadership

- (C) Evidence-based Decision Making and Evidence-based Practice
- (D) Health Informatics
- (E) Health Promotion
- (F) Infection and Hazard Control Management
- (G) Legal and Ethical Aspects of Dental Hygiene Practice
- (H) Medical and Dental Emergencies
- (I) Oral Health Education and Preventive Counseling
- (J) Patient Management
- (K) Preclinical and Clinical Dental Hygiene
- (L) Provision of Services for and Management of Patients with Special Needs
- (M) Research

(N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases

- (3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage in accordance with the provisions of this subdivision.
 - (A) An educational program shall provide faculty, infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005, and staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.
 - (B) An educational program shall provide at least one complete nitrous oxide-oxygen unit for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
 - (C) An educational program shall comply with local, state, and federal health and safety laws and regulations.
 - (i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
 - (ii) All students shall have access to the program's clinic and radiation hazardous communication plan.
 - (iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

- (i) Indications and contraindications for all patients of:
 - 1. periodontal soft tissue curettage;
 - 2. administration and reversal of local anesthetic agents;
 - 3. nitrous oxide-oxygen analgesia agents
- (ii) Head and neck anatomy;
- (iii) Physical and psychological evaluation procedures;
- (iv) Review of body systems related to course topics;
- (v) Theory and psychological aspects of pain and anxiety control;
- (vi) Selection of pain control modalities;
- (vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
- (viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
- (x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
- (xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations 16 CCR section 1005;
- (xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
- (xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

(E) Specific Curriculum Content.

Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations 16 CCR section 1107.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the Committee Board to meet the requirements set forth in Business and Professions Code (B&PC), section 1909.

An out-of-state applicant may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR section 1107. In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:

- i. An "Application for Certification in Soft Tissue Curettage/Local Anesthesia/Nitrous Oxide-Oxygen Analgesia" DHCC OSLN-01 (9-2018) hereby incorporated by reference; and
- ii. A certified SLN course syllabus (to include individual SLN requirements) for the RDH educational program of which the applicant is a graduate; and
- iii. A "Certification of Completion of SLN Course Requirements" DHCC OSLN-2 (9-2018) hereby incorporated by reference, from the RDH educational program of which the applicant is a graduate; and
- iv. Payment of all applicable fees due to the Board pursuant to B&PC section 1944, subdivision (a)(11).

(4) Requirements for a Radiation Safety and Radiography Techniques Course.

Approved educational programs shall, at a minimum, specifically include instruction in radiation safety and radiography techniques and shall comply with the requirements in accordance with the provisions of this subdivision in order to secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a dental hygiene educational program (DHEP) approved by the Board for instruction in dental hygiene shall be deemed to be an approved radiation safety course if the DHEP has submitted evidence satisfactory to the Board that it meets all the requirements set forth below.

(A) A DHEP shall provide infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005, in addition to complying with all federal and state laws, rules, regulations, and all approved national and state accreditation standards established by the Department of Health Care Services (DHCS), Occupational Safety and Health Administration (OSHA), and the Commission on Dental Accreditation (CODA).

(B) Facilities.

There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures and shall comply with 16 CCR section 1005, in addition to all applicable accreditation standards, and state and federal laws, rules, and regulations.

- (i) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (17 CCR commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for

every five students at least one functioning radiography machine which is adequately filtered and collimated in compliance with DHCS regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

(ii) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using manual, automatic, or digital equipment.

(iii) Radiology areas shall provide protection to patients, students, faculty, and observers in full compliance with all applicable state and federal laws, rules, and regulations.

(C) Program Content.

Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

(i) A detailed course outline shall be provided to the students which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, preclinical, and clinical instruction.

(ii) General program objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.

(iii) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical competencies and examinations.

(iv) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques using manual, automatic, and computerized digital methods;

- (5) Radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity;
- (6) Intraoral techniques and dental radiograph armamentaria, including holding devices;
- (7) Interproximal examination including principles of exposure, methods of retention and evaluation;
- (8) Intraoral examination including, principles of exposure, methods of retention and evaluation;
- (9) Identification and correction of faulty radiographs;
- (10) Infection control in dental radiographic procedures; and
- (11) Radiographic record management.

(D) Radiation Safety.

Sufficient hours of didactic and laboratory instruction shall be provided to ensure that a student successfully demonstrates competency in radiation safety. Successful completion of a radiation safety competency must be achieved at a minimum of 75% and shall be required prior to utilization of radiographic techniques in laboratory and clinic.

(E) Laboratory Instruction.

Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on a radiology manikin at a minimum the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality.

- (i) Two (2) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings;
- (ii) Two (2) bitewing series, consisting of at least four (4) radiographs each; and
- (iii) Developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing may be utilized.
- (iv) Student and instructor written evaluation of radiographs.

(F) Clinical Experience.

The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. Clinical instruction shall include clinical experience on four (4) different patients with one (1) of the four (4) patients to be utilized for clinical competency. Clinical experience shall include:

- (i) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes and shall in no event exceed three (3) exposures per subject. If traditional film packets are utilized, they must be double film.
- (ii) All clinical procedures on human subjects shall be performed under the general supervision of a licensed dentist in accordance with H&SC section 106975.

(iii) Developing or processing and mounting of analog exposed radiographs or computer digital exposure and sequencing may be utilized.

(iv) Student and instructor written evaluation of radiographs.

(G) Clinical Facilities.

Clinical facilities shall have the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (F).

(H) Length of Course.

The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques and shall in no event be less than thirty-two (32) clock hours, including at least eight (8) hours of didactic instruction, at least twelve (12) hours of laboratory instruction, and at least twelve (12) hours of clinical instruction.

(e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.

(f) An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.

Note: Authority cited: Sections 1905, ~~and~~ 1906, 1909, 1914, 1941, and 1950.5, Business and Professions Code and Section 106975, Health and Safety Code.

Reference: Sections 1905, ~~1914 and~~ 1941, and 1950.5 Business and Professions Code, and Section 106975, Health and Safety Code.



Application for Approval of an Out-of-State Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

Business & Professions Code §1909, California Code of Regulations Title 16, Division 11 §§1105.2, 1107

Non-Refundable Fee: \$100
(Must accompany application)

Receipt	_____	RC	_____
Date filed	_____	\$	_____
Approved	_____	Denied	_____

<i>Applicant Name</i>			
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Dental Hygiene Educational Program Name</i>			
<i>Dental Hygiene Educational Program Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Program Director Name</i>		<i>Program Director Email</i>	

Requirements for Course Approval

- Did the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen analgesia utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage?
Include a copy of the dental hygiene educational program curriculum, including syllabi, clinical skills and competency assessment forms. (Label as Exhibit A)
Yes ☐ No ☐
- Did the course's duration allow the applicant to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage?
Include a copy of didactic, pre-clinical and clinical schedules. (Label as Exhibit B)
Yes ☐ No ☐
- Was instruction in periodontal soft tissue curettage a total of at least six (6) hours including at least three (3) hours of didactic and pre-clinical instruction and at least three (3) hours of clinical instruction which included a minimum of three (3) clinical experiences on three (3) different patients of which only one (1) was allowed on another student?
Yes ☐ No ☐

4. Was instruction in the administration of local anesthetic agents a total of at least include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction to include preclinical instruction of a minimum of two (2) experiences per injection, which may be on another student; Clinical instruction to include at least four (4) clinical experiences per injection and include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student; Curriculum to include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks and include anterior superior alveolar (ASA), middle superior alveolar (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar, lingual, and buccal injections; Clinical instruction for the mental and incisive injections to include at least two (2) clinical experiences per injection and include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student. Clinical instruction for the nasopalatine injection to include four (4) clinical experiences, of which only one (1) may be on another student?

Yes ☐ No ☐

5. Was instruction in the administration of nitrous oxide-oxygen analgesia a total of at least eight (8) hours, including at least four (4) hours of didactic and pre-clinical instruction and four (4) hours of clinical instruction which included a minimum of three (3) clinical experiences on three (3) different patients of which only one (1) was allowed on another student?

Yes ☐ No ☐

6. Specify the total number of hours for all three areas within the course that was taught in the categories listed below:

Didactic: _____ Pre-Clinical: _____ Clinical: _____

Acknowledgement

7. Did the applicant successfully complete the course after achievement of a minimum of 75% in each clinical competency and is deemed competent in each of the three (3) procedures?

Yes ☐ No ☐

8. Have you reviewed California Business & Professions Code §1909 and California Code of Regulations Title 16, Division 11 §§1105.2 and 1107?

Yes ☐ No ☐

9. Do you certify that the course you provided to the applicant meets all requirements of California Business & Professions Code §1909 and California Code of Regulations Title 16, Division 11 §§1105.2 and 1107?

Yes ☐ No ☐

The Board may approve or deny approval of any course. If the Board denies approval of a course, the reasons for denial will be provided in writing within 90 days.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.

Signature of Course Director

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 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 his or her own personal information maintained by the agency as set forth in the Information Practices Act 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.



Out-of-State Soft Tissue Curettage/Local Anesthesia/Nitrous Oxide-Oxygen Sedation (SLN) Course Approval Checklist

Please utilize this checklist to assist you in submitting the Out-of-State SLN Application

RDH Educational Program: _____ Date: _____

- ☐ Out-of-State SLN Application Form
- ☐ Out-of-State SLN Certification Form
- ☐ SLN Syllabus to Include Course Hours and Hours Scheduled for Preclinical/Clinical Instruction
- ☐ Competency Documents for all Injections, Nitrous Oxide-Oxygen Sedation, and Curettage Experiences

	Yes	No	Complete
Application Documents Received			
Comments:			
Facility	Yes	No	Complete
Approved by the Commission on Dental Accreditation			
National or Regional Accreditation			
Postsecondary education level			
Comments:			
Syllabus	Yes	No	Complete
Course Learning Outcomes			
Titles of references used for course materials			
Content Objectives			
Grading Criteria includes:			
1. Competency Evaluations			
2. Clinic Rubrics to include problem solving and critical thinking skills that reflect course learning outcomes			
Remediation policy and procedures			
Comments:			
General Curriculum Content	Yes	No	Complete
Indications and contraindications for all patients of:			
1. Periodontal soft tissue curettage			
2. Administration and reversal of local anesthetic agents			
3. Nitrous oxide-oxygen analgesia agents			
Head and neck anatomy			
Physical and psychological evaluation procedures			
Review of body systems related to course topics			
Theory and psychological aspects of pain and anxiety control			
Selection of pain control modalities			
Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia			

	Yes	No	Complete
Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia			
Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies			
Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage			
Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage			
Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations			
Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia			
Medical and legal considerations including patient consent, standard of care, and patient privacy			
Student course evaluation mechanism			
Comments:			
Specific Curriculum Content: Local Anesthetic Agents	Yes	No	Complete
At least 30 hours of instruction to include:			
<ol style="list-style-type: none"> At least 15 hours of didactic and preclinical instruction At least 15 hours of clinical instruction 			
Preclinical instruction: <ol style="list-style-type: none"> Shall include a minimum of two (2) experiences per injection, which may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltrations, field blocks and nerve blocks to include: <ol style="list-style-type: none"> Anterior superior alveolar (ASA) Middle superior alveolar (MSA) Anterior middle superior alveolar (AMSA) Posterior superior alveolar (PSA) Greater palatine (GP) Nasopalatine (NP) Supraperiosteal Inferior alveolar (IA) Lingual Buccal Mental Incisive 			
Clinical instruction: <ol style="list-style-type: none"> Shall include <ol style="list-style-type: none"> At least four (4) clinical experiences per injection. To include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient. Only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include: <ol style="list-style-type: none"> Anterior superior alveolar (ASA) Middle superior alveolar (MSA) Anterior middle superior alveolar (AMSA) Posterior superior alveolar (PSA) Greater palatine (GP) Supraperiosteal Inferior alveolar (IA) Lingual Buccal 			
Clinical instruction for the mental and incisive injections shall include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student.			

	Yes	No	Complete
Clinical instruction for the nasopalatine injection shall include four (4) clinical experiences, of which only one (1) may be on another student.			
One clinical experience per injection shall be used to determine clinical competency in the course			
Clinical competency evaluation for each injection and technique must be achieved at a minimum of 75%.			
Comments:			
Specific Curriculum Content: Nitrous Oxide-Oxygen Analgesia	Yes	No	Complete
At least 8 hours of instruction to include:			
1. At least 4 hours of didactic and preclinical instruction			
2. At least 4 hours of clinical instruction			
Preclinical instruction shall include at least two (2) preclinical experiences on patients, both of which may be on another student			
Clinical instruction shall include:			
1. At least three (3) clinical experiences on patients			
2. Only one may be on another student			
3. One of which will be used to determine clinical competency in the course			
4. Clinical competency evaluation for this procedure must be achieved at a minimum of 75%			
5. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia, from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.			
6. Clinical competency evaluation for this procedure must be achieved at a minimum of 75%			
Comments:			
Specific Curriculum Content: Soft Tissue Curettage	Yes	No	Complete
At least 6 hours of instruction to include:			
1. At least 3 hours of didactic and preclinical instruction			
2. At least 3 hours of clinical instruction			
3. Education may include use of a laser approved for soft tissue curettage			
Clinical instruction shall include:			
1. At least three (3) clinical experiences on patients			
2. Only one may be on another student			
3. One of which will be used to determine clinical competency in the course			
4. Clinical competency evaluation for this procedure must be achieved at a minimum of 75%			
Comments:			
Competency Documents	Yes	No	Complete
All competency documents provided			
Rubrics provided			
Comments:			
School Certification	Yes	No	Complete
Out-of-State SLN Certification Form submitted, signed by Dental Hygiene Program Director and affixed with seal from institution			
All documentation submitted on official letterhead from the applicant's dental hygiene educational program			
Comments:			

Approved Yes ☐ No ☐

Reviewed by: _____ Date: _____



CERTIFICATION IN ADMINISTRATION OF LOCAL ANESTHESIA, NITROUS OXIDE-OXYGEN ANALGESIA, AND PERFORMANCE OF PERIODONTAL SOFT TISSUE CURETTAGE (SLN)

PLEASE TYPE OR PRINT

APPLICANT NAME			
LAST	FIRST	MIDDLE	DATE OF BIRTH
ADDRESS			
CITY	STATE		ZIP
HOME PHONE ()	MOBILE PHONE ()	EMAIL	
DENTAL HYGIENE PROGRAM			
DATES OF ATTENDANCE			DATE OF GRADUATION
ADDRESS			
CITY	STATE		ZIP
PHONE ()			
DENTAL HYGIENE PROGRAM DIRECTOR EMAIL ADDRESS			

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE COURSE APPLICANT ABOVE SUCCESSFULLY COMPLETED AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS TITLE 16, DIVISION 11 §1107(b)(8-9).

PRINTED NAME OF PROGRAM DIRECTOR

SIGNATURE OF PROGRAM DIRECTOR

DATE



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 7

**Discussion and Possible Action on the Following
Proposed Regulatory Package:**

**16 CCR §1109. Radiograph Decision Making and Interim
Therapeutic Restorations**



MEMORANDUM

DATE	January 29, 2019
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Dental Hygiene Board of California
SUBJECT	Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR §1109. Radiograph Decision Making and Interim Therapeutic Restorations

Background:

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) required the Dental Hygiene Committee of California (Committee) to propose regulatory language in Additional Authorized Duties of Registered Dental Hygienists (RDH) and adopt regulations to establish requirements for courses of instruction Radiographic Decision Making and Interim Therapeutic Restoration (RDM/ITR) for RDHs, Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF), using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development.

Committee staff has developed the attached draft regulatory language and application form as a starting point to implement the provisions of AB 1174.

At the November 17, 2018 Board meeting, the Board tabled addressing the proposed regulatory package and related forms of 16 CCR §1109. Radiograph Decision Making and Interim Therapeutic Restorations and requested to be placed on the agenda of the next scheduled Board meeting.

Staff Recommendation:

Staff recommends to the Board to review the required forms and language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed regulatory language, relative to the implementation of RDM/ITR for RDHs, RDHAPs, and RDHEFs, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 §1109 as noticed.

Pros: To allow the implementation of the provisions of AB 1174 to allow for RDHs, RDHAPs, and RDHEFs to be educated in RDM/ITR and increase access of care to the citizens of California.

Cons: None.

TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

Adopt Section 1109 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§ 1109. Approval of Curriculum Requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF).

- (a) The Dental Hygiene Board of California (Board) shall approve only those educational courses in Radiographic Decision-Making (RDM) and Interim Therapeutic Restorations (ITR) for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF) pursuant to sections 1910.5, 1921, and 1926.05 of the Business and Professions Code (B & PC) that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements, in addition to the requirements set forth by sections 1104 through 1108 of Article 3 regarding Educational Programs. Each approved course shall be subject to Board review at any time for compliance with curriculum requirements. Course providers shall be responsible for notifying the Board of any changes to the course content, physical facilities, and faculty within ten (10) days of such changes.
- (b) Approval of an RDM and ITR Educational Course for the Student Enrolled in a Dental Hygiene Educational Program. To be approved, an educational program shall comply with the following requirements:
 - (1) RDM and ITR Course Requirements.
 - (A) A California dental hygiene educational program shall submit to the Board an "Application for Approval of a Course for Radiographic Decision-Making and Interim Therapeutic Restorations in a Dental Hygiene Educational Program" DHBC ITR-03 (9/2018), hereby incorporated by reference; and
 - (B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(10); and
 - (C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences; and
 - (D) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(2) New or existing Dental Hygiene Educational Programs seeking to incorporate or offer a stand-alone permit course in RDM and ITR shall submit to the Board an "Application for Approval of a Course for Radiographic Decision-Making and Interim Therapeutic Restorations in a Dental Hygiene Educational Program," DHBC ITR-03 (9/2018) and the required application fee pursuant to B&PC section 1944, subdivision (a)(10) prior to instruction.

(3) In addition to the instructional components described in this subdivision, an RDM or ITR educational course shall be established at the postsecondary educational level.

(c) Approval of RDM or ITR Continuing Educational (CE) Courses for the RDH, RDHAP, and RDHEF. To be approved, an educational program shall comply with the following requirements:

(1) RDM CE Course Requirements.

(A) An applicant course provider shall submit to the Board an "Application for Approval of a Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" DHBC RDM-01 (9/2018), hereby incorporated by reference; and

(B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(11); and

(C) The course shall be sufficient in length for the participants to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences.

(2) ITR CE Course Requirements.

(A) An applicant course provider shall submit to the Board an "Application for Approval of a Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" DHBC ITR-04 (9/2018), hereby incorporated by reference; and

(B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(11); and

(C) The course shall be sufficient in length for the participants to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(3) In addition to the instructional components described in this subdivision, a program or course shall be established at a post-graduate educational level.

(d) Requirements for Approval of Educational Program and CE RDM and ITR Courses.

(1) Administration.

To be approved, each course shall provide the resources necessary to satisfy the educational requirements as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes.

(2) Admission.

(A) To be eligible for admission to an RDM and ITR Educational Course for the Student in a Dental Hygiene Educational Program, students shall:

- (i) Be a student in good standing in a Dental Hygiene Education Program, and
- (ii) Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or the American Red Cross (ARC).

(B) To be eligible for admission to a CE Course in RDM for the RDH, RDHAP, and RDHEF or a CE Course in ITR for the RDH, RDHAP, and RDHEF, participants shall:

- (i) Possess a valid, active license as an RDH, RDHAP, or RDHEF issued by the Board, and
- (ii) Possess current certification in BLS and CPR from the AHA or the ARC.

(3) Faculty.

Didactic, laboratory, preclinical, and clinical faculty, including the program or course director and supervising dentist(s) shall:

- (A) Possess a valid, active California RDH, RDHAP, RDHEF license, or Doctor of Dental Surgery (DDS) license, or Doctor of Dental Medicine (DMD) license with no disciplinary actions in any jurisdiction to practice dental hygiene or dentistry;
- (B) Possess current certification in BLS and CPR from the AHA or ARC;
- (C) Maintain currency in evaluation protocols for RDM and ITR placement;
- (D) Completed a minimum of a one (1) hour methodology course in evaluation for RDM and ITR placement prior to instruction;
- (E) Have experience and expertise teaching the subject areas relevant to RDM and ITR; and
- (F) Be calibrated in instruction and grading of RDM and ITR.

(4) Facilities and Equipment.

(A) RDM and ITR Educational Course for the Student in a Dental Hygiene Educational Program.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in RDM and ITR duties; and
- (iii) Infection control equipment shall be provided as described in 16 CCR section 1005.

(B) RDM CE Courses for the RDH RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing and shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section.

(C) ITR CE Courses for the RDH, RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in ITR duties; and
- (iii) Infection control equipment shall be provided as described in 16 CCR section 1005.

(5) Health and Safety.

Educational Programs and CE course providers shall comply with all local, state, and federal health and safety laws and regulations.

(A) All students or participants shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

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

(C) All students or participants shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) Faculty shall review with each student or participant all requirements pursuant to this section.

(6) Curriculum and Learning Resources.

(A) RDM didactic instruction shall include:

(i) Caries Management by Risk Assessment (CAMBRA) concept;

(ii) Guidelines for RDM to include, but not limited to, the following concepts of:

(a) The American Dental Association's *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation* (revised 2012); and

(b) The American Academy of Pediatric Dentistry's *Guidelines on Prescribing Dental Radiographs*.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health Workforce Pilot Project (HWPP) #172 including:

(a) Instruction on specific decision-making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

(b) Instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark stain within the tooth, and visible holes in teeth.

(B) RDM laboratory instruction shall include a review of clinical cases with instructor-led discussion about radiographic decision-making in clinical situations.

(C) RDM simulated-clinical instruction shall include case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(D) ITR placement. Didactic, laboratory, and clinical instruction shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of interim adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of interim adhesive protective restorations; Criteria shall include, but not limited to:

(a) Patient factors:

(1) The patient's American Society of Anesthesiologists Physical Status Classification is Class III or less;

(2) The patient is cooperative enough to have the interim restoration placed without the need for special protocols, including sedation or physical support;

(3) The patient, or responsible party, has provided consent for the ITR procedure; and

(4) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity which stops within a few seconds of the removal of the offending stimulus.

(b) Tooth Factors:

(1) The lesion is accessible without the need for creating access using a dental handpiece;

(2) The margins of the lesion are accessible so that clean, non-involved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation;

(3) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the DDS or DMD to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic; and

(4) The tooth is restorable and does not have other significant pathology.

(iv) Theory of protocols to deal with adverse outcomes used in the placement of interim adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;

(v) Criteria for evaluating successful completion of interim adhesive protective restorations including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material;

(vi) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of interim adhesive protective restorations including situations requiring immediate referral to a dentist; and

(vii) Protocols for follow-up of interim adhesive protective restorations, including, but not limited to follow-up examination of the ITR at one (1) week, three (3) months, six (6) months, and one (1) year.

(E) Minimum ITR Requirements.

(i) Laboratory instruction shall include placement of ten (10) interim adhesive protective restorations where students or participants demonstrate competency in this technique on typodont teeth.

(ii) Clinical instruction shall include experiences where students or participants demonstrate, at a minimum, the placement of five (5) interim adhesive therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

(F) Curriculum shall require adherence to infection control standards as provided in 16 CCR section 1005.

(G) Curriculum shall prepare the student or participant to assess, plan, implement and evaluate procedures as provided in subdivision (c)(6) of this section to perform with competence and judgment.

(H) Students or participants shall be provided a course syllabus that contains:

(i) Course learning outcomes;

(ii) Titles of references used for course materials;

(iii) Content objectives; and

(iv) Grading criteria which includes competency evaluations and laboratory, preclinical, and clinical rubrics to include problem solving and critical thinking skills that reflect course learning outcomes.

(l) Successful completion shall require students or participants to achieve competency at a minimum of 75% in each of the skill competencies.

(7) Recordkeeping.

A course provider shall possess and maintain the following for a period of not less than five (5) years:

(A) Individual student or participant records, including those necessary to establish satisfactory completion of the course;

(B) Copies of lab and clinical competency documents;

(C) Copies of faculty calibration plans, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years;

(E) Copies of student or participant course evaluations and a summation thereof; and

(F) Copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics.

(e) Satisfactory completion of courses in RDM and ITR placement shall be determined using criteria-referenced completion standards, where the instructor determines when the student or participant has achieved RDM and ITR placement competency based on these standards, including the duration of time needed to achieve competency. Any student or participant who does not achieve competency in these duties in the specified period of instruction may receive additional education and evaluation, or, in the judgment of the faculty, may be discontinued from the RDM or ITR courses.

(f) Certificates of Completion.

(1) Dental Hygiene Educational Programs shall issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" pursuant to the regulatory requirements set forth by 16 CCR section 1016, subdivision (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR.

(2) Educational Courses for the RDH, RDHAP, and RDHEF.

(A) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" pursuant to the regulatory requirements set forth by 16 CCR section 1016,

subdivision (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM.

- (B) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restoration for the RDH, RDHAP, and RDHEF", pursuant to the regulatory requirements set forth by 16 CCR section 1016, subdivision (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR.

(g) Appeals.

(1) The Board may deny or withdraw its approval of a course. If the Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) business days.

(2) Any course provider or applicant whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The applicant or course provider shall be given at least ninety (90) business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The applicant or course provider may contest the denial or withdrawal of approval by either:

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

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

NOTE: Authority cited: Sections 1905, 1906, 1910.5, 1921 Business and Professions Code.

Reference: Sections 1905 and 1910.5, Business and Professions Code.



Application for Approval of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the Student in a Dental Hygiene Educational Program

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

Non-Refundable Fee: \$300
(Must accompany application)

Receipt	_____	RC	_____
Date Filed	_____	\$	_____
Approved	_____	Denied	_____
RP #	_____		_____

PLEASE TYPE OR PRINT LEGIBLY.

RDM/ITR Course Provider			
<i>Dental Hygiene Educational Program Name</i>			
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	
<i>Program Director Name</i>		<i>Program Director Email</i>	

Requirements for Course Approval:

A course in “Radiographic Decision-Making and Interim Therapeutic Restorations for the Student in a Dental Hygiene Educational Program” must be approved prior to implementation. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

- Will the course be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

- Will the course provide instruction in determining which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient?

Include a copy of the curriculum for the course(s) where determining radiographs to be performed is provided. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and simulated clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. **Label as Exhibit 1.**

Yes ☐ No ☐

3. Will the course be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

4. Will the course provide instruction in protective restorations which are identified as interim therapeutic restorations (ITR), clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, laboratory and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application in accordance with BPC §§1910.05 and 1926.05 using the competency based training protocols established by 16 CCR §1109?

*Attach a copy of ITR curriculum. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. **Label as Exhibit 2.**

Yes ☐ No ☐

5. Will the course be established at the postsecondary level?

Yes ☐ No ☐

6. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?

*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM/ITR training. **Label as Exhibit 3.**

Yes ☐ No ☐

7. Will the Dental Hygiene Educational Program (DHEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?

Yes ☐ No ☐

8. Will there be a laboratory, patient clinic area and radiology area for use by students?

*Attach a facility site map indicating each of these areas. **Label as Exhibit 4.**

Yes ☐ No ☐

9. Will all students have access to equipment and materials necessary to develop the skills in the duties being taught?

*Attach a list of equipment and supplies available for each student. **Label as Exhibit 5.**

Yes ☐ No ☐

10. Will you retain for at least five (5) years copies of individual student records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of student course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics?

Yes ☐ No ☐

11. Will the DHEP issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR?

*Attach a sample of the certificate that will be issued. **Label as Exhibit 6.**

Yes ☐ No ☐

Acknowledgement:

12. Will the DHEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?

Yes ☐ No ☐

13. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109? Yes ☐ No ☐

14. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?

Yes ☐ No ☐

The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.

Certification:

I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.

Signature of Course Director

Date

Signature of Program Director

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 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 his or her own personal information maintained by the agency as set forth in the Information Practices Act 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.



Application for Approval of a Continuing Education Course in Interim Therapeutic Restorations for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Extended Functions

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

Non-Refundable Fee: \$300
(Must accompany application)

Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RP # _____	_____

PLEASE TYPE OR PRINT LEGIBLY.

ITR Continuing Education Course Provider			
<i>ITR Continuing Education Course Provider Name</i>			
<i>*Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	

*This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.

Requirements for Course Approval:

A "Continuing Education Course in Interim Therapeutic Restorations for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Expanded Functions" must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

1. Will the course be sufficient in length for the participants to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR §1109?
Yes ☐ No ☐
2. Will the course(s) provide instruction in protective restorations which are identified as interim therapeutic restorations (ITR), clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, laboratory and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with BPC §§1910.05 and 1921 using the competency based training protocols established by 16 CCR §1109?

***Attach a copy of ITR curriculum.** The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of ITR as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty assignments.

Label as Exhibit 1.

Yes ☐ No ☐

3. Will the course be established at the post-graduate educational level?

Yes ☐ No ☐

4. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?
*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM/ITR training. **Label as Exhibit 2.**
- Yes ☐ No ☐
5. Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?
- Yes ☐ No ☐
6. Will there be a laboratory, patient clinic area and radiology area for use by participants?
*Attach a facility site map indicating each of these areas. **Label as Exhibit 3.**
- Yes ☐ No ☐
7. Will all participants have access to equipment and materials necessary to develop the skills in the duty being taught?
*Attach a list of equipment and supplies available for each participant. **Label as Exhibit 4.**
- Yes ☐ No ☐
8. Will you retain for at least five (5) years copies of individual participant records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of participant course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics?
- Yes ☐ No ☐
9. Will the DHCEP issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restorations for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR?
*Attach a sample of the certificate that will be issued. **Label as Exhibit 5.**
- Yes ☐ No ☐

Acknowledgement:

10. Will the DHCEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?
- Yes ☐ No ☐
11. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109?
- Yes ☐ No ☐
12. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?
- Yes ☐ No ☐

The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.

Certification:

I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.

Signature of Course Director

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 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 his or her own personal information maintained by the agency as set forth in the Information Practices Act 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.



Application for Approval of a Continuing Education Course in Radiographic Decision Making for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Expanded Functions

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

Non-Refundable Fee: \$300
(Must accompany application)

Receipt	_____	RC	_____
Date Filed	_____	\$	_____
Approved	_____	Denied	_____
RP #	_____		_____

PLEASE TYPE OR PRINT LEGIBLY.

RDM Continuing Education Course Provider			
<i>RDM Continuing Education Course Provider Name</i>			
*Mailing Address			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	

*This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.

Requirements for Course Approval:

A "Continuing Education Course in Radiographic Decision Making for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Expanded Functions" must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

- Will the course be sufficient in length for the participants to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

- Will the course provide instruction in determining which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient?

Attach a copy of RDM curriculum. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and simulated clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty assignments. **Label as Exhibit 1.**

Yes ☐ No ☐

- Will the course be established at the post-graduate educational level?

Yes ☐ No ☐

4. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?
 *Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM training. **Label as Exhibit 2.**
 Yes ☐ No ☐
5. Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?
 Yes ☐ No ☐
6. Will all participants have access to equipment and materials necessary to develop the skills in the duty being taught?
 *Attach a list of equipment and supplies available for each participant. **Label as Exhibit 3.**
 Yes ☐ No ☐
7. Will you retain for at least five (5) years copies of individual participant records, including those necessary to establish satisfactory completion of the course; copies of lab and simulated clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of participant course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and simulated clinical rubrics?
 Yes ☐ No ☐
8. Will the DHCEP issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision Making for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM?
 *Attach a sample of the certificate that will be issued. **Label as Exhibit 4.**
 Yes ☐ No ☐

Acknowledgement:

9. Will the DHCEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?
 Yes ☐ No ☐
10. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109?
 Yes ☐ No ☐
11. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?
 Yes ☐ No ☐

The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.

Certification:

I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.

 Signature of Course Director

 Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 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 his or her own personal information maintained by the agency as set forth in the Information Practices Act 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.



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 8

**Discussion and Possible Action on the Following Proposed
Regulatory Package:**

**16 CCR §1115. Retired License Fee Resolutions and
Permanently Disabled Category Subsection**

MEMORANDUM

DATE	January 29, 2019
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Dental Hygiene Board of California
SUBJECT	Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR §1115 Retired License Fee Resolutions and Permanently Disabled Category Subsection

Pursuant to B&PC section 1944, subdivision (a) *the Board shall establish by resolution* the amount of the fees that relate to the licensing of a registered dental hygienist (RDH), a registered dental hygienist in alternative practice (RDHAP), and a registered dental hygienist in extended functions (RDHEF). The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of RDHs, RDHAPs, and RDHEFs, shall remain in effect until modified by the Board.

In addition, B&PC section 464, subdivisions a and b state (please note bolded type):

- (a) Any of the boards within the department ***may establish, by regulation,*** a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.
- (b) The regulation shall contain the following:
 - (1) A retired license shall be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons.
 - (2) The holder of a retired license issued pursuant to this section shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.
 - (3) The holder of a retired license shall not be required to renew that license.
 - (4) ***The board shall establish an appropriate application fee for a retired license*** to cover the reasonable regulatory cost of issuing a retired license.
 - (5) ***In order for the holder of a retired license*** issued pursuant to this section ***to restore his or her license to an active status,*** the holder of that license shall meet all the following:
 - (A) ***Pay a fee established by statute or regulation.***

(B) Certify, in a manner satisfactory to the board, that he or she has not committed an act or crime constituting grounds for denial of licensure.

(C) Comply with the fingerprint submission requirements established by regulation.

(D) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

(E) Complete any other requirements as specified by the board by regulation.

Staff is requesting the Board to establish by resolution the fee for retired RDH, RDHAP, and RDHEF licenses, as well as the fee to restore a retired license to an active status.

In addition, staff is requesting consideration of the addition of a permanently disabled category subsection to allow permanently disabled RDHs, RDHAPs, and RDHEFs who meet the requirements of that subsection the ability to apply for a retired license.

Pros: B&PC section 1944, subdivision (a) states that the Board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist (RDH), a registered dental hygienist in alternative practice (RDHAP), and a registered dental hygienist in extended functions (RDHEF). In order to allow 16 CCR §1115 to move forward in the regulatory process, fees must be established by resolution.

In addition, to establish a permanently disabled category subsection will allow permanently disabled RDHs, RDHAPs, and RDHEFs who do not meet the requirements of the original draft of 16 CCR §1115 the ability to apply for a retired license.

Cons: If the fees are not established for retired RDH, RDHAP, and RDHEF licenses, as well as the fee to restore a retired license to an active status, the Board will not be able to recoup reasonable administrative costs for the issuance of the licenses.

In addition, if the Board does not add a permanently disabled category subsection to allow permanently disabled RDHs, RDHAPs, and RDHEFs who may not meet the criteria for the retired license category as is, the Board would therefore deny the permanently disabled stakeholders the ability to apply for a retired license.



**DENTAL HYGIENE COMMITTEE OF CALIFORNIA
RESOLUTION TO ADOPT PROPOSED FEE(S)**

Whereas, Section 1944 of the Business and Professions Code (B&PC § 1944), where the Dental Hygiene Board of California (Board) shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and a registered dental hygienist in extended functions (RDHEF).

Whereas the following revised fees to be adopted by resolution by the Board:

- Retired RDH, RDHAP, or RDHEF License fee to be one-half of the current license renewal fee.
- Reactivation of a Retired RDH, RDHAP, or RDHEF License fee to be \$160.

THEREFORE, BE IT RESOLVED that the Board hereby adopts by resolution the above fees.

Adopted this 29th day of January 2019 by:

Susan Good
DHBC President

cc: Anthony Lum, DHBC Executive Officer



Proposed Regulation for Retired Licensure

(All language is new and proposed to be adopted.)

California Code of Regulations, Title 16, Division 11, Article 4, §11115. Retired Licensure.

- (a) A retired license shall be issued to a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) if the licensee meets the following requirements:
- (1) Holds an active or inactive license issued by the Board that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current or past discipline within the previous seven (7) years; and
 - (2) Has been licensed in California for a minimum of ten (10) years to practice as an RDH, RDHAP, or RDHEF; and
 - (3) Submit to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (11/18), hereby incorporated by reference; and
 - (4) Submit the required retired license fee to the Board pursuant to B&PC section 1944, subdivision (a)(14).
- (b) A retired license may be issued to an RDH, RDHAP, or RDHEF who has been deemed permanently disabled if the licensee meets the following requirements:
- (1) Holds an active or inactive license issued by the Board that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current or past discipline within the previous seven (7) years; and
 - (2) Has been licensed in California to practice as an RDH, RDHAP, or RDHEF; and
 - (3) Submit to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (11/18), hereby incorporated by reference; and
 - (4) Submit proof, to the satisfaction of the Board and signed under penalty of perjury, certifying that the licensee is permanently disabled and unable to practice dental hygiene; and
 - (5) Submit the required retired license fee to the Board pursuant to B&PC section 1944, subdivision (a)(14).

- (c) Once the Board has issued a retired license, the holder of a retired license shall:
- (1) Be exempt from continuing education requirements;
 - (2) Be exempt from renewal of the retired license; and
 - (3) Utilize his or her professional title only with the unabbreviated word “retired” preceding or after the professional designation.
- (d) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.
- (e) The Board shall not be prevented from investigating violations or taking action against a retired license for violations of laws governing the practice of dental hygiene.
- (f) To restore a license to active status, the holder of a retired license shall comply with the following requirements:
- (1) Request to restore his or her license to active status within three (3) years of issuance of the retired license; and
 - (2) Submit a completed “Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License” DHBC RLC-02, hereby incorporated by reference; and
 - (3) Payment of a \$160 fee as required by the Board; and
 - (4) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1017, subdivision (a) and section 1017, subdivision (c); and
 - (5) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.
 - (6) If retired license status was issued due to a permanent disability, the retired licensee must submit proof, to the satisfaction of the Board and signed under penalty of perjury, that the retired licensee’s disability no longer exists or no longer affects his or her ability to safely practice dental hygiene.
- (g) A licensee may be granted a retired license pursuant to this section on no more than two (2) separate occasions and may only apply to restore his or her retired license to active status one (1) time.

Note: Authority cited: Sections 464, 1905, 1906, and 1944 Business and Professions Code.
Reference cited: Sections 464, 1906, and 1944 Business and Professions Code.



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 9

Carrington College Stock Transfer Update



MEMORANDUM

DATE	January 29, 2019
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Dental Hygiene Board of California
SUBJECT	Update in the Change of Ownership of the Carrington College Dental Hygiene Programs

Background

On September 14, 2018 Carrington College - San Jose Campus (CCSJ) and Carrington College - Sacramento Campus (CCS) each submitted a "Report of Program Change" to the Commission on Dental Accreditation (CODA) to inform of the proposed change of ownership and control of Carrington College to the proposed new parent entity, San Joaquin Valley College, Inc.

In addition, the Committee on Substantive Change of the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC) met on August 24, 2018, to review the Substantive Change Application from Carrington College regarding change of ownership to San Joaquin Valley College, Inc. The Committee acted to approve the substantive change and notified Carrington on September 27, 2018 of the approval.

In the proposed transaction, San Joaquin Valley College, Inc. will acquire the stock of Carrington College. There are currently no planned changes to Carrington College's governance structure, operational, or corporate structure as a result of the transfer of ownership. Carrington will maintain its existing accreditations and retain the same Office of Postsecondary Education Identification (OPEID) with the U.S. Department of Education.

The proposed stock purchase transaction will not result in a merger, and Carrington College and San Joaquin Valley College will continue to operate as separate and distinct postsecondary institutions with independent boards, governance structures and management.

Board Action

At the November 17, 2018 meeting, the Committee discussed the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College. The Committee voted on the "Motion from the Education Subcommittee to the Full Committee to Approve the Major Change Request of San Joaquin Valley College, Inc. to Acquire the Stock of Carrington College Pending Receipt of CODA's Approval Letter". The motion passed 6:0:3.

Update

The DHBC received confirmation from CODA approving the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College on December 4, 2018.

Staff Recommendation:

Staff recommendation is to confirm approval voted on November 17, 2018 of the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College.

Pros: Confirmation of the approval voted on during the November 17, 2018 Committee meeting of the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College.

Cons: None.

From: Johnson, Doreen <johnsond@ada.org>
Sent: Tuesday, December 04, 2018 6:10 AM
To: Petty, Adina@DCA <Adina.Petty@dca.ca.gov>
Subject: RE: Carrington College-Change of Ownership

Dear Ms. Adina,
The change of ownership has been approved and it will be looked at again at the 2020 site visit. There is no additional reports needed from the Commission at this time.
Regards,
Doreen

Doreen Johnson, R.D.H., MA.Ed. johnsond@ada.org
Manager, Allied Dental Education
Commission on Dental Accreditation (CODA)
312-440-2695 office
312-587-5107 fax

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 www.ada.org/coda

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From: Petty, Adina@DCA [mailto:Adina.Petty@dca.ca.gov]
Sent: Monday, December 3, 2018 4:24 PM
To: Johnson, Doreen
Cc: Lum, Anthony@DCA; Tooks, Sherin
Subject: FW: Carrington College-Change of Ownership
Importance: High

Dear Ms. Johnson,

Attached please find two letters forwarded to us by Carrington College from the Commission on Dental Accreditation (CODA) regarding the transfer in ownership of the Carrington College Sacramento and San Jose campuses to San Joaquin Valley College, Inc.

It is unclear in the letters if the requests were approved, as they state:

“After reviewing the details of this change, it has been decided that no additional information is needed and no action is required by the Commission at this time. This change will be further reviewed by a visiting committee of the Commission during its 2020 site evaluation of the program.”

Per your “Guidelines for Reporting a Program Change”:

“All program changes must be reported to the Commission. On occasion, the Commission may learn of program changes which may impact the program’s ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and **receive approval prior to the program change** may result in further review by the Commission and/or a special site visit, and may jeopardize the program’s accreditation status.”

Therefore, the Dental Hygiene Committee of California (DHCC) kindly requests clarification if the major changes submitted by the Carrington San Jose and Sacramento campuses have been approved.

Your assistance in this matter would be appreciated.

Sincerely,

Adina A. Pineschi-Petty, DDS

Legislative, Regulatory, and Educational Program Specialist



2005 Evergreen Street, Suite 2050

Sacramento, CA 95815

916.576.5002

916.263.2688 (fax)

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Commission on Dental Accreditation

Via Electronic Mail: jsherman@carrington.edu

October 25, 2018

Mr. Johnathan Sherman
Dean of Accreditation
Carrington College
8909 Folsom Blvd.,
Sacramento, CA 95826

Dear Mr. Sherman,

Thank you for informing the Commission on Dental Accreditation of the program change for the Dental Hygiene program sponsored by the Carrington College at San Jose, San Jose, California. Specifically, it is noted that a change in corporate ownership and control from the Carrington College to the new parent entity, San Joaquin Valley College Inc. will occur November 1, 2018. The institution's report indicates there will be no changes to the name of the institution, nor will there be changes to the financial, administrative, faculty, facilities or any other component of the programs. We will note this change and keep record of it in the program's permanent file.

After reviewing the details of this change, it has been decided that no additional information is needed and no action is required by the Commission at this time. This change will be further reviewed by a visiting committee of the Commission during its 2020 site evaluation of the program.

Please keep the Commission informed in a timely manner of other anticipated program changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting program changes found at <http://www.ada.org/en/coda/policies-and-guidelines/program-changes/>.

If I can be of assistance to you or members of your staff, please contact me at 1-800-621-8099, extension 2695 or by email, at johnsond@ada.org.

Again, thank you for keeping the Commission informed.

Sincerely,

Doreen B. Johnson, RDH, MA.Ed.
Manager, Allied Dental Education
Commission on Dental Accreditation

Mr. Johnathan Sherman

October 25, 2018

Page 2

DJ/ds

cc: Dr. Donna M. Loraine, president, Carrington College
Mr. Mike Perry, president, San Joaquin Valley College, Inc.
Dr. Danika Bowen, vice president, Accreditation, Carrington College
Ms. Leigh Christopherson, dean, Academic Operations, Carrington College
Ms. Kim Clark, program director, Dental Hygiene, Carrington College at San Jose
Dr. Loren J Feldner, chair, Commission on Dental Accreditation, (CODA)
Dr. Sherin Took, director, CODA



Commission on Dental Accreditation

Via Electronic Mail: jsherman@carrington.edu

October 25, 2018

Mr. Johnathan Sherman
Dean of Accreditation
Carrington College
8909 Folsom Blvd.,
Sacramento, CA 95826

Dear Mr. Sherman,

Thank you for informing the Commission on Dental Accreditation of the program change for the Dental Hygiene program sponsored by the Carrington College, Sacramento, California. Specifically, it is noted that a change in corporate ownership and control from the Carrington College to the new parent entity, San Joaquin Valley College Inc. will occur November 1, 2018. The institution's report indicates there will be no changes to the name of the institution, nor will there be changes to the financial, administrative, faculty, facilities or any other component of the program. We will note this change and keep record of it in the program's permanent file.

After reviewing the details of this change, it has been decided that no additional information is needed and no action is required by the Commission at this time. This change will be further reviewed by a visiting committee of the Commission during its 2020 site evaluation of the program.

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Again, thank you for keeping the Commission informed.

Sincerely,

Doreen B. Johnson, RDH, MA.Ed.
Manager, Allied Dental Education
Commission on Dental Accreditation

Mr. Johnathan Sherman

October 25, 2018

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Dr. Danika Bowen, vice president, Carrington College
Ms. Leigh Christopherson, dean, Academic Operations, Carrington College
Ms. Marie Miranda, program director, Dental Hygiene, Carrington College
Dr. Loren J. Feldner, chair, Commission on Dental Accreditation, (CODA)
Dr. Sherin Tookes, director, CODA



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 10

Omnibus Update

OMNIBUS

1902.

For purposes of this article, the following definitions apply:

- (a) “**Dental** hygiene board” means the Dental Hygiene Board of California.
- (b) “Dental board” means the Dental Board of California.
- (c) “Direct supervision” means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.
- (d) “General supervision” means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.
- (e) “Oral prophylaxis” means preventive and therapeutic dental procedures that include bacterial debridements with complete removal, supra and subgingivally, of calculus, soft deposits, plaque, and stains, and the smoothing of tooth surfaces. The objective of this treatment is to create an environment in which the patient can maintain healthy hard and soft tissues.

1902.1.

Protection of the public shall be the highest priority for the **dental** hygiene board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

1902.2.

(a) A licensee shall report, upon his or her initial licensure and any subsequent application for renewal or inactive license, the practice or employment status of the licensee, designated as one of the following:

- (1) Full-time practice or employment in a dental or dental hygiene practice of **thirty-two (32)** hours per week or more in California.
- (2) Full-time practice or employment in a dental or dental hygiene practice of **thirty-two (32)** hours or more outside of California.
- (3) Part-time practice or employment in a dental or dental hygiene practice for less than **thirty-two (32)** hours per week in California.
- (4) Part-time practice or employment in a dental or dental hygiene practice for less than **thirty-two (32)** hours per week outside of California.
- (5) Dental hygiene administrative employment that does not include direct patient care, as may be further defined by the **dental** hygiene board.

(6) Retired.

(7) Other practice or employment status, as may be further defined by the dental hygiene board.

(b) Information collected pursuant to subdivision (a) shall be posted on the Internet Web site of the dental hygiene board.

(c) (1) A licensee may report on his or her application for renewal, and the dental hygiene board, as appropriate, shall collect, information regarding the licensee's cultural background and foreign language proficiency.

(2) Information collected pursuant to this subdivision shall be aggregated on an annual basis, based on categories utilized by the dental hygiene board in the collection of the data, into both statewide totals and ZIP Code of primary practice or employment location totals.

(3) Aggregated information under this subdivision shall be compiled annually, and reported on the Internet Web site of the dental hygiene board as appropriate, on or before July 1 of each year.

(d) It is the intent of the Legislature to utilize moneys in the State Dental Hygiene Fund to pay any cost incurred by the dental hygiene board in implementing this section.

1902.3.

A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if he or she has a special permit. The dental hygiene board may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits an application and satisfies all of the following eligibility requirements:

(a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the dental hygiene board as a full-time or part-time professor, associate professor, assistant professor, faculty member, or instructor.

(b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the dental hygiene board.

(c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing his or her qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the dental hygiene board.

(d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the dental hygiene board.

(e) Paying an application fee, subject to a biennial renewal fee, as provided by Section 1944.

1903.

(a) (1) The dental hygiene board shall consist of nine members as follows:

(A) Seven (7) members appointed by the Governor as follows:

(i) Two (2) members shall be public members.

(ii) One (1) member shall be a practicing general or public health dentist who holds a current license in California.

(iii) Four (4) members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one (1) shall be licensed either in alternative practice or in extended functions, one (1) shall be a dental hygiene educator, and two (2) shall be registered dental hygienists. No public member shall have been licensed under this chapter within five (5) years of the date of his or her appointment or have any current financial interest in a dental-related business.

(B) One (1) public member appointed by the Senate Committee on Rules.

(C) One (1) public member appointed by the Speaker of the Assembly.

(2) (A) The first appointment by the Senate Committee on Rules or the Speaker of the Assembly pursuant to this subdivision shall be made upon the expiration of the term of a public member that is scheduled to occur, or otherwise occurs, on or after January 1, 2019.

(B) It is the intent of the Legislature that committee members appointed prior to January 1, 2019, remain as dental hygiene board members until their term expires or except as otherwise provided in law, whichever occurs first.

(3) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) (1) Except as specified in paragraph (2), members of the dental hygiene board shall be appointed for a term of four (4) years. Each member shall hold office until the appointment and qualification of his or her successor or until one (1) year shall have lapsed since the expiration of the term for which he or she was appointed, whichever comes first.

(2) For the term commencing on January 1, 2012, two (2) of the public members, the general or public health dentist member, and two (2) of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of two (2) years, expiring January 1, 2014.

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or dental hygiene board even if his or her previous term expired.

(d) The dental hygiene board shall elect a president, a vice president, and a secretary from its membership.

(e) No person shall serve as a member of the dental hygiene board for more than two (2) consecutive terms.

(f) A vacancy in the dental hygiene board shall be filled by appointment to the unexpired term.

(g) Each member of the **dental** hygiene board shall receive a per diem and expenses as provided in Section 103.

(h) The Governor shall have the power to remove any member from the **dental** hygiene board for neglect of a duty required by law, for incompetence, or for unprofessional or dishonorable conduct.

(i) The **dental** hygiene board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the **dental** hygiene board and vested in him or her by this article.

(j) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

1904.

The **dental** hygiene board shall meet at least two **(2)** times each calendar year and shall conduct additional meetings in appropriate locations that are necessary to transact its business.

1905.

(a) The **dental** hygiene board shall perform the following functions:

(1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the **dental** hygiene board. Any such educational programs approved by the dental board on or before June 30, 2009, shall be deemed approved by the **dental** hygiene board. Any dental hygiene program accredited by the Commission on Dental Accreditation may be approved.

(2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the **dental** hygiene board. The **dental** hygiene board may withdraw or revoke a dental hygiene program approval if the Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.

(3) Review and evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions applications for licensure to ascertain whether the applicant meets the appropriate licensing requirements specified by statute and regulations, maintain application records, cashier application fees, issue and renew licenses, and perform any other tasks that are incidental to the application and licensure processes.

(4) Determine the appropriate type of license examination consistent with the provisions of this article, and develop or cause to be developed and administer examinations in accordance with regulations adopted by the **dental** hygiene board.

(5) Determine the amount of fees assessed under this article, not to exceed the actual cost.

(6) Determine and enforce the continuing education requirements specified in Section 1936.1.

(7) Deny, suspend, or revoke a license under this article, or otherwise enforce the provisions of this article. Any such proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the **dental** hygiene board shall have all of the powers granted therein.

(8) Make recommendations to the dental board regarding dental hygiene scope of practice issues.

(9) Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant.

(b) The **dental** hygiene board may employ employees and examiners that it deems necessary to carry out its functions and responsibilities under this article.

1905.1.

The **dental** hygiene board may contract with the dental board to carry out this article. The **dental** hygiene board may contract with the dental board to perform investigations of applicants and licensees under this article.

1905.2.

Recommendations by the **dental** hygiene board regarding scope of practice issues, as specified in paragraph (8) of subdivision (a) of Section 1905, shall be approved, modified, or rejected by the board within **ninety (90)** days of submission of the recommendation to the board. If the board rejects or significantly modifies the intent or scope of the recommendation, the **dental** hygiene board may request that the board provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within **thirty (30)** days of the request.

1906.

(a) The **dental** hygiene board shall adopt, amend, and revoke regulations to implement the requirements of this article.

(b) All regulations adopted by the **dental** hygiene board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) No regulation adopted by the **dental** hygiene board shall impose a requirement or a prohibition directly upon a licensed dentist or on the administration of a dental office, unless specifically authorized by this article.

(d) Unless contrary to the provisions of this article, regulations adopted by the dental board shall continue to apply to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions until other regulations are adopted by the **dental** hygiene board. All references in those regulations to “board” shall mean the **dental** hygiene board, which shall solely enforce the regulations with respect to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

1909.

A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the **dental** hygiene board evidence of satisfactory completion of a course of instruction, approved by the **dental** hygiene board, in the procedures:

(a) Soft-tissue curettage.

(b) Administration of local anesthesia.

(c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

1910.5.

(a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

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

(A) In a dental office setting.

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

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

(A) In either of the following settings:

(i) In a dental office setting.

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

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

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

(c) No later than January 1, 2018, the dental hygiene board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The dental hygiene board shall use the curriculum submitted by the dental board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the dental hygiene board shall be agreed upon by the dental board and the dental hygiene board.

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

1916.

(a) (1) An applicant for licensure under this article shall furnish electronic fingerprint images for submission to state and federal criminal justice agencies, including, but not limited to, the Federal Bureau of Investigation, in order to establish the identity of the applicant and for the other purposes described in this section.

(2) Notwithstanding paragraph (1), an out-of-state applicant or licensee residing out of state for whom an electronic record of the licensee's fingerprints does not exist shall furnish a hardcopy of his or her fingerprint card if electronic fingerprint images are not available or shared in the applicant's or licensee's state of residence.

(b) The dental hygiene board shall submit the fingerprint images or card to the Department of Justice for the purposes of obtaining criminal offender record information regarding state and federal level convictions and arrests, including arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(c) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate the response to the dental hygiene board.

(d) The Department of Justice shall provide a response to the dental hygiene board pursuant to subdivision (p) of Section 11105 of the Penal Code.

(e) The dental hygiene board shall request from the Department of Justice subsequent arrest notification service, as provided pursuant to Section 11105.2 of the Penal Code.

(f) The information obtained as a result of the fingerprinting shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure pursuant to Division 1.5 (commencing with Section 475) or Section 1943.

(g) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this section.

1917.

The dental hygiene board shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

(a) Completion of an educational program for registered dental hygienists, approved by the dental hygiene board, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.

(b) Within the preceding two (2) years, satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the dental hygiene board.

(c) Satisfactory completion of the National Dental Hygiene Board Examination.

(d) Satisfactory completion of the examination in California law and ethics as prescribed by the dental hygiene board.

- (e) Submission of a completed application form and all fees required by the dental hygiene board.
- (f) Satisfactory completion of dental hygiene board-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

1917.1.

(a) The dental hygiene board may grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the dental hygiene board, if the applicant submits all of the following to the dental hygiene board:

- (1) A completed application form and all fees required by the dental hygiene board.
- (2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.
- (3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene education program for a minimum of seven hundred and fifty (750) hours per year for at least five (5) years immediately preceding the date of his or her application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three (3) years of clinical practice and commits to completing the remaining two (2) years of clinical practice by filing with the dental hygiene board a copy of a pending contract to practice dental hygiene in any of the following facilities:
 - (A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.
 - (B) A primary care clinic that is exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.
 - (C) A clinic owned or operated by a public hospital or health system.
 - (D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.
- (4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the dental hygiene board.
- (5) Proof that the applicant has not been subject to disciplinary action by any state in which he or she, is or has been previously, issued any professional or vocational license. If the applicant has been subject to disciplinary action, the dental hygiene board shall review that action to determine if it warrants refusal to issue a license to the applicant.
- (6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.
- (7) Proof of satisfactory completion of the National Dental Hygiene Board Examination and of a state clinical examination, regional clinical licensure examination, or any other clinical dental hygiene examination approved by the dental hygiene board.
- (8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the

dental hygiene board for licensure to practice dental hygiene under this chapter more than once or once within five **(5)** years prior to the date of his or her application for a license under this section.

(9) Documentation of completion of a minimum of **twenty-five (25)** units of continuing education earned in the two **(2)** years preceding application, including completion of any continuing education requirements imposed by the **dental** hygiene board on registered dental hygienists licensed in this state at the time of application.

(10) Any other information as specified by the **dental** hygiene board to the extent that it is required of applicants for licensure by examination under this article.

(b) The **dental** hygiene board may periodically request verification of compliance with the requirements of paragraph (3) of subdivision (a), and may revoke the license upon a finding that the employment requirement or any other requirement of paragraph (3) of subdivision (a) has not been met.

(c) The **dental** hygiene board shall provide in the application packet to each out-of-state dental hygienist pursuant to this section the following information:

(1) The location of dental manpower shortage areas in the state.

(2) Any not-for-profit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.

1917.3.

Notwithstanding Section 135, an examinee for a registered dental hygienist license who either fails to pass the clinical examination required by Section 1917 after three attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient shall not be eligible for further reexamination until the examinee has successfully completed remedial education at an approved dental hygiene program or a comparable organization approved by the **dental** hygiene board.

1918.

The **dental** hygiene board shall license as a registered dental hygienist in extended functions a person who meets all of the following requirements:

(a) Holds a current license as a registered dental hygienist in California.

(b) Completes clinical training approved by the **dental** hygiene board in a facility affiliated with a dental school under the direct supervision of the dental school faculty.

(c) Performs satisfactorily on an examination required by the **dental** hygiene board.

(d) Completes an application form and pays all application fees required by the **dental** hygiene board.

1922.

The **dental** hygiene board shall license as a registered dental hygienist in alternative practice a person who demonstrates satisfactory performance on an examination in California law and ethics required by the **dental** hygiene board and who completes an application form and pays all application fees required by the **dental** hygiene board and meets either of the following requirements:

(a) Holds a current California license as a registered dental hygienist and meets the following requirements:

(1) Has been engaged in the practice of dental hygiene, as defined in Section 1908, as a registered dental hygienist in any setting, including, but not limited to, educational settings and public health settings, for a minimum of 2,000 hours during the immediately preceding **thirty-six (36)** months.

(2) Has successfully completed a bachelor's degree or its equivalent from a college or institution of higher education that is accredited by a national or regional accrediting agency recognized by the United States Department of Education, and a minimum of one hundred and **fifty (150)** hours of additional educational requirements, as prescribed by the **dental** hygiene board by regulation, that are consistent with good dental and dental hygiene practice, including, but not necessarily limited to, dental hygiene technique and theory including gerontology and medical emergencies, and business administration and practice management.

(b) Has received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code.

1926.1.

Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate a mobile dental hygiene clinic provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Section 1926.3, if both of the following requirements are met:

(a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.

(b) The licensee's insurer registers the mobile dental hygiene clinic with the **dental** hygiene board in compliance with Section 1926.3.

1926.2.

(a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility. The owner or operator of the mobile dental hygiene clinic or unit shall be registered and operated in accordance with regulations established by the **dental** hygiene board, which regulations shall not be designed to prevent or lessen competition in service areas, and shall pay the fees described in Section 1944.

(b) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article. Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the **dental** hygiene board within **sixty (60)** days of the date on which dental hygiene services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

1926.3.

Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the **dental** hygiene board, his or her place of practice, or, if he or she has more than one **(1)** place of practice pursuant to Section 1926.4, all of

the places of practice. If he or she has no place of practice, he or she shall so notify the executive officer. A person licensed by the dental hygiene board shall register with the executive officer within thirty (30) days after the date of the issuance of his or her license as a registered dental hygienist in alternative practice.

1926.4.

When a registered dental hygienist in alternative practice desires to have more than one (1) place of practice, he or she shall, prior to the opening of the additional office, apply to the dental hygiene board, pay the fee required by Section 1944, and obtain permission in writing from the dental hygiene board to have the additional place of practice, subject to a biennial renewal fee described in Section 1944.

1930.

A registered dental hygienist in alternative practice shall provide to the dental hygiene board documentation of an existing relationship with at least one (1) dentist for referral, consultation, and emergency services.

1931.

(a) (1) A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.

(2) If the dental hygienist in alternative practice provides services to a patient eighteen (18) months or more after the first date that he or she provides services to a patient, he or she shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. The verification shall include a prescription for dental hygiene services as described in subdivision (b).

(b) A registered dental hygienist in alternative practice may provide dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed two (2) years from the date it was issued.

(c) (1) The dental hygiene board may seek to obtain an injunction against any registered dental hygienist in alternative practice who provides services pursuant to this section, if the dental hygiene board has reasonable cause to believe that the services are being provided to a patient who has not received a prescription for those services from a dentist or physician and surgeon licensed to practice in this state.

(2) Providing services pursuant to this section without obtaining a prescription in accordance with subdivision (b) shall constitute unprofessional conduct on the part of the registered dental hygienist in alternative practice, and reason for the dental hygiene board to revoke or suspend the license of the registered dental hygienist in alternative practice pursuant to Section 1947.

1932.

(a) The dental hygiene board may, in its sole discretion, issue a probationary license to an applicant who has satisfied all requirements for licensure as a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions. The dental hygiene board may require, as a term or condition of issuing the probationary license, that the applicant comply with certain additional requirements, including, but not limited to, the following:

- (1) Successfully completing a professional competency examination.
 - (2) Submitting to a medical or psychological evaluation.
 - (3) Submitting to continuing medical or psychological treatment.
 - (4) Abstaining from the use of alcohol or drugs.
 - (5) Submitting to random fluid testing for alcohol or controlled substance abuse.
 - (6) Submitting to continuing participation in a **dental** hygiene board-approved rehabilitation program.
 - (7) Restricting the type or circumstances of practice.
 - (8) Submitting to continuing education and coursework.
 - (9) Complying with requirements regarding notifying the **dental** hygiene board of any change of employer or employment.
 - (10) Complying with probation monitoring.
 - (11) Complying with all laws and regulations governing the practice of dental hygiene.
 - (12) Limiting his or her practice to a supervised, structured environment in which his or her activities are supervised by a specified person.
- (b) The term of a probationary license is three **(3)** years. During the term of the license, the licensee may petition the **dental** hygiene board for a modification of a term or condition of the license or for the issuance of a license that is not probationary.
- (c) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the **dental** hygiene board shall have all the powers granted in that chapter.

1934.

A licensee who changes his or her physical address of record or email address shall notify the **dental** hygiene board within **thirty (30)** days of the change. A licensee who changes his or her legal name shall provide the **dental** hygiene board with documentation of the change within **ten (10)** days.

1935.

If not renewed, a license issued under the provisions of this article, unless specifically excepted, expires at 12 midnight on the last day of the month of the legal birth date of the licensee during the second year of a two-year term. To renew an unexpired license, the licensee shall, before the time at which the license would otherwise expire, apply for renewal on a form prescribed by the **dental** hygiene board and pay the renewal fee prescribed by this article.

1936.

Except as otherwise provided in this article, an expired license may be renewed at any time within five **(5)** years after its expiration by filing an application for renewal on a form prescribed by the **dental** hygiene board and payment of all accrued renewal and delinquency fees. If the license is renewed after its expiration, the licensee, as a condition precedent of renewal, shall also pay the delinquency fee prescribed

by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect until the expiration date provided in Section 1935 that next occurs after the effective date of the renewal.

1936.1.

(a) The **dental** hygiene board shall require, as a condition of license renewal, that licensees submit assurances satisfactory to the **dental** hygiene board that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the **dental** hygiene board, or by other means deemed equivalent by the **dental** hygiene board. The **dental** hygiene board shall adopt, amend, and revoke regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished. The **dental** hygiene board shall conduct random audits of at least **five (5)** percent of the licensee population each year to ensure compliance of the continuing education requirement.

(b) The **dental** hygiene board shall also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the **dental** hygiene board. The **dental** hygiene board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the **dental** hygiene board shall not exceed seven and one-half hours per renewal period. Any mandatory coursework required by the **dental** hygiene board shall be credited toward the continuing education requirements established by the **dental** hygiene board pursuant to subdivision (a).

(c) The providers of courses referred to in this section shall be approved by the **dental** hygiene board. Providers approved by the dental board shall be deemed approved by the **dental** hygiene board.

1940.

(a) A licensee who desires an inactive license shall submit an application to the **dental** hygiene board on a form provided by the **dental** hygiene board.

(b) In order to restore an inactive license to active status, the licensee shall submit an application to the **dental** hygiene board on a form provided by the **dental** hygiene board, accompanied by evidence that the licensee has completed the required number of hours of approved continuing education in compliance with this article within the last two **(2)** years preceding the date of the application.

(c) The holder of an inactive license shall continue to pay to the **dental** hygiene board the required biennial renewal fee.

(d) Within **thirty (30)** days of receiving a request either to restore an inactive license or to inactivate a license, the **dental** hygiene board shall inform the applicant in writing whether the application is complete and accepted for filing or is deficient and, if so, the specific information required to complete the application.

1941.

(a) The **dental** hygiene board shall grant or renew approval of only those educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that continuously maintain a high quality standard of instruction and, where

appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the **dental** hygiene board.

(b) A new educational program for registered dental hygienists shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the **dental** hygiene board prior to seeking approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the **dental** hygiene board. The **dental** hygiene board may approve, provisionally approve, or deny approval of any such new educational program.

(c) For purposes of this section, a new educational program for registered dental hygienists means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the **dental** hygiene board.

1941.5.

(a) The **dental** hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the **dental** hygiene board on a form prescribed by the **dental** hygiene board that the program continues to meet the requirements prescribed by the **dental** hygiene board.

(b) The **dental** hygiene board may conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure continued compliance of educational program requirements and Commission on Dental Accreditation standards for continued approval.

(c) An existing or new educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that is found to be noncompliant with the educational program requirements and Commission on Dental Accreditation standards may be placed on probation with terms, issued a citation and fine, or have its approval withdrawn if compliance is not met within reasonable specified timelines.

(d) The **dental** hygiene board, or through an authorized representative, may issue a citation containing fines and orders of abatement for any approved educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions for any violation of this section or the regulations adopted pursuant to this section.

1942.

(a) As used in this article “extramural dental facility” means any clinical facility that has contracted with an approved dental hygiene educational program for instruction in dental hygiene, that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program, and in which dental hygiene services are rendered.

(b) An approved dental hygiene educational program shall register an extramural dental facility with the **dental** hygiene board. That registration shall be accompanied by information supplied by the dental hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name and location of the

facility, date on which the operation will commence, discipline of which the instruction is a part, and a brief description of the equipment and facilities available. The foregoing information shall be supplemented by a copy of the agreement between the approved dental hygiene educational program or parent university, and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the dental hygiene board shall be communicated to the dental hygiene board.

1943.

(a) The dental hygiene board may deny an application to take an examination for licensure as a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions at any time prior to licensure for any of the following reasons:

(1) The applicant committed an act that is a ground for license suspension or revocation under this code or that is a ground for the denial of licensure under Section 480.

(2) The applicant committed or aided and abetted the commission of any act for which a license is required under this chapter.

(3) Another state or territory suspended or revoked the license that it had issued to the applicant on a ground that constitutes a basis in this state for the suspension or revocation of licensure under this article.

(b) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the dental hygiene board shall have all of the powers granted therein.

1944.

(a) The dental hygiene board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by dental board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the dental hygiene board. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars (\$250).

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(5) The biennial renewal fee shall not exceed five hundred dollars (\$500).

(6) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

- (7) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater.
- (8) The fee for certification of licensure shall not exceed one-half of the renewal fee.
- (9) The fee for each curriculum review and feasibility study review for educational programs for dental hygienists who are not accredited by a dental hygiene board-approved agency shall not exceed two thousand one hundred dollars (\$2,100).
- (10) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars (\$750).
- (11) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars (\$500).
- (12) The amount of fees payable in connection with permits issued under Section 1962 is as follows:
- (A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.
- (B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to fifty (50) percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.
- (13) The fee for the dental hygiene board to conduct a site visit to educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure compliance of educational program requirements shall not exceed the actual cost incurred by the dental hygiene board for cost recovery of site visit expenditures.
- (14) The fee for a retired license shall not exceed one-half of the current license renewal fee.
- (b) The renewal and delinquency fees shall be fixed by the dental hygiene board by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars (\$5).
- (c) Fees fixed by the dental hygiene board by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.
- (d) Fees collected pursuant to this section shall be collected by the dental hygiene board and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement this article.
- (e) No fees or charges other than those listed in this section shall be levied by the dental hygiene board in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.
- (f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars (\$250).
- (g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150).
- (h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars (\$250).

- (i) The fee for an additional office permit shall not exceed two hundred fifty dollars (\$250).
- (j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).
- (k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).
- (l) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

1947.

A license issued under this article and a license issued under this chapter to a registered dental hygienist, to a registered dental hygienist in alternative practice, or to a registered dental hygienist in extended functions may be revoked or suspended by the **dental** hygiene board for any reason specified in this article for the suspension or revocation of a license to practice dental hygiene.

SEC. 42.

Section 1949 of the Business and Professions Code is amended to read:

1949.

A licensee may have his or her license revoked or suspended, or may be reprimanded or placed on probation by the **dental** hygiene board for unprofessional conduct, incompetence, gross negligence, repeated acts of negligence in his or her profession, receiving a license by mistake, or for any other cause applicable to the licensee provided in this article. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the **dental** hygiene board shall have all the powers granted therein.

1950.

(a) A licensee may have his or her license revoked or suspended, or may be reprimanded or placed on probation by the **dental** hygiene board, for conviction of a crime substantially related to the licensee's qualifications, functions, or duties. The record of conviction or a copy certified by the clerk of the court or by the judge in whose court the conviction occurred shall be conclusive evidence of conviction.

(b) The **dental** hygiene board shall undertake proceedings under this section upon the receipt of a certified copy of the record of conviction. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any misdemeanor substantially related to the licensee's qualifications, functions, or duties is deemed to be a conviction within the meaning of this section.

(c) The **dental** hygiene board may reprimand a licensee or order a license suspended or revoked, or placed on probation or may decline to issue a license, when any of the following occur:

- (1) The time for appeal has elapsed.
- (2) The judgment of conviction has been affirmed on appeal.
- (3) An order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing a person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

1950.5.

Unprofessional conduct by a person licensed under this article is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene.
- (c) The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully.
- (d) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dental hygiene.
- (e) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1962.
- (f) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiographs, prescriptions, or other services or articles supplied to patients.
- (g) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.
- (h) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.
- (i) The employing or the making use of solicitors.
- (j) Advertising in violation of Section 651.
- (k) Advertising to guarantee any dental hygiene service, or to perform any dental hygiene procedure painlessly. This subdivision shall not prohibit advertising permitted by Section 651.
- (l) The violation of any of the provisions of this division.
- (m) The permitting of any person to operate dental radiographic equipment who has not met the requirements to do so, as determined by the **dental** hygiene board.
- (n) The clearly excessive administering of drugs or treatment, or the clearly excessive use of treatment procedures, or the clearly excessive use of treatment facilities, as determined by the customary practice and standards of the dental hygiene profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than **sixty (60)** days or more than **one hundred and eighty (180)** days, or by both a fine and imprisonment.

- (o) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

- (p) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.
- (q) The alteration of a patient's record with intent to deceive.
- (r) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental hygiene profession.
- (s) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.
- (t) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.
- (u) Use of fraud in the procurement of any license issued pursuant to this article.
- (v) Any action or conduct that would have warranted the denial of the license.
- (w) The aiding or abetting of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dental hygiene in a negligent or incompetent manner.
- (x) The failure to report to the **dental** hygiene board in writing within seven days any of the following: (1) the death of his or her patient during the performance of any dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental hygiene procedure performed by him or her; or (3) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment for a period exceeding **twenty-four (24)** hours of any patient as a result of dental or dental hygiene treatment. Upon receipt of a report pursuant to this subdivision, the **dental** hygiene board may conduct an inspection of the dental hygiene practice office if the **dental** hygiene board finds that it is necessary.
- (y) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the **dental** hygiene board all deaths occurring in his or her practice with a copy sent to the dental board if the death occurred while working as an employee in a dental office. A dentist shall report to the dental board all deaths occurring in his or her practice with a copy sent to the **dental** hygiene board if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions.

1951.

The **dental** hygiene board may discipline a licensee by placing him or her on probation under various terms and conditions that may include, but are not limited to, the following:

- (a) Requiring the licensee to obtain additional training or pass an examination upon completion of training, or both. The examination may be a written or oral examination, or both, and may be a practical or clinical examination, or both, at the option of the **dental** hygiene board.
- (b) Requiring the licensee to submit to a complete diagnostic examination by one **(1)** or more physicians appointed by the **dental** hygiene board, if warranted by the physical or mental condition of the licensee. If the **dental** hygiene board requires the licensee to submit to an examination, the **dental** hygiene board shall

receive and consider any other report of a complete diagnostic examination given by one or more physicians of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee.

(d) Requiring restitution of fees to the licensee's patients or payers of services, unless restitution has already been made.

(e) Providing the option of alternative community service in lieu of all or part of a period of suspension in cases other than violations relating to quality of care.

1952.

It is unprofessional conduct for a person licensed under this article to do any of the following:

(a) Obtain or possess in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, a controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Section 4022.

(b) Use a controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or a dangerous drug as defined in Section 4022, or alcoholic beverages or other intoxicating substances, to an extent or in a manner dangerous or injurious to himself or herself, to any person, or the public to the extent that the use impairs the licensee's ability to conduct with safety to the public the practice authorized by his or her license.

(c) Be convicted of a charge of violating any federal statute or rules, or any statute or rule of this state, regulating controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug, as defined in Section 4022, or be convicted of more than one (1) misdemeanor, or any felony, involving the use or consumption of alcohol or drugs, if the conviction is substantially related to the practice authorized by his or her license.

(1) The record of conviction or a copy certified by the clerk of the court or by the judge in whose court the conviction is had, shall be conclusive evidence of a violation of this section. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section.

(2) The dental hygiene board may order the license suspended or revoked, or may decline to issue a license, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing a person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

1955.

(a) (1) A licensee who fails or refuses to comply with a request for a patient's dental or dental hygiene records that is accompanied by that patient's written authorization for release of the records to the dental hygiene board, within fifteen (15) days of receiving the request and authorization, shall pay to the dental hygiene board a civil or administrative penalty or fine up to a maximum of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the fifteenth (15th) day, up to a maximum of five thousand dollars (\$5,000) unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the dental or dental hygiene records of a patient that is accompanied by that patient's written authorization for release of records to the dental hygiene board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's dental hygiene records to the dental hygiene board within thirty (30) days of receiving this request, authorization, and notice shall subject the health care facility to a civil or administrative penalty or fine, payable to the dental hygiene board, of up to a maximum of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the thirtieth (30th) day, up to a maximum of five thousand dollars (\$5,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the dental hygiene board in obtaining the patient's authorization. The dental hygiene board shall pay the reasonable cost of copying the dental hygiene records.

(b) (1) A licensee who fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the dental hygiene board shall pay to the dental hygiene board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the dental hygiene board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) A licensee who fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the dental hygiene board is guilty of a misdemeanor punishable by a fine payable to the dental hygiene board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the dental hygiene board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of patient records to the dental hygiene board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the dental hygiene board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the dental hygiene board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the dental hygiene board is guilty of a misdemeanor punishable by a fine payable to the dental hygiene board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the dental hygiene board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six (6) months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or permit.

(d) A failure or refusal to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the dental hygiene board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil or administrative penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For the purposes of this section, a "health care facility" means a clinic or health care facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

1957.

(a) A person whose license has been revoked or suspended, who has been placed on probation, or whose license was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing, may petition the dental hygiene board for reinstatement or modification of the penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

(1) At least three (3) years for reinstatement of a license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.

(2) At least two (2) years for early termination, or modification of a condition, of a probation of three (3) years or more.

(3) At least one (1) year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination, or modification of a condition, of a probation of less than three (3) years.

(b) The petition shall state any fact required by the dental hygiene board.

(c) The petition may be heard by the dental hygiene board, or the dental hygiene board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

(d) In considering reinstatement or modification or penalty, the dental hygiene board or the administrative law judge hearing the petition may consider the following:

(1) All activities of the petitioner since the disciplinary action was taken.

(2) The offense for which the petitioner was disciplined.

(3) The petitioner's activities during the time the license or permit was in good standing.

(4) The petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(e) The hearing may be continued from time to time as the dental hygiene board or the administrative law judge as designated in Section 11371 of the Government Code finds necessary.

(f) The dental hygiene board or the administrative law judge may impose necessary terms and conditions on the licensee in reinstating a license or permit or modifying a penalty.

(g) A petition shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole.

(h) A petition shall not be considered while there is an accusation or petition to revoke probation pending against the person.

(i) The **dental** hygiene board may deny without a hearing or argument any petition filed pursuant to this section within a period of two **(2)** years from the effective date of the prior decision following a hearing under this section. Nothing in this section shall be deemed to alter Sections 822 and 823.

1958.

A person, company, or association is guilty of a misdemeanor, and upon conviction, shall be punished by imprisonment in a county jail not less than **ten (10)** days nor more than one **(1)** year, or by a fine of not less than one hundred dollars (\$100) nor more than one thousand five hundred dollars (\$1,500), or by both that fine and imprisonment, who does any of the following:

(a) Assumes the title of “registered dental hygienist,” “registered dental hygienist in alternative practice,” or “registered dental hygienist in extended functions” or appends the letters “R.D.H.,” “R.D.H.A.P.,” or “R.D.H.E.F.” to his or her name without having had the right to assume the title conferred upon him or her through licensure.

(b) Assumes any title, or appends any letters to his or her name, with the intent to represent falsely that he or she has received a dental hygiene degree or a license under this article.

(c) Engages in the practice of dental hygiene without causing to be displayed in a conspicuous place in his or her office his or her license under this article to practice dental hygiene.

(d) Within **ten (10)** days after demand is made by the executive officer of the **dental** hygiene board, fails to furnish to the **dental** hygiene board the name and address of all persons practicing or assisting in the practice of dental hygiene in the office of the person, company, or association, at any time within **sixty (60)** days prior to the demand, together with a sworn statement showing under and by what license or authority this person, company, or association and any employees are or have been practicing or assisting in the practice of dental hygiene. This sworn statement shall not be used in any prosecution under this section.

(e) Is under the influence of alcohol or a controlled substance while engaged in the practice of dental hygiene in actual attendance on patients to an extent that impairs his or her ability to conduct the practice of dental hygiene with safety to patients and the public.

1958.1.

(a) Notwithstanding any other law, with regard to an individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, under military law, or under federal law, all of the following shall apply:

(1) The **dental** hygiene board shall deny an application by the individual for licensure pursuant to this article.

(2) If the individual is licensed under this article, the **dental** hygiene board shall promptly revoke the license of the individual. The **dental** hygiene board shall not stay the revocation nor place the license on probation.

(3) The **dental** hygiene board shall not reinstate or reissue the individual’s licensure under this article. The **dental** hygiene board shall not issue a stay of license denial and place the license on probation.

(b) This section shall not apply to any of the following:

- (1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that requires his or her registration as a sex offender.
- (2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code. However, nothing in this paragraph shall prohibit the dental hygiene board from exercising its discretion to discipline a licensee under other provisions of state law based upon the licensee's conviction under Section 314 of the Penal Code.
- (3) Any administrative adjudication proceeding under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that is fully adjudicated prior to January 1, 2013. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition against reinstating a license to an individual who is required to register as a sex offender shall be applicable.

1962.

- (a) An association, partnership, corporation, or group of three or more registered dental hygienists in alternative practice engaging in practice under a name that would otherwise be in violation of Section 1960 may practice under that name if the association, partnership, corporation, or group holds an unexpired, unsuspended, and unrevoked permit issued by the dental hygiene board under this section.
- (b) An individual registered dental hygienist in alternative practice or a pair of registered dental hygienists in alternative practice who practice dental hygiene under a name that would otherwise violate Section 1960 may practice under that name if the licensees hold a valid permit issued by the dental hygiene board under this section. The dental hygiene board shall issue a written permit authorizing the holder to use a name specified in the permit in connection with the holder's practice if the dental hygiene board finds all of the following:
 - (1) The applicant or applicants are duly licensed registered dental hygienists in alternative practice.
 - (2) The place where the applicant or applicants practice is owned or leased by the applicant or applicants, and the practice conducted at the place is wholly owned and entirely controlled by the applicant or applicants and is an approved area or practice setting pursuant to Section 1926.
 - (3) The name under which the applicant or applicants propose to operate contains at least one of the following designations: "dental hygiene group," "dental hygiene practice," or "dental hygiene office," contains the family name of one (1) or more of the past, present, or prospective associates, partners, shareholders, or members of the group, and is in conformity with Section 651 and not in violation of subdivisions (i) and (l) of Section 1950.5.
 - (4) All licensed persons practicing at the location designated in the application hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location.
- (c) A permit issued under this section shall expire and become invalid unless renewed in the manner provided for in this article for the renewal of permits issued under this article.
- (d) A permit issued under this section may be revoked or suspended if the dental hygiene board finds that any requirement for original issuance of a permit is no longer being fulfilled by the permitholder. Proceedings for revocation or suspension shall be governed by the Administrative Procedure Act.

(e) If charges of unprofessional conduct are filed against the holder of a permit issued under this section, or a member of an association, partnership, group, or corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit until a final determination of the charges of unprofessional conduct, unless the charges have resulted in revocation or suspension of a license.

1963.

The **dental** hygiene board may file a complaint for violation of any part of this article with any court of competent jurisdiction and may, by its officers, counsel and agents, assist in presenting the law or facts at the trial. The district attorney of each county in this state shall prosecute all violations of this article in their respective counties in which the violations occur.

1964.

In addition to the other proceedings provided for in this article, on application of the **dental** hygiene board, the superior court of any county shall issue an injunction to restrain an unlicensed person from conducting the practice of dental hygiene, as defined in this article.

1966.

(a) It is the intent of the Legislature that the **dental** hygiene board seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licensees so afflicted may be treated and returned to the practice of dental hygiene in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the **dental** hygiene board establish a diversion program as a voluntary alternative approach to traditional disciplinary actions.

(b) One **(1)** or more diversion evaluation committees shall be established by the **dental** hygiene board. The **dental** hygiene board shall establish criteria for the selection of each diversion evaluation committee. Each member of a diversion evaluation committee shall receive per diem and expenses as provided in Section 103.

1966.1.

(a) The **dental** hygiene board shall establish criteria for the acceptance, denial, or termination of licensees in a diversion program. Unless ordered by the **dental** hygiene board as a condition of a licensee's disciplinary probation, only those licensees who have voluntarily requested diversion treatment and supervision by a diversion evaluation committee shall participate in a diversion program.

(b) A licensee who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f).

(c) A licensee under current investigation by the **dental** hygiene board may also request entry into a diversion program by contacting the **dental** hygiene board. The **dental** hygiene board may refer the licensee requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licensee to enter into the diversion program, the **dental** hygiene board may require the licensee, while under current investigation for any violations of this article or other violations, to execute a statement of understanding that states that the licensee understands that his or her violations of this article

or other statutes, that would otherwise be the basis for discipline, may still be investigated and be the subject of disciplinary action.

(d) If the reasons for a current investigation of a licensee are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 1951, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that does not involve actual, direct harm to the public, the **dental** hygiene board shall close the investigation without further action if the licensee is accepted into the **dental** hygiene board's diversion program and successfully completes the requirements of the program. If the licensee withdraws or is terminated from the program by a diversion evaluation committee, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the **dental** hygiene board.

(e) Neither acceptance nor participation in the diversion program shall preclude the **dental** hygiene board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any licensee for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) All licensees shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when a diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by the **dental** hygiene board of diversion treatment records in disciplinary or criminal proceedings.

(g) Any licensee terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the **dental** hygiene board for acts committed before, during, and after participation in the diversion program. A licensee who has been under investigation by the **dental** hygiene board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the **dental** hygiene board.

1966.2.

Each diversion evaluation committee shall have the following duties and responsibilities:

(a) To evaluate those licensees who request to participate in the diversion program according to the guidelines prescribed by the **dental** hygiene board and to consider the recommendations of any licensees designated by the **dental** hygiene board to serve as consultants on the admission of the licensee to the diversion program.

(b) To review and designate those treatment facilities to which licensees in a diversion program may be referred.

(c) To receive and review information concerning a licensee participating in the program.

(d) To consider in the case of each licensee participating in a program whether he or she may safely continue or resume the practice of dental hygiene.

(e) To perform other related duties as the **dental** hygiene board may by regulation require.

1966.4.

Each licensee who requests participation in a diversion program shall agree to cooperate with the treatment program designed by a diversion evaluation committee and to bear all costs related to the

program, unless the cost is waived by the dental hygiene board. Any failure to comply with the provisions of a treatment program may result in termination of the licensee's participation in a program.

1966.5.

(a) After a diversion evaluation committee, in its discretion, has determined that a licensee has been rehabilitated and the diversion program is completed, the diversion evaluation committee shall purge and destroy all records pertaining to the licensee's participation in the diversion program.

(b) Except as authorized by subdivision (f) of Section 1966.1, all dental hygiene board and diversion evaluation committee records and records of proceedings pertaining to the treatment of a licensee in a program shall be kept confidential and are not subject to discovery or subpoena.

1966.6.

The dental hygiene board shall provide for the representation of any person making reports to a diversion evaluation committee or the dental hygiene board under this article in any action for defamation for reports or information given to the diversion evaluation committee or the dental hygiene board regarding a licensee's participation in the diversion program.



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 11

Future Agenda Items



Tuesday, January 29, 2019

Dental Hygiene Board of California

Agenda Item 12

Adjournment