



DECEMBER 6 - 7, 2013 MEETINGS

**EVERGREEN HEARING ROOM
2005 EVERGREEN STREET, 1ST FLOOR
SACRAMENTO, CA 95815**



Friday, December 6, 2013

Dental Hygiene Committee of California

Full and Subcommittee Agendas

Agendas



Notice is hereby given that a public meeting of the Dental Hygiene Committee of California will be held as follows:

DHCC MEETING AGENDA

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

Friday, December 6, 2013
8:30 a.m. – Adjournment
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815

9:00 a.m. Dental Hygiene Committee of California – Full Committee – Open Session

Roll Call

1. Public Comment for Items Not on the Agenda
2. President's Announcements
3. Full DHCC Meeting: Petition for Termination of Probation – Lorain Rice

Closed Session

The DHCC may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c)(3)

Return to Open Session

Subcommittee Meetings – See Attached Agendas for Subcommittee Items

4. Education and Outreach Subcommittee:
See Attached Agenda
5. Enforcement Subcommittee:
See Attached Agenda
6. Legislative and Regulatory Subcommittee:
See Attached Agenda
7. Licensing and Examination Subcommittee:
See Attached Agenda
8. Adjournment

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Notice is hereby given that a public meeting of the Education and Outreach Subcommittee of the Dental Hygiene Committee of California (DHCC) will be held as follows:

EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Education and Outreach Subcommittee Members

Sherrie-Ann Gordon, Public Member, Chair
Susan Good, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Agenda

EDU 1 – Roll Call

EDU 2 – Public Comment for Items Not on the Agenda

EDU 3 – Chairperson's Report

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

EDU 5 – Website Statistics

EDU 6 – Future Agenda Items

EDU 7 – Adjournment

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Notice is hereby given that a public meeting of the Enforcement Subcommittee of the Dental Hygiene Committee of California will be held as follows:

ENFORCEMENT SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Enforcement Subcommittee Members:

Garry Shay, Public Member, Chair
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP
Nicolette Moultrie, RDH

Agenda

ENF 1 – Roll Call

ENF 2 – Public Comment for Items Not on the Agenda

ENF 3 – Chairperson's Report

ENF 4 – Enforcement Statistics

ENF 5 – Department of Consumer Affairs Performance Measures

ENF 6 – Update on Citation and Fine Program

ENF 7 – Update on Continuing Education Audits for Licensees

ENF 8 – Future Agenda Items

ENF 9 – Adjournment

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Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California will be held as follows:

LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Legislative and Regulatory Subcommittee Members:

Nicolette Moultrie, RDH, Chair
Susan Good, Public Member
Michelle Hurlbutt, RDH Educator
Garry Shay, Public Member

Agenda

LEG 1 – Roll Call

LEG 2 – Public Comment for Items Not on the Agenda

LEG 3 – Chairperson's Report

LEG 4 – Legislative Update

LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs, *California Code of Regulations (CCR), Title 16, Division 11, §§1103, 1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114*

LEG 6 – Future Agenda Items

LEG 7 – Adjournment

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Notice is hereby given that a public meeting of the Licensing and Examination Subcommittee of the Dental Hygiene Committee of California will be held as follows:

LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Licensing and Examination Subcommittee Members:

Michelle Hurlbutt, RDH Educator, Chair
Noel Kelsch, RDHAP
Timothy Martinez, DMD
Evangeline Ward, RDH

Agenda

LIC 1 – Roll Call

LIC 2 – Public Comment for Items Not on the Agenda

LIC 3 – Chairperson's Report

LIC 4 – 2014 DHCC Clinical Exam Schedule

LIC 5 – Clinical and Written Examination Statistics

LIC 6 – Licensure Statistics

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

LIC 9 – Discussion and Possible Action on Remedial Education Regulation, *California Code of Regulations, Title 16, Division 11, §1108*

LIC 10 – Future Agenda Items

LIC 11 – Adjournment

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Friday, December 6, 2013

Dental Hygiene Committee of California

Full Committee

Roll Call: Establishment of a Quorum



Friday, December 6, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 1

Public Comment for Items Not on the Agenda



Friday, December 6, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 2

President's Report
A verbal report will be provided.



Friday, December 6, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 3

Petition for Termination of Probation: Lorain Rice

CLOSED SESSION WILL FOLLOW



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4

Agenda



Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California (DHCC) will be held as follows:

EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Education and Outreach Subcommittee Members:

Chair – Sherrie-Ann Gordon, Public Member
Susan Good, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Agenda

EDU 1 – Roll Call

EDU 2 – Public Comment for Items Not on the Agenda

EDU 3 – Chairperson's Report

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

EDU 5 – Website Statistics

EDU 6 – Future Agenda Items

EDU 7 – Adjournment

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Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.1

Roll Call: Establishment of a Quorum



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.2

Public Comments for Items Not on the Agenda



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.3

Chairperson's Report
A Verbal Report Will Be Given.



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.4

Review and Consideration of Changing the Nomenclature
and Function of the Education and Outreach
Subcommittee: Chapter 5 of the DHCC Member
Guidelines and Procedure Manual



DATE	December 6, 2013
TO	DHCC Education and Outreach Subcommittee Members
FROM	Traci Napper, Program Analyst
SUBJECT	EDU 4 Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

Staff is recommending changing the name and function of one of the existing subcommittees. The Education and Outreach Subcommittee was created in order to provide current educational, licensure, and consumer information to the public and licensees by attending outreach events in the State. Since there are travel restrictions in place, attending outreach events has been very limited for a few years. Also, it should be noted that there are some Board's that do not have a stand alone subcommittee for this function. Information regarding any outreach events can be provided by the Executive Officer in her report to the Committee. The recommendation is to change the current name from the "Education and Outreach Subcommittee" to "Education Subcommittee."

Effective January 2013, Senate Bill 1202 (Leno and Wayland) strengthened the Committees authority to grant, renew, or deny approval of all dental hygiene educational programs. Since the Committee will be overseeing all dental hygiene education programs, staff believed it was necessary to create this new subcommittee in order to distribute committee responsibilities.

Some of the responsibilities will include:

- Determining the need for a new educational program by evaluating and reviewing the feasibility studies and make a recommendation to the full Committee.
- Make recommendations for approval, provisional approval, or deny any **new** educational program request.
- Make recommendations for renewal, denial, or revocation of an **existing** educational program.
- Make recommendations to withdraw or revoke a dental hygiene program's approval if the Commission on Dental Accreditation (CODA) has indicated an **intent-to-withdraw** approval or has **withdrawn approval**.
- Promulgate regulations for educational programs.

Subcommittee Action Requested

- ☐ Recommend the nomenclature change from "Education and Outreach Subcommittee" to "Education Subcommittee" and the revision of the subcommittee's function.

Accept recommendations ____ Accept recommendation with edits ____
 Do Not Accept at this time ____ Table Item ____

CHAPTER 5 – SUBCOMMITTEES






FUNCTION

Subcommittees are advisory and their purpose is to recommend actions on specific subject matter. The composition of the subcommittees may change as needed. Recommendations and reports shall be submitted to DHCC for consideration and approval.

APPOINTMENTS

The President shall appoint the members to fill positions of each standing subcommittee. DHCC members may volunteer to serve on a specific subcommittee.

STANDING SUBCOMMITTEES

-  Licensing and Examination Subcommittee
-  Enforcement Subcommittee
-  Legislative and Regulatory Subcommittee
-  ~~Education and Outreach Subcommittee~~
-  Education Subcommittee

LICENSING AND EXAMINATION SUBCOMMITTEE

The purpose of the Licensing and Examination Subcommittee is to advise the DHCC on policy matters relating to the examining and licensing of individuals who want to practice dental hygiene in California. The subcommittee may also provide information and recommendations on issues relating to curriculum and school approval, exam appeals, laws and regulations.

ENFORCEMENT SUBCOMMITTEE

The purpose of the Enforcement Subcommittee is to advise the DHCC on policy matters that relate to protecting the health and safety of consumers. This includes maintenance of disciplinary guidelines, and other recommendations on the enforcement of the statutes and regulations.

LEGISLATIVE AND REGULATORY SUBCOMMITTEE

The purpose of the Legislative and Regulatory Subcommittee is to review and track legislation which affects the DHCC and recommends positions on legislation. It also provides information and recommendations to the full committee on regulatory additions or changes.

EDUCATION AND OUTREACH SUBCOMMITTEE

The purpose of the Education and Outreach Subcommittee is to provide recommendations on the development of informational brochures and other publications, planning of outreach events for consumers and licensees, preparing articles for submission in trade magazines and attending trade shows.

EDUCATION SUBCOMMITTEE

The purpose of the Education Subcommittee is to provide recommendations to the full committee on granting and renewing approval of educational programs for registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice and provide recommendations to the full committee regarding approval of a feasibility study for new educational programs.

AD HOC COMMITTEES

The President may establish ad hoc Subcommittees as needed.



Friday, December 6, 2013

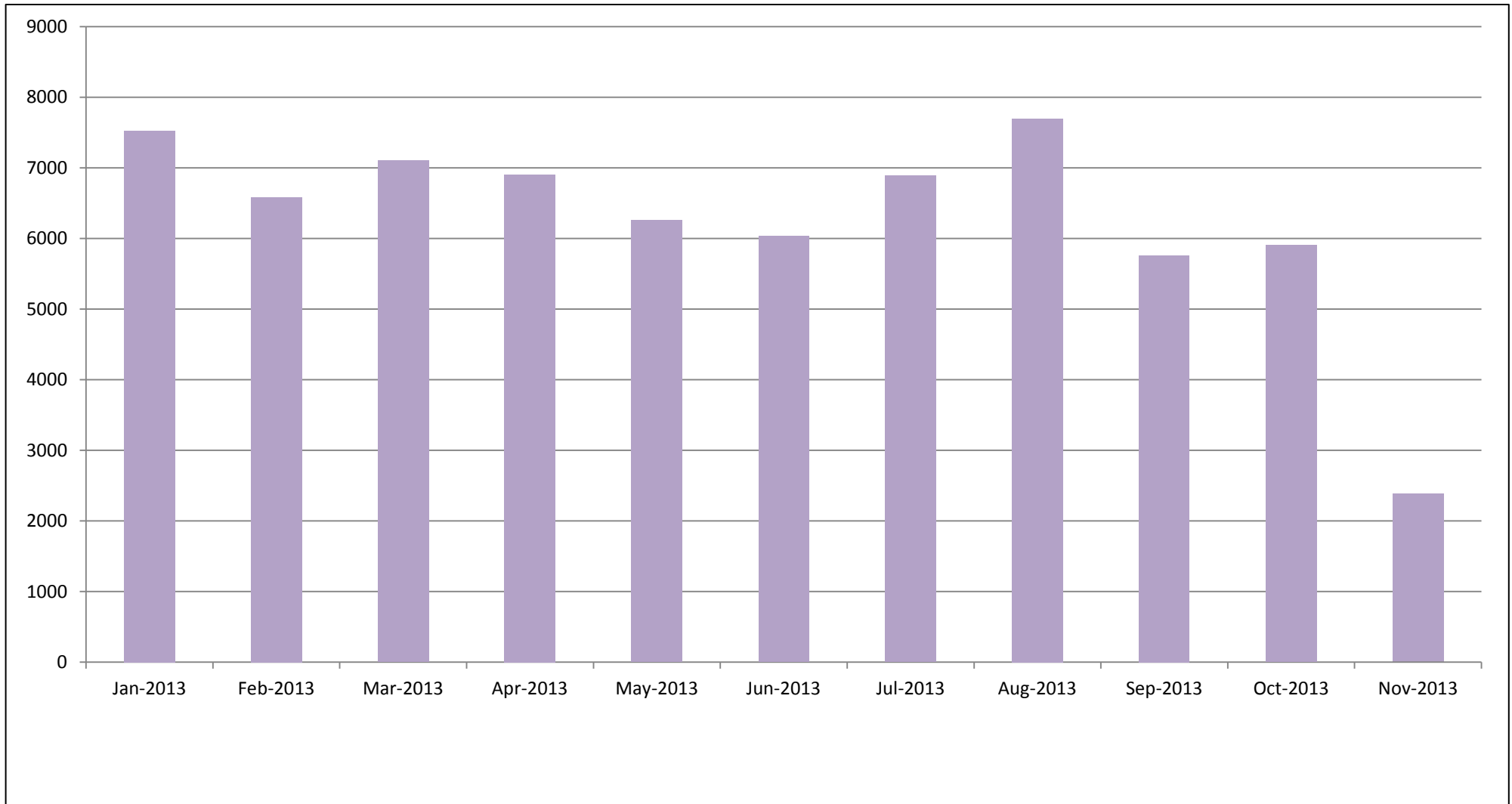
Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.5

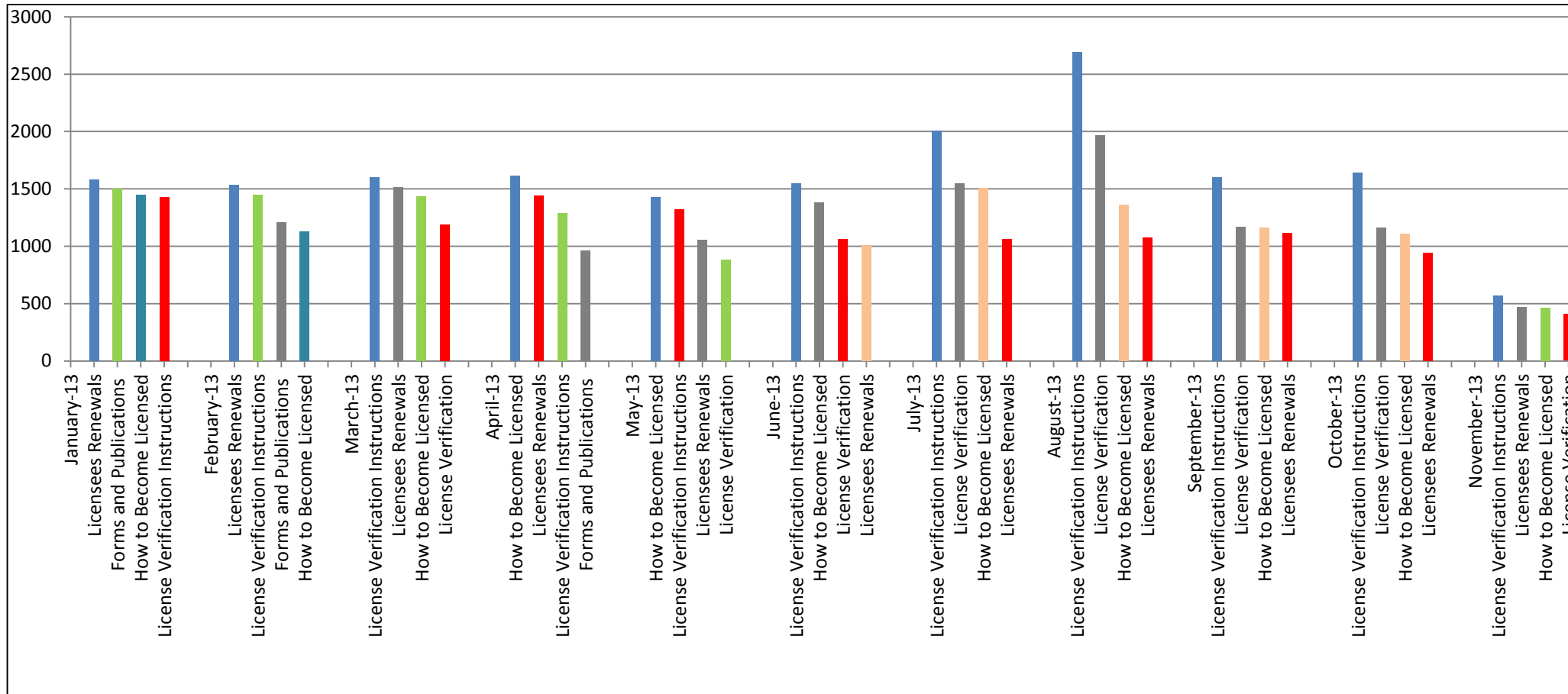
Website Statistics

The Quantity of DHCC Website Hits per Month (January 1, 2013 to November 14, 2013)



The Top 5 DHCC Webpage Hit Categories and Quantities per Month

(January 1, 2013 to November 14, 2013)



How to become licensed	/applicants/becomelicensed.shtml
Licensees Renewal	/licensees/renewals.shtml
License Verification Instruction	/verification/instructions.shtml
Forms and Publications	/formspubs/index.shtml
License Verification	/verification/index.shtml

Agenda Item EDU 5 – Web Site Statistics

Global Activity: January 2013 – November 2013. The size of the orange dot indicates the activity from each locale. The larger the dot size, the greater the activity. Web activity is based upon the DHCC homepage traffic (/index.shtml).



Interesting to note is the increase of activity from Mountain View, CA with 11,597 visits on the DHCC's website (8.15% of internet traffic). Last year's (2012) report showed an increase in use from Redmond, WA (6.69% of internet traffic). This year, there was a decrease in traffic from this location (Redmond, WA - 4.81%).

In 2013, Beijing, China averaged nearly 4.92% of the DHCC internet traffic, which is a 1.87% increase from the report in 2012 and reflected 3.05% of total internet traffic on the DHCC website. In comparison, Sacramento averaged 4.99% over the same time period.



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.6

Future Agenda Items



Friday, December 6, 2013

Dental Hygiene Committee of California

Education and Outreach Subcommittee

Agenda Item 4.7

Adjournment



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5

Agenda



Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California will be held as follows:

ENFORCEMENT SUBCOMMITTEE MEETING

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916.263.1978**

Enforcement Subcommittee Members:

Chair – Garry Shay, Public Member
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP
Nicolette Moultrie, RDH

Agenda

ENF 1 – Roll Call

ENF 2 – Public Comment for Items Not on the Agenda

ENF 3 – Chairperson's Report

ENF 4 – Enforcement Statistics

ENF 5 – Department of Consumer Affairs Performance Measures

ENF 6 – Update on Citation and Fine Program

ENF 7 – Update on Continuing Education Audits for Licensees

ENF 8 – Future Agenda Items

ENF 9 – Adjournment

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Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.1

Roll Call: Establishment of a Quorum



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.2

Public Comment for Items Not on the Agenda



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.3

Chairperson's Report



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.4

Enforcement Statistics



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Enforcement Subcommittee Members
FROM	Nancy Gaytan, Enforcement Analyst
SUBJECT	Agenda Item ENF 4 - Enforcement Statistics

A verbal report will be provided for the Enforcement Statistics.



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.5

Department of Consumer Affairs Performance Measures



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Enforcement Subcommittee Dental Hygiene Committee of California
FROM	Nancy Gaytan, Enforcement Analyst
SUBJECT	Agenda Item ENF 5: Q1 Performance Measures (July – September 2013)

Performance Measures was established by DCA in order for each Board, Bureau or Committee to review its progress toward meeting its enforcement goals and targets.

Volume: 42 Total (9 Consumer complaints, 33 Conviction reports)
 Number of complaints and convictions received per quarter

Cycle Time:

- Intake – Target: 30 Days** **Q1 Average: 5 Days**
 Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned for processing.
- Intake & Investigation – Target: 270 Days** **Q1 Average: 174 Days**
 Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline).
- Formal Discipline – Target: 540 Days** **Q1 Average: 491 Days**
 Average number of days to complete the entire enforcement process for cases resulting in formal discipline (includes intake and investigation by the Committee and prosecution by the AG).
- Probation Intake – Target: 10 Days** **Q1 Average: 5 Days**
 Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer;

 Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. In some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements.
- Probation Violation Response – Target: 10 Days** **Q1 Average: 0**
 Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action. **None to report**

Department of Consumer Affairs

Dental Hygiene

Committee of California

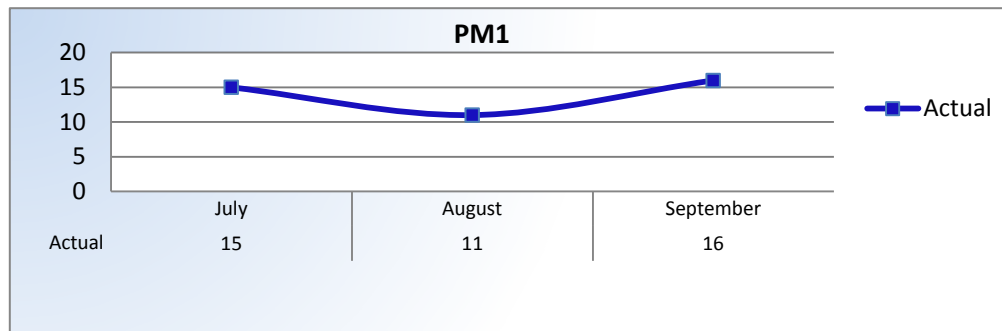
Performance Measures

Q1 Report (July - September 2013)

To ensure stakeholders can review the Committee's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

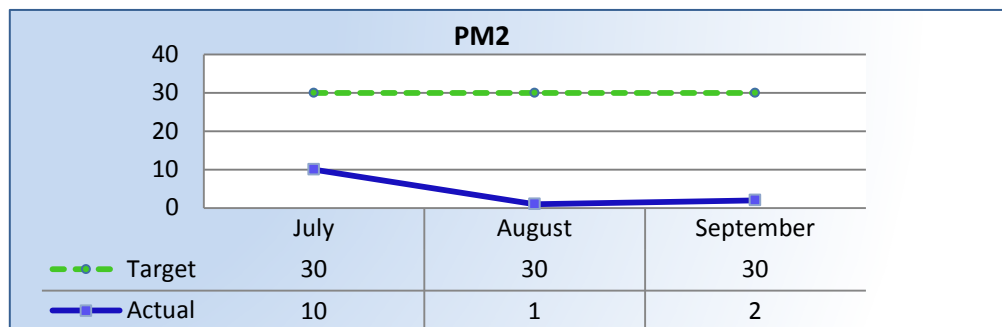


Total Received: 42 Monthly Average: 14

Complaints: 9 | Convictions: 33

PM2 | Intake

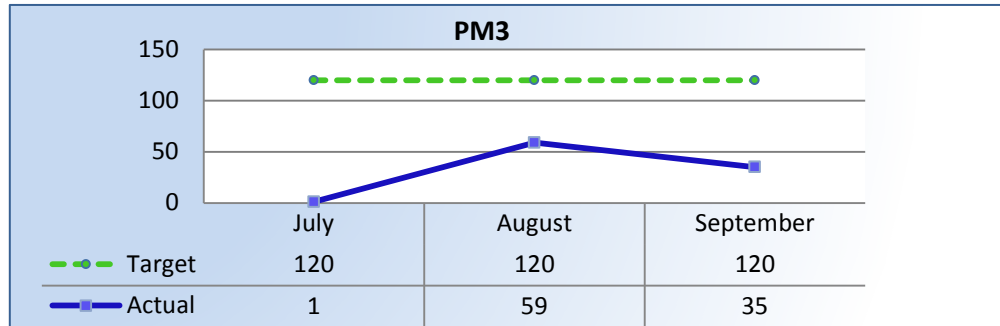
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 30 Days | Actual Average: 5 Days

PM3 | Intake & Investigation

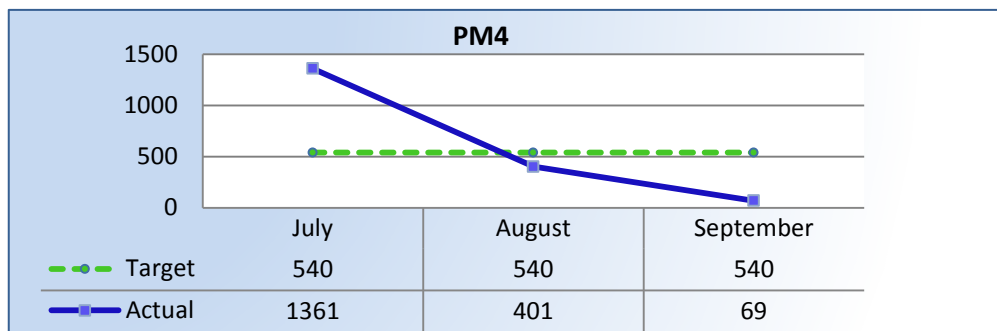
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 270 Days | Actual Average: 174 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Committee and prosecution by the AG).



Target Average: 540 Days | Actual Average: 491 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Committee did not contact any probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Committee did report any probation violations this quarter.

Target Average: 15 Days | **Actual Average:** N/A



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.6

Update on Citation and Fine Program



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Enforcement Subcommittee Members
FROM	Nancy Gaytan, Enforcement Analyst
SUBJECT	Agenda Item ENF 6 - Citation and Fine Update

The DHCC was able to begin issuing citations and fines to licensees for violations of the law after regulations specifying the procedures for issuance of citations and fines were approved in December 2012.

Part of the citation and fine program includes audits of licensees' continuing education requirements. The DHCC sent approximately 150 letters to all Committee member licensees, examination personnel, and directors of all California registered dental hygienist programs requesting that they provide proof of completion of required continuing education. We anticipate that these audits will be completed by the end of December, and if a licensee is found to be out of compliance, a fine of \$500 will be levied and the license inactivated until proof of completion is received by the DHCC.

Once permanent staff is hired to perform the audits, we expect to audit 30% of all licensees one month after the regular renewal of the license as an ongoing measure, approximately 800 licensees per month.

Other common causes for citation are false or misleading advertising, failure to notify the DHCC of a name change within 10 days, or failure to notify the DHCC of an address change within 30 days.



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.7

Update on Continuing Education Audits for Licensees



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Enforcement Subcommittee Members
FROM	Nancy Gaytan Enforcement Analyst
SUBJECT	Agenda Item ENF 7 - Update on Continuing Education Audits for Licensees

California law requires all licensees to complete continuing education (CE) every two years except for the first renewal cycle. Licensees must accumulate the following:

- Registered Dental Hygienist: 25 Units
- Registered Dental Hygienist in Extended Functions: 25 Units
- Registered Dental Hygienist in Alternative Practice: 35 Units

A licensee shall retain for a period of three renewal periods (6 years) the certificates of CE course of completion and shall be forwarded to the DHCC upon request for audit purposes.

The DHCC recently conducted CE audits on licensed DHCC members (4), examination personnel (100), and all of the dental hygiene education program directors (28). The audit due dates were staggered in order to manage DHCC staff workload.

To date, 76 audits have been completed. Of those audits, 75 licensees were in compliance and only one licensee was out of compliance. The DHCC staff has contacted the out of compliance licensee to seek additional CE information. If the licensee fails the audit, a fine will be assessed by DHCC enforcement staff. The remaining audits were due November 25, 2013 and DHCC staff is reviewing the audit results.



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.8

Future Agenda Items



Friday, December 6, 2013

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5.9

Adjournment



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6

Agenda



Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California will be held as follows:

LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

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Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Legislative and Regulatory Subcommittee Members:

Chair – Nicolette Moultrie, RDH
Michelle Hurlbutt, RDH Educator
Susan Good, Public Member
Garry Shay, Public Member

Agenda

LEG 1 – Roll Call

LEG 2 – Public Comment for Items Not on the Agenda

LEG 3 – Chairperson's Report

LEG 4 – Legislative Update

**LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs,
*California Code of Regulations (CCR), Title 16, Division 11, §§1103, 1104, 1104.1,
1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106,
1109, 1110, 1111, 1112, and 1114***

LEG 6 – Future Agenda Items

LEG 7 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at www.dhcc.ca.gov.

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 Anthony Lum at (916) 576-5004 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.1

Roll Call: Establishment of a Quorum



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.2

Public Comment for Items Not on the Agenda



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.3

Chairperson's Report



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.4

Legislative Update



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Legislative and Regulatory Subcommittee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	LEG 4 - Legislative Update

Background

When the two-year Legislative Session began in January of this year, staff began tracking, monitoring and analyzing legislation for any potential impact to licensees, dental hygiene consumers, or the operations of the DHCC.

At its May 3rd meeting, of the numerous bills that staff had tracked and analyzed, the Committee discussed several which could have an impact on the profession of dental hygiene or the DHCC. The Committee took a position on some of these bills, and letters were sent to their authors.

Following is a table of bills that have been monitored since the beginning of the Session, and their current status. Six have become two-year bills due to their failure to pass out of their house of origin by the deadline of May 31. The remaining bills have been passed and sent to the Governor for signature. The following table captures the status of the bills as of November 4, 2013.

The second half of the Legislative Session begins on January 6, when the Legislature reconvenes.

Committee Action Requested

No action needed. Informational only.

**DENTAL HYGIENE COMMITTEE OF CALIFORNIA
TRACKED LEGISLATION
DECEMBER 2013 COMMITTEE MEETING**

Bill No.	Author	Subject	Date of Introduction:	Last Amended:	Location:	Status:	Committee Position:	Notes:
AB 258	Chavez	State Agencies: Veterans	2/7/2013	4/23/2013	Effective January 1, 2014.	9/6/13 -Signed by the Governor. Chaptered into law.	None	
AB 291	Nestande	California Sunset Review Commission	2/11/2013		Assembly Accountability & Administrative Review Committee	4/15/13 - In Committee. First hearing set. Hearing cancelled at author's request.	None	2-Year Bill
AB 318	Logue	Medi-Cal: Teledentistry	2/12/2013	3/19/2013	Assembly Health Committee	4/9/13 - In Committee. First hearing set. Hearing cancelled at author's request.	None	2-Year Bill
AB 512	Rendon	Healing Arts: Licensure Exemption	2/20/2013		Extends Sponsored Free Health Events statute to 2018.	8/16/13 Signed by the Governor.	Support (May 2013)	Letter sent May 21
AB 771	Jones	Public Health: Wellness Programs	2/21/2013	3/19/2013	Assembly Health Committee	3/19/13 - To Assembly Health. 3/19/13 - From Assembly Health with Author's Amendments.	None	2-Year Bill
AB 1174	Bocanegra	Dental Professionals: Teledentistry Under Medi-Cal	2/22/2013	4/9/2013	Assembly Health Committee	4/30/13 - In Assembly Health: Not heard.	Support (May 2013)	2-Year Bill
AB 1231	Perez	Regional Centers: Telehealth	2/22/2013	6/27/2013	Vetoed	10/9/13 - Vetoed by the Governor.	None	
SB 28	Hernandez/Steinberg	California Health Benefit Exchange	12/3/2012	8/7/2013	Effective January 1, 2014.	10/1/13 - Signed by the Governor.	Watch (May 2013)	
SB 456	Padilla	Health Care Coverage	2/21/2013		Senate Rules Committee	3/11/13 - To Senate Committee on Rules.	None	2-Year Bill
SB 532	De Leon	Professions and Vocations: Military Spouses	2/21/2013		Senate Rules Committee	3/11/13 - To Senate Committee on Rules.	None	2-Year Bill
SB 562	Galgiani	Dentists: Mobile or Portable Dental Units	2/22/2013	6/18/2013	Effective January 1, 2014.	10/6/13 - Signed by the Governor.	None	
SB 809	DeSaulnier	Controlled Substances: Reporting	2/22/2013	8/5/2013	Effective January 1, 2014.	9/27/13 - Signed by the Governor and Chaptered into law.	None	Adds a \$6 annual fee to licensees who prescribe, order, administer, furnish, or dispense drugs
SB 821	Senate BP&ED Committee	Healing Arts	3/20/2013	6/4/2013	Effective January 1, 2014.	10/1/13 - Signed by the Governor.	Support (May 2013)	DCA's Omnibus bill



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.4

Legislative Update



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Legislative and Regulatory Subcommittee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	LEG 5 - Discussion and Possible Action on Regulations Related to Educational Programs, <i>California Code of Regulations (CCR), Title 16, Division 11, §§1103, 1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114</i>

Background

At its December 5-6, 2010 meeting, the DHCC approved proposed regulatory language, and directed staff to make non-substantive changes and move through the regulatory process.

Due to staffing shortages, other workload and regulatory priorities and the massive volume of the regulations, this item was brought back to the DHCC for prioritization December 12, 2011, and the DHCC voted to split the regulations into three phases. In drafting the Initial Statement of Reasons (ISR) required for notice of any regulatory action, staff noticed that portions of the text used outdated language and other portions were simply unclear, which violates one of the six standards of regulations – clarity. Additionally, some sections were duplicative of statute and as written, the regulations would violate two of the Office of Administrative Law's (OAL) six standards for all regulations: clarity and non-duplication.

The following sections of regulatory language regarding Educational Programs have been reviewed and edited by a workgroup consisting of staff, legal counsel and educators. At this time, we are bringing forward only sections 1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4, and 1106 for the DHCC's discussion and possible action. This language has been revised to be current, clear and non-duplicative.

Committee Action Requested

☐ Discuss and take action to approve the proposed regulatory language and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

[All new text]

TITLE 16
California Code of Regulations
Professional and Vocational Regulations
Division 11
Dental Hygiene Committee of California

ARTICLE 3. EDUCATIONAL PROGRAMS

§ 1103. Definitions

For purposes of this division, the term:

- (a) "Academic year" means a period of education consisting of a minimum of forty-five (45) quarter units, thirty (30) semester units, or a duration deemed equivalent thereto by the Committee.
- (b) "Analgesia" means a state of decreased sensibility to pain, such as that produced by using nitrous oxide and oxygen with or without local anesthesia.
- (c) "Clinical instruction" means instruction in which students receive supervised patient care experiences in performing procedures in a clinical setting to achieve safe and effective clinical outcomes. The instructor to student ratio shall meet approved accreditation standards.
- (d) "Clinical practice" means the planned learning experiences designed for students to apply dental hygiene knowledge and skills to meet course objectives in a variety of Committee-approved clinical settings. Clinical practice may include learning experiences provided in various settings, including, but not limited to, dental hygiene skills labs, simulation labs, and computer labs, as well as health care agencies.
- (e) "Clinical setting" means a setting that accommodates patient care.
- (f) "Clinical Outcome" is the result derived from a specific intervention or treatment.
- (g) "Competencies" means statements describing the abilities needed to practice dental hygiene, including skills, understanding, and professional values, that are performed independently in realistic settings.
- (h) "Competent" means possessing the knowledge, skills and values required in the dental hygiene process of care to practice dental hygiene or provide instruction within a dental hygiene educational program.
- (i) "Curriculum" means an organized set of courses of learning which are prerequisite to the award of a degree or diploma.
- (j) "Dental hygiene process of care" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The dental hygiene process of care includes assessment, dental hygiene diagnosis, planning and outcome identification,

implementation, evaluation and documentation, and will serve as the accepted professional standard for decision making.

(k) "Didactic instruction" means instruction through lectures, seminars or demonstrations, as distinguished from clinical or laboratory instruction.

(l) "Distance education" means education to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and instructor, either synchronously or asynchronously using one or more of the following technologies:

- (1) the internet;
- (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite or wireless communication devices;
- (3) audio conferencing;
- (4) video cassettes, DVDs, and CD-ROMS, if the cassettes, DVDs or CD-ROMS are used in a course in conjunction with any of the technologies listed in (l)(1-3).

(m) "Educational program" means a progressive or planned system of training, instruction or study.

(n) "Goal" means an intention or expectation that requires several tasks to produce the desired result.

(o) "Graduate" means a dental hygiene student who has completed all required studies and has obtained a degree.

(p) "Homebound" means a person who is unable to receive care in a dental office or clinic due to a disabling physical or mental condition.

(q) "Laboratory instruction" means instruction designed to perform procedures using instructional materials in which students receive supervised experience performing procedures. The instructor to student ratio shall meet approved accreditation standards.

(r) "Learning experience" means those activities planned for students by the faculty that are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance.

(s) "Learning outcomes" are statements that clearly state the expected knowledge, skills, values and competencies that students are expected to acquire in both didactic and clinical coursework.

(t) "Local anesthesia" is the temporary loss of sensation, such as pain, in the oral cavity, produced by an injected anesthetic agent without inducing loss of consciousness.

(u) "Mission" means an institution's stated educational reasons to exist. The mission shall have all of the following characteristics:

- (1) It shall include the institution's goals concerning the education which students will receive, including the acquisition of the body of knowledge presented in the educational program, the development of intellectual, analytical, and critical abilities, and the fostering of values such as a commitment to pursue lifelong learning;
- (2) It shall relate to the educational expectations of the institution's students and faculty and the community, which the institution serves.

(v) "Nitrous Oxide-Oxygen" is an inhalation agent used to achieve analgesia.

(w) "Outcomes assessment" means an ongoing process aimed at improving student learning that includes a profile of measures evaluating the effectiveness of the program in meeting its goals and learning outcomes.

(x) "Preclinical instruction" means instruction in which students receive supervised experience using instructional materials to prepare them for clinical experiences to achieve safe and effective clinical outcomes. The instructor to student ratio shall meet approved accreditation standards.

(y) "Quarter" means at least ten (10) weeks of instruction.

(z) "Quarter unit" means at least ten (10) hours of college or university level instruction during a quarter plus a reasonable period of time outside of instruction which an institution requires a student to devote to preparation for planned learning experiences, such as preparation for instruction, study of course material, or completion of educational projects.

(aa) "Remedial Education" means education designed to achieve competency required for initial, continuation, or reinstatement of licensure, and may be required for purposes of discipline. Remedial Education is the act or process of correcting a deficiency and its intent is to restore skills to competency.

(ab) "Semester" means at least fifteen (15) weeks of instruction.

(ac) "Semester unit" means at least fifteen (15) hours of college or university level instruction during a semester plus a reasonable period of time outside of instruction which an institution requires a student to devote to preparation for planned learning experiences, such as preparation for instruction, study of course material, or completion of educational projects.

(ad) "Service learning" is a teaching and learning experience that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental professionals through provision of patient care and related services in response to community-based problems.

(ae) "Sponsoring Institution" means an institution of higher education approved or who has applied for approval for a dental hygiene educational program. If the sponsoring institution has more than one campus, the campus where the physical location of the educational program exists shall be deemed the sponsoring institution.

(af) "Technology" means equipment, tools, and devices that are used to facilitate and support teaching and learning.

(ag) "Staff" means professional, technical, and clerical employees of the institution to support its educational program.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections and 1905, Business and Professions Code.

§1105. Requirements for RDH Educational Programs.

As of January 1, 2016, educational programs for registered dental hygienists shall comply with the requirements set forth below in order to secure and maintain approval by the Committee.

(a) Administration and Organization. There shall be a written mission statement that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, and support systems. It shall also take into consideration the concepts of dental hygiene, which must include the dental hygiene process of care, environment, health-illness continuum, and relevant knowledge from related disciplines.

(b) Instruction.

(1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision.

(2) For purposes of this section the term "university discipline" is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools.

(3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours.

(4) The instructor to student ratio shall meet approved accreditation standards.

(5) Instruction involving procedures that require supervision by a dentist shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.

(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

(e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students, curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment.

(f) Admission.

(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:

(A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,

(B) College-level general education courses in:

- (i). Oral and Written Communication
- (ii) Psychology
- (iii) Sociology
- (iv) Mathematics
- (v) Cultural Diversity*
- (vi) Nutrition*

*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum.

(C) College-level biomedical science courses, each of which must include a laboratory component, in:

- (i) Anatomy
- (ii) Physiology
- (iii) Chemistry
- (iv) Biochemistry
- (v) Microbiology

(2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

(g) The program shall have published student grievance policies.

(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with accreditation standards.

(j) The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

(l) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, his or her responsibilities shall be described in writing and kept on file by the dental hygiene program.

(m) In a two-year college setting, graduates of the educational program must be awarded an associate degree, and in a four-year college or university, graduates must be awarded an associate or baccalaureate degree.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

§ 1105.1. Faculty

(a) "Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with accreditation standards. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:

- (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions;
- (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation that includes course work in dental hygiene, education, public health or administration;
- (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene programs; and
- (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

(b) "Program faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. As required by the program, the individual shall be responsible for advising students, facilitating and evaluating student progress in learning and clinical outcomes and providing didactic or clinical instruction. The individual shall hold a bachelor's degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following:

- (1) An active California dental or dental hygiene license or special permit with no disciplinary actions; or
- (2) A credential generally recognized in the field of instruction; or
- (3) A degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated.
- (4) All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

(c) Clinical teaching faculty shall have direct patient care experience within the previous five (5) years in the dental hygiene area to which he or she is assigned, which can be met by either:

(1) Two (2) years experience providing direct patient care as a registered dental hygienist or dentist; or

(2) One (1) academic year of registered dental hygienist level clinical teaching experience or its equivalent.

(d) Didactic teaching faculty shall possess the following minimum qualifications:

(1) A bachelor's degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, in the designated dental hygiene area; or

(2) Current knowledge of the specific subjects taught, which can be met by either:

(A) Possessing a degree, professional license or credential at least equivalent to the level of education being taught or evaluated; or

(B) Having completed twelve (12) hours of continuing education in the designated subject area; or

(C) Two (2) semester units or three (3) quarter units of dental hygiene education related to the designated dental hygiene area; or have national certification in the designated dental hygiene area.

(e) Faculty Responsibilities.

(1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program.

(2) Each faculty member shall participate in an orientation prior to teaching, including, but not limited to, the educational program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(3) Each faculty member shall be competent in the area in which he or she teaches.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

§ 1105.2. Required Curriculum

(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 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

(3) Approved educational programs shall, at a minimum, specifically include instruction according to the provisions of Section 1107 in:

- (A) Local anesthesia;
- (B) Nitrous oxide-oxygen analgesia; and
- (C) Periodontal soft tissue curettage.

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 the provisions of Section 1107 may be approved by the Committee to meet the requirements set forth in Business and Professions Code. Section 1909.

Note: Authority cited: Section 1905 & 1909, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

§ 1105.3. Changes to an Approved Program

- (a) Each dental hygiene program holding a certificate of approval shall:
- (1) File its legal name and current mailing address with the Committee at its principal office and shall notify the Committee at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.
 - (2) Notify the Committee within ten (10) days of any:
 - (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the dental hygiene program.
 - (B) Substantive or major change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.
 - (C) Increase or decrease in program enrollment of more than 10%.
 - (D) Reduction in program faculty or support staff of more than 10%.
- (b) An approved dental hygiene program shall not make a substantive change without prior Committee approval. These changes include:
- (1) Change in location, ownership or educational program expansion through an additional campus or distance education.
 - (2) Expansion, reduction or elimination of the program's physical facilities.
 - (3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Committee.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Section 1905, Business and Professions Code.

§ 1105.4. Appeals Process

- (a) The Committee may deny or withdraw its approval of an educational program. If the Committee denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.
- (b) Any educational program 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 educational program or program applicant shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.
- (c) The educational program or a program applicant may contest the denial or withdrawal of approval by either:
- (1) Appearing at the informal conference. The Executive Officer shall notify the educational program or program applicant of the final decision of the Executive Officer within ten days of the

informal conference. Based on the outcome of the informal conference, the applicant or provider may then request a hearing to contest the Executive Officer's final decision. An educational program or program applicant shall request a hearing by written notice to the Committee within 30 calendar 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;

(2) Notifying the Committee in writing the applicant or 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 Committee before the date of the informal conference.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

§ 1106. Radiation Safety Certificate

(a) Certificates. A certificate may be issued by an approved California dental hygiene program to their dental hygiene student or graduate who successfully completes the radiation safety course as part of the student's curriculum. A dental hygiene student or graduate shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations that includes theory and clinical application in radiographic techniques.

(b) A dental hygiene student or graduate who has received certification from an educational program approved the Committee shall be allowed to operate dental radiographic equipment, including the choice of radiographs, for the purpose of oral radiography.

Note: Authority cited: Section 1905 & 1905.5(m) Business and Professions Code. Reference: Section, 1905 Business and Professions Code; and Section 106975, Health and Safety Code.



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.6

Future Agenda Items



Friday, December 6, 2013

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6.7

Adjournment



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7

Agenda



Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California will be held as follows:

LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

**Friday, December 6, 2013
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
916.263.1978**

Licensing and Examination Subcommittee Members:

Chair – Michelle Hurlbutt, RDH Educator
Noel Kelsch, RDHAP
Evangeline Ward, RDH
Timothy Martinez, DMD

Agenda

LIC 1 – Roll Call

LIC 2 – Public Comment for Items Not on the Agenda

LIC 3 – Chairperson's Report

LIC 4 – 2014 DHCC Clinical Exam Schedule

LIC 5 – Clinical and Written Examination Statistics

LIC 6 – Licensure Statistics

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

LIC 9 – Discussion and Possible Action on Remedial Education Regulation, *California Code of Regulations, Title 16, Division 11, §1108*

LIC 10 – Future Agenda Items

LIC 11 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at www.dhcc.ca.gov.

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 Anthony Lum at (916) 576-5004 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.1

Roll Call: Establishment of a Quorum



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.2

Public Comment for Items Not on the Agenda



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.3

Chairperson's Report



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.4

2014 DHCC Clinical Examination Schedule



MEMORANDUM

DATE	December 6, 2013
TO	Dental Hygiene Committee of California
FROM	Eleonor Steiner Examination Coordinator
SUBJECT	LIC 4 – 2014 DHCC Clinical Examination Schedule

2014 RDH LICENSURE EXAMINATION SCHEDULE:

DATE	LOCATION
March 9	San Joaquin Valley College, Visalia
June 8	University of Southern California, School of Dentistry
July 13	University of California, San Francisco, School of Dentistry
July 27	University of Southern California, School of Dentistry
October 19	University of Southern California, School of Dentistry

Note: No Committee Action is required, as this agenda item is for information only.



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.5

Clinical and Written Examination Statistics



DATE	December 6, 2013
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Eleonor Steiner Examination Coordinator
SUBJECT	LIC 5 – Clinical and Written Examination Statistics

RDH Clinical Examination Overall Statistics

Year	Candidates Tested	Passed	Failed
2013	328	288 = 88%	40 = 12%
2012	533	471 = 88%	62 = 12%
2011	656	564 = 86%	92 = 14%
2010	682	550 = 81%	132 = 19%
2009	783	652 = 83%	131 = 17%
2008	801	657 = 82%	144 = 18%
2007	797	627 = 79%	170 = 21%
2006	647	557 = 86%	90 = 14%

RDH and RDHAP Written Law and Ethics Examination

Year	RDH Candidates Tested	Passed	Failed
01/01/2013 - 09/30/2013	790*	626 = 79%	164 = 21%

Year	RDHAP Candidates Tested	Passed	Failed
01/01/2013 - 09/30/2013	53*	39 = 74%	14 = 26%

***Numbers tested as of 09/30/13**

Western Regional Examining Board Applicants for Licensure

Year	WREB APPLICANTS LICENSED
2013	393*
2012	305
2011	240
2010	126

***Number licensed as of 11/15/13**



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.6

Licensure Statistics



DATE	December 6, 2013
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Traci Napper, Program Analyst
SUBJECT	LIC 6 – Licensure Statistics

Licensure Statistics (as of November 13, 2013).

	License Type	Active	Inactive	Delinquent	CE Hold	Revoked	Denied
A	RDH	18,983	3,655	2,145	44	14	1
B	RDHAP	468	17	14	1	0	0
C	RDHEF	31	6	1	0	0	0
D	FNP	112	0	11	0	0	0
E	RP	0	0	0	0	0	0

	License Type	Voluntary Surrendered	Cancelled	Deceased	Retired	30/150 Temp	Total Licensed*
A-1	RDH	4	6,163	179	68	1	31,257
B-1	RDHAP	0	7	2			509
C-1	RDHEF						38
D-1	FNP		7				130
E-1	RP						0
	Total Population						31,934

The total licensee count may vary due to the Department of Consumer Affairs' Cashiering Automated System quantifying the licensing report on a monthly basis.

Licensure-By-Credential (LBC) Statistics (from January 1, 2008 to November 13, 2013).

License Type	2008	2009	2010	2011	2012	2013	Total
Licensure by Credential	55	44	31	61	50	29	270



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.7

Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure



MEMORANDUM

DATE	December 6, 2013
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Lori Hubble Executive Officer
SUBJECT	LIC 7 – Presentation from the Central Regional Dental Testing Services (CRDTS) for Hygiene Licensure

Kim Laudenslager, Director of Dental Hygiene Examinations, Central Regional Dental Testing Services (CRDTS), will provide a presentation concerning the CRDTS examination and the reasons California should accept this examination for purposes of meeting requirements for licensure as a dental hygienist in California.

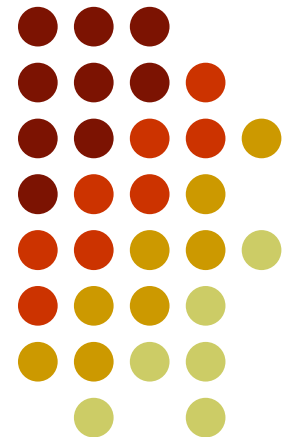
Attached are two documents: Comparison of Dental Hygiene Clinical Exam Regional Testing Agencies (April 2013 by the American Dental Hygienists' Association), and CRDTS' response to the 2012 DHCC survey sent to four regional testing agencies for response.

Comparison of Dental Hygiene Clinical Exam Regional Testing Agencies

April 2013



American
Dental
Hygienists'
Association



Regional and state clinical dental hygiene examinations are administered to evaluate the clinical competency of candidates for dental hygiene licensure. Clinical examinations provide a reliable third party assessment of candidates' clinical skills and are used by state dental boards in making valid licensing decisions.

All exams consist of skill-specific patient treatment in a clinical setting. Additionally, some exams include a written or electronic patient-based component. Clinical licensure exams are administered at various times throughout the year at various host institutions.

This document was created by the American Dental Hygienists' Association (ADHA) to assist candidates for dental hygiene licensure by providing a general overview of regional and state clinical examinations required for licensure for the practice of dental hygiene.

Included in this Dental Hygiene Clinical Examination Summary are the regional testing agencies known as

- *Council of Interstate Testing Agencies (CITA),*
- *Central Regional Dental Testing Service (CRDTS),*
- *North East Regional Board of Dental Examiners (NERB),*
- *Southern Regional Testing Agency (SRTA) and*
- *Western Regional Examining Board (WREB)*

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Clinical Exams Accepted for Initial State Licensure

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
Alabama *Colorado *Kansas Kentucky Illinois Louisiana Maine Massachusetts Mississippi Missouri **Montana Nebraska New Hampshire North Carolina North Dakota Oregon Pennsylvania Texas Virginia West Virginia Wisconsin	Alabama Arizona (fee may apply) *Colorado Connecticut District of Columbia Georgia Hawaii Idaho Illinois Indiana Iowa *Kansas Kentucky Maine Massachusetts Maryland Michigan Minnesota Missouri **Montana Nebraska New Hampshire New Jersey New Mexico North Dakota Ohio Oregon Pennsylvania Rhode Island South Carolina South Dakota Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	Alabama *Colorado Connecticut District of Columbia Hawaii Florida Idaho Illinois Indiana *Kansas Kentucky Maine Maryland Massachusetts Michigan Mississippi Missouri **Montana Nevada New Hampshire New Jersey New Mexico New York Ohio Oregon Pennsylvania Rhode Island South Carolina Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	Alabama Arkansas *Colorado Connecticut Illinois Indiana Kansas Kentucky Maryland Massachusetts Missouri **Montana Nebraska New Hampshire New Mexico Ohio Oregon Pennsylvania Rhode Island South Carolina Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	Alaska Arizona California *Colorado Connecticut Idaho Illinois Indiana *Kansas Maine Massachusetts Minnesota Missouri **Montana Nevada New Hampshire New Mexico North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
<p style="text-align: center;"><u>Independent</u></p> <p>California Delaware</p> <p>*Kansas and Colorado accepts clinical exams issued by California and Delaware.</p> <p>*Montana also accepts the clinical exam issued by California.</p>				

ADHA defines *Initial Licensure* as state licensure sought immediately following graduation from an accredited dental hygiene program.

Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.

Exam Websites

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
http://www.citaexam.com/	https://www.crdts.org	http://www.nerb.org	http://www.srta.org	http://www.wreb.org

Fees

\$950.00 Additional fees applied as required. Facility, Staffing, and Instrument rental fees range from \$100-\$275	\$950.00 Plus site fees dependent on host institution	\$975.00 for both exams (Clinical AND Electronic) \$140 - Local Anesthesia exam \$135 – Nitrous Oxide exam	\$950.00 Plus site fees dependent on host institution (Ranging from \$100-\$250) \$75 processing fee for paper applications	\$960.00 – \$1,250.00 Clinical exam \$270.00 - \$350.00 Local Anesthesia exam \$70.00 Computer exam \$485.00 - \$530.00 Restorative exam (host institution site fees included)
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Re-Examination Fees

\$950	\$950	Same for Local Anesthesia and Nitrous \$525 – one exam (Clinical OR Electronic)	\$950	All as indicated above plus additional application fees
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This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Liability Insurance

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
Professional liability insurance coverage included in application fee.	Professional liability insurance coverage included in application fee.	Professional liability insurance coverage included in application fee.	Professional liability insurance coverage included in application fee.	Professional liability insurance coverage included in application fee.

Application Requirements

<p>Complete an application on-line at citaexam.com</p> <p>Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program</p> <p>OR</p> <p>Letter of Certification from program director verifying candidate is sufficiently clinically competent, in good standing, and anticipated to fulfill school requirements for graduation prior to or within 45 days after the date of the CITA exam.</p>	<p>Proof of graduation from an accredited dental hygiene program</p> <p>OR</p> <p>"Letter of Certification" completed by program director verifying anticipated graduation date within 60 days of examination</p> <p>Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.</p>	<p>Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program OR</p> <p>Written certification from program director of CODA or CDAC accredited program verifying candidate's expected graduation within 45 days of scheduled clinical exam.</p> <p>Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.</p> <p>Proof of CPR Certification</p>	<p>Recent photo if applying on-line.</p> <p>Copy of candidate's diploma from a Commission on Dental Accreditation (CODA) accredited dental hygiene program</p> <p>OR</p> <p>Letter from program director, dean or school stating candidate is academically in good standing and allowing candidate to sit for exam.</p> <p>Proof of CPR Certification</p>	<p>Verification of successful completion of an accredited degree program</p> <p>OR</p> <p>Certification of enrollment in final semester from the school dean or dental hygiene program director.</p>
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This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Treatment Selection Requirements

CITA

- Candidate must select 6-8 teeth upon with 12 surfaces of explorer-detectable subgingival calculus for removal.
- Use no more than 2 quadrants.

Prohibited treatment selections (if in the areas of selected treatment):

- Grade III furcations or mobility
- Severely decayed or fractured teeth
- Ortho brackets or bonded retainers
- Implants
- Partially erupted 3rd molars
- Retained deciduous teeth

CRDTS

- Candidate must select 6-10 teeth, including no more than 3 anteriors, with at least 14 surfaces of qualifying subgingival calculus.
- Of the 14 qualifying surfaces, at least 9 must be on posterior teeth, and 3 of those 9 surfaces must be on molars.

Prohibited treatment selections (if in the areas of selected treatment):

- Grade III or IV furcations
- Grade III mobility
- Class IV periodontal disease
- Ortho brackets or bonded retainers
- Implants
- Partially erupted 3rd molars
- Retained deciduous teeth

CRDTS strongly discourages:

- Gross caries
- Faulty restorations
- Extensive full or partial veneer crowns
- Probing greater than 6mm

NERB *

- Candidate must select 6-8 permanent teeth with 12 surfaces of subgingival calculus.
- 8 of the 12 surfaces must be on posteriors;
- 5 must be proximal surfaces 3 of these proximal surfaces must be on molars.
- All posterior teeth must have at least one approximating posterior tooth within 2mm distance.
- 3 pockets of 4mm or greater, each on a different tooth.
- Only one distal surface of a terminal 2nd or 3rd molar can be used

NERB strongly discourages treatment selections including:

- Probing depths >6mm
- Class III furcations or mobility
- Ortho brackets
- Faulty restorations
- Gross caries
- Implants
- Partially erupted 3rd molars
- Retained deciduous teeth
- Extensive veneers

SRTA **

- Candidate must select 2 permanent molars
- One full quadrant with at least 6 teeth and 1 permanent molar.
- May choose up to 4 additional teeth in one other quadrant on molars or premolars to meet requirements.
- The selected teeth must have 1 proximal contact.
- Candidates are encouraged to avoid choosing teeth with excessive decay.

WREB

- Candidate must select one full quadrant including 1 molar with a proximal contact and at least 6 natural teeth.
- May use 4 additional teeth if necessary.
- Selection must include a minimum of 12 surfaces of qualifying subgingival calculus.
- At least 3 of the 12 surfaces must be on molars; no more than 4 of the 12 may be on mandibular anteriors.

Prohibited treatment selections (if in the areas of selected treatment):

- Probing depths >6mm
- Class III furcations; Class III mobility
- Ortho bands
- Overhanging margins; temp. or faulty subgingival restorations
- Gross caries
- Crowns with rough subgingival margins

Radiographic Component

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u> *	<u>SRTA</u> **	<u>WREB</u>
<p>Full Mouth Series (exposed within 2 years) with horizontal or vertical bitewings (exposed within 6 months) reflecting current clinical conditions.</p> <p>Panoramic is not acceptable.</p> <p>Radiographs of poor diagnostic quality result in point deductions and could affect patient acceptability.</p>	<p>Full Mouth Series OR a panoramic radiograph (exposed within 3 years)</p> <p>AND</p> <p>Horizontal or vertical bitewings (exposed within 1 year)</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.</p>	<p>Full Mouth Series (exposed within 3 years) including bitewings (exposed within 1 year)</p>	<p>Full Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year)</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability and can result in failure of the exam.</p>	<p>Horizontal or vertical bite-wings with anterior and posterior periapicals that include all teeth in the treatment submission.</p> <p>Radiographs taken within 12 months; not necessarily exposed by candidate.</p> <p>Radiographs that do not meet Evaluation Criteria listed in Candidate's Guide are assessed a four point penalty.</p>

Computer Component

<p>Proof of candidate's successful completion of the Dental Hygiene National Board Examination administered by the Joint Commission on National Dental Examinations (JCND E) is required.</p>	<p>No computer-based exam included.</p>	<p>100 multiple-choice, simulated patient questions - 2 hrs in length.</p> <p>Score of 75 or higher is passing</p> <p>Taken at Prometric Testing Centers by appointment.</p>	<p>No computer-based exam included.</p>	<p>Case-based exam containing multiple choice, multiple response and development of a care plan – 2 hours in length. Taken at Pearson VUE Centers prior to clinical exam.</p>
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This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Administration of Local Anesthesia

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u> *	<u>SRTA</u> **	<u>WREB</u>
Local anesthetic administration is not permitted.	Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.	Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.	Admission of local anesthetic by candidates who have successfully completed a course on local anesthesia from a CODA accredited program is permitted.	Administration of local anesthetic by candidate is NOT permitted.
Topical anesthetic administration only.	Qualified practitioner may administer local in lieu of candidate.	A subgingival anesthetic gel may be used.	No more than two carpules of anesthetic administered before check-in.	Only Educators and Practitioners can administer local anesthetic.
	A subgingival anesthetic gel may be used.	Not evaluated as part of the exam.	Qualified practitioner may administer local in lieu of candidate who is not qualified to administer.	Candidate may use topical anesthetics.
	Not evaluated as part of the exam.			

*Currently, NERB is the only agency that administers the American Dental Hygiene Licensing Examination (ADLEX), the dental hygiene examination approved by the American Board of Dental Examiners, Inc (ADEX). ADEX is a private not-for-profit consortium of state and regional dental boards throughout the United States and its territories, whose mission is to provide the dental community with test construction and administration standardization for national uniform dental and dental hygiene clinical licensure examinations.

** Beginning in 2014, SRTA will administer the ADEX exam in place of the SRTA exam.

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Exam Scoring

CITA

Score of **75% or higher** on each required to pass:

Dental Hygiene National Board Exam

AND

CITA Clinical Exam:

- Oral Evaluation 5 pts
- Perio probing 8 pts
- Calculus Detection 24 pts
- Subgingival Calculus removal 48 pts
- Supragingival Deposit removal 5 pts

Total -- 100 pts

Penalty pts may be assessed for:

- Treatment selections that do not meet the described criteria
- Infection control infractions
- Patient management and treatment infractions

CRDTS

Score of **75% or higher** required to pass:

Patient-Based Exam:

- Extra/Intraoral assessment 14 pts
- Perio Probing 12 pts
- Subgingival Calculus removal 56 pts
- Supragingival Deposit removal 6 pts
- Tissue Management 12 pts

Total -- 100 pts

Penalty pts may be assessed for:

- Treatment Selections that do not meet the described criteria
- Violation of standards as defined in Candidates Guide

A Critical Error of *tissue trauma* will result in failure of the exam.

NERB

Score of **75% or higher** on each required to pass:

Computer Simulated Clinical Examination

AND

Patient Treatment Clinical Examination:

- Calculus detection 18 pts
- Calculus Removal 54 pts
- Pocket depth measurement 18 pts
- Hard and Soft Tissue Management 10 pts

Total -- 100 pts

Penalty point deductions are cumulative and may be assessed for violations of standards and behaviors as defined in Candidate's Manual.

SRTA

Score of **75% or higher** required to pass:

Clinical Examination:

Includes judgment and clinical skills

- Case Presentation 4 pts
- Calculus Requirements 5 pts
- Radiographs 8 pts
- Calculus Detection 18 pts
- Calculus Removal 54 pts
- Periodontal Assessment 6 pts
- Minor tissue trauma 3 pts
- Final Case Presentation 2 pts

Total -- 100 pts

Major tissue trauma or a major infection control violation will result in loss of all points.

WREB

Score of **75% or higher** required to pass:

Clinical Examination:

- Probing depths/ Recession 25 pts
- Calculus Removal/ Tissue trauma 75 pts

Total -- 100 pts

Points may be deducted for

- X-ray penalty
- Unacceptable pt selection
- Tissue trauma
- Calculus removal errors
- Inaccurate recession/probing assessment
- Late patient check-in or check-out

Contact Information

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
1003 High House Road Suite 101 Cary, NC 27513	1725 SW Gage Blvd. Topeka, KS 66604	1304 Concourse Drive Suite 100 Linthicum, MD 21090	4698 Honeygrove Rd. Suite 2 Virginia Beach, VA 23455	23460 North 19 th Ave. Suite 210 Phoenix, AZ 85027
Phone: (919) 460-7750	Phone: (785) 273-0380 (800) 370-0380	Phone: (301) 563-3300	Phone: (757) 318-9082	Phone: (602) 944-3315
Fax: (919) 460-7715	Fax: (785) 273-5015	Fax: (301) 563-3307	Fax: (757) 318-9085	Fax: (602) 371-8131
Email: Info@citaexam.com	Email: info@crdts.org	Website: www.nerb.org	Email: help@srta.org	Email: hygieneinfo@wreb.org
Website: www.citaexam.com	Website: www.crdts.org	All inquiries/comments must be submitted in writing to the NERB Central Office.	Website: www.srta.org	Website: www.wreb.org

Information compiled by:

The American Dental Hygienists' Association, Division of Education
 444 North Michigan Avenue, Suite 3400
 Chicago, IL 60611
 312-440-8930
education@adha.net

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

CRDTS Clinical Examination Components

Does the CRDTS examination include a patient? **YES** NO

- If yes, please list qualifying patient criteria:

In order to be accepted for treatment, patients must meet all of the following criteria:

- a) Minimum patient age is 16 years. A parent or guardian must be available in the waiting area during treatment & must provide written consent for minors under the age of 18.
- b) No patient may be a dentist, dental hygienist, dental student or dental hygiene student.
- c) A blood pressure reading (taken the day of the exam) of 159/94 or below can proceed without medical clearance. Patients with a blood pressure reading of 160/95 to 179/109 are accepted only with written clearance from the patient's physician or dentist of record. Patients with a blood pressure reading of 180/110 or above will not be accepted for this examination even if a consult from a physician or dentist of record authorizes treatment.
- d) Patients with diabetes controlled by insulin injections or insulin infusion devices can NOT be shared by candidates on the same clinical day.
- e) Patients with a need for antibiotic prophylaxis can NOT be shared by candidates on different clinical days. However, patients with a need for antibiotic prophylaxis can be shared by candidates if they are treated on the SAME day. (ie: AM group and then PM group that same day.)
- f) Patients must obtain antibiotic prophylaxis with a written statement from a licensed physician or dentist of record in the case of any significant medical problems that the American Heart Association classifies as moderate to high risk. Medical clearance must indicate the specific medical concern and must be attached to the Health History form on the day of the examination. If this clearance and/or verification of antibiotic prophylaxis is not available, the patient will not be accepted for treatment.
- g) Any item on the Health History with a "YES" response MAY require a written Medical Clearance letter if the explanation section indicates the possibility of a significant systemic condition that could affect the patient's suitability for elective dental treatment during this examination.
- h) Antibiotic Prophylaxis is REQUIRED (per the 2010 American Association of Orthopedic Surgeons recommendations) for all patients that respond "YES" to Question 7.L Joint Replacement unless the patient's orthopedic surgeon provides a consultation note indicating premedication is not needed.
- i) Medical Clearance is REQUIRED for "YES" responses to Questions #7.H thru #7N. Candidates **MUST** obtain and attach a written Medical Clearance letter (and provide antibiotic prophylaxis if necessary) for all patients that respond "YES" to any of the following questions: #7.H thru #7.N on their Health History.

Questions #7.H thru #7.N are as follows:

(These questions are SHADED on the Health History form.)

7.H Pregnant (currently pregnant)

- 7.I Artificial /Damaged Heart Valve(s)
- 7.J History of Infective Endocarditis
- 7.K Congenital Heart Conditions
- 7.L Joint Replacement
- 7.M Immune Suppression/HIV/AIDS
- 7.N Heart Condition (including pacemaker)

j) Medical Clearance letters must include:

- i. A legible statement from a licensed physician or dentist of record written within 30 days of the examination clearly stating the medical concern
- ii. A positive statement of how the patient should be managed during the examination (including a statement on the use or non-use of local anesthetic for pregnant patients)
- iii. The physician's or dentist's name, address and phone number

- **Please list any patient exclusion criteria:**

The following are Health History Prohibitions. Patients with these conditions will NOT be accepted for treatment under any circumstances:

- i. Patients who answer "YES" to Question 6: Are you receiving or have you ever received/taken INTRAVENOUS Bisphosphonates?
Examples of Intravenously Administered Bisphosphonates used for the treatment of osteoporosis, cancer or other conditions: Clodronate (Bonefos®, Clasteon® or Ostac®), Pamidronate (Aredia®), Zoledronic acid (Zometa® or Aclasta®), Neridromate (Nerixia®), or Reclast®. This list of intravenously administered bisphosphonates should not be considered complete as new drugs are continually being developed.
- ii. Cardiac/Organ transplant recipients (Question 7.A)
- iii. Active incidence of bisphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ). (Question 7.B)
- iv. Active tuberculosis. (Question 7.C) Note: A patient who has tested positive for TB or is being treated for TB, but does not have the clinical symptoms is acceptable.
- v. Heart attack, stroke, cardiac surgery or chemotherapy treatment within the past six months (Question 7.D-G)
- vi. Any condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures

Does the examination include scaling and root planning of one or more quadrants of a patient? YES **NO**

If YES, please list the requirements for scaling and root planing: **N/A**

If quadrants are not used, what are the requirements used to be acceptable? Please list/describe:

Candidates must submit a treatment selection with a minimum of 6 teeth and a maximum of 10 teeth with no more than 3 being anterior teeth (anterior teeth = canines and/or incisors). For purposes of anesthesia it is recommended that the teeth selected be as contiguous as possible.

- **Please list the requirements to be considered acceptable for scaling and root planing:**

Candidates must submit a treatment selection that meets all of the following criteria:

- Calculus must meet the definition of “qualifying calculus” as described below to be accepted.
- Calculus that does not meet the definition of “qualifying calculus” will be denied. Consequently, candidates are encouraged to submit a Treatment Selection that exceeds the minimum requirements.
- At least 14 surfaces of qualifying subgingival calculus must be present in the Treatment Selection.
- At a minimum, candidates MUST submit a Treatment Selection that includes:
 - At least 1 surface of qualifying subgingival calculus on a minimum of 6 teeth
 - At least 14 surfaces of qualifying subgingival calculus
 - At least 9 of the 14 qualifying surfaces must be on posterior teeth (posterior teeth = molars and/or premolars)
 - At least 3 of the 9 posterior qualifying surfaces must be on molar(s)

If scaling and root planing is included in this exam, what is the expectation of the candidate? Please describe:

Candidates are expected to use calculus detection skills to screen patients which will ultimately allow them to submit a treatment selection that meets the CRDTS criteria. Once a candidate’s treatment selection has been accepted, the candidate must demonstrate clinical proficiency by effectively removing subgingival calculus so that no deposits are detectable with a #11/12 explorer. Candidates are evaluated by three independent examiners for subgingival calculus removal.

- **What are the requirements regarding the presence of calculus? Please list:**

Calculus, upon submission, must meet the definition of “qualifying calculus” to be accepted. Candidate’s Treatment Selections are evaluated by three independent examiners.

- A qualifying deposit of calculus is defined as explorer-detectable subgingival calculus which is DISTINCT and can be EASILY detected with a #11/12 explorer as it passes over the calculus.
- Qualifying deposits of calculus must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.
- Qualifying deposits will exhibit such characteristics as:
 - significant enough in quantity to be readily discernible or detectable;
 - a definite “jump” or “bump” which is easily detected with one or two strokes;
 - a deposit that easily “binds” or “catches” the explorer;
 - ledges or ring formations;
 - spiny or nodular formations

If scaling and root planing is not included in this exam, what skill sets must the candidate demonstrate?

In addition to S&RP, other skills sets evaluated in the CRDTS Hygiene Exam include; Extra/Intra-Oral Assessment, Periodontal Probing, Supra-deposit Removal and Tissue Management.

1. Periodontal Probing

- Are periodontal probing skills assessed in the examination? **YES** NO
 - If YES, when in the examination is this skill evaluated?
Candidates record probe readings after scaling and are evaluated at final evaluation (check-out).
- What is considered a probing error?
Candidates are allowed a plus or minus 1 mm (+/- 1 mm) margin of error.
- Are any points deducted for an error? **YES** NO
 - If YES, how many points are deducted for each error?
One (1) point is assessed for each error.

2. Does this examination include charting of furcation involvement? YES **NO**

3. Scaling and Root Planing

- Are points deducted for each supragingival calculus error? **YES** NO
 - If YES, how many points are deducted for each error?
One (1) point is assessed for each error.
- If there are 13-18 surfaces of subgingival calculus at check-in, how many points, if any, are deducted for each subgingival error?
Four (4) points are assessed for each error.
- If there are 19-24 surfaces of subgingival calculus at check-in, how many points, if any, are deducted for each subgingival error?
Not applicable because all candidates are evaluated on exactly 14 surfaces. That said, most candidates do submit treatment selections that have approximately 18-24 “qualifying” surfaces of subgingival calculus. The CRDTS Team Captain (aided by the computer and electronics) then selects 14 surfaces from all the “qualifying surfaces” that will be checked at final evaluation. Since the candidate does not know which 14 surfaces have been selected for evaluation, they must treat (scale) all surfaces of all teeth submitted in their treatment plan.
- Are points deducted for stain? **YES** NO
 - If YES how many points are deducted for each error?
One (1) point is assessed for each error.

4. Trauma

- What constitutes trauma?
Tissue trauma is defined as:
 - Unwarranted damage caused by the candidate to the extra/intraoral tissues resulting in significant injury to the patient
 - Obvious and avoidable MUTILATION of tissue caused by the candidate
 - Damage caused by the candidate which demonstrates a gross disregard for instrumentation techniques, patient safety and comfort
 - A laceration 3 mm or greater

4. Trauma cont.

- How many points, if any, are deducted for each hard and/or soft tissue trauma error?

Four (4) points are assessed for each error.

- Is gross trauma defined? ☒ YES ☐ NO

- If YES, what is the definition?

A tissue trauma critical error (ie: gross trauma), resulting in automatic failure of the examination, will be assessed if any of the following exist:

- Damage to 4 or more areas of gingival tissue, lips or oral mucosa located anywhere within or near the Treatment Selection
- An amputated papillae
- An exposure of the alveolar process
- A laceration or damage that requires suturing or periodontal packing
- An unreported broken instrument tip found in the sulcus
- One or more ultrasonic burns requiring follow-up treatment

- If gross trauma is defined, is it grounds for dismissal from the examination? ☒ YES ☐ NO

- If a candidate is dismissed due to gross trauma, what type of follow-up is required for the candidate's patient?

In the event that treatment provided during the examination cannot be satisfactorily completed and/or is suspended or terminated for any reason, a CRDTS Follow-Up Form must be completed to ensure that the responsibility for further treatment is understood and that the patient will receive the proper care. The Follow-Up Form is a 3-part NCR form (one copy for the patient, one copy for the testing site and one copy for CRDTS) used to document detailed specifics of what happened, what additional treatment is necessary, who will provide the care and who will be financially responsible.

- Is soft tissue trauma defined? ☒ YES ☐ NO

- If it is defined, please provide the definition.

Tissue trauma is defined as unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient, such as; lacerations greater than 3mm, ultrasonic burns, or amputated papilla. Soft tissue adjacent to all teeth and surrounding areas are evaluated. In addition, trauma to the lips or oral mucosa are considered tissue trauma. The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups, and dental floss so that no unwarranted soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the prophylaxis procedure.

- Are any points deducted for soft tissue trauma? ☒ YES ☐ NO

- If YES, how many points are deducted?

Four (4) points are assessed for each error.

- Is hard tissue trauma defined? YES ☒ NO

- If it is defined, please provide the definition. N/A

- Are any points deducted for hard tissue trauma? YES ☒ NO

- If YES, how many points are deducted? N/A

5. Other Test Components

- Are there any components of your examination that do not include direct patient care? YES ☒ NO

- Are there any OTHER components of your examination that include direct patient care? ☒ YES ☐ NO

Extra/Intra Oral Assessment: See answer to the "Other Components" question listed below.

6. Does the examination require any specific instruments to be used by the candidate? YES ☒ NO

Does the examination require any specific instruments to be used by the examiners? YES ☒ NO

CRDTS provides each candidate with the following new Hu-Friedy instruments:

- Mirror, metal #5 head, single sided with #7 handle
- Explorer, metal #11/12 ODU DE with #7 handle
- Periodontal probe, metal UNC-12 with #7 handle

The above mentioned sterile instruments (mirror, explorer and probe) are distributed to each candidate after their patient is submitted for treatment. The instruments are stored inside a sturdy plastic container (provided by CRDTS) appropriate for transporting instruments to and from the Examiner's Evaluation Station. Candidates are allowed to keep these instruments and the plastic container at their cubicle during the exam. For Final Evaluation, candidates send these same instruments back to the Examiner's Evaluation Station. Candidates keep these CRDTS issued instruments and plastic container at the completion of the exam.

CRDTS feels strongly that by providing these new and standardized instruments to all candidates we are able to maintain candidate "anonymity" (ie: no chance of identifying what school a candidate might be from based on the brand of their instrument) and examiner standardization is enhanced because all instruments are new (ie: no scratched mirror, no dull or bent explorers, etc.) and identical (ie: from the same manufacturer).

Are there any other components to the CRDTS' examination? YES ☒ NO

1. Extra/Intra Oral Assessment
2. Treatment Selection and Treatment Standards Penalties

Extra/Intra Oral Assessment

Based on past and recent (2012) "Occupational Analysis" surveys conducted by CRDTS, the Extra/Intra Oral Assessment ranks (under the Life Criticality category) as one of the highest clinical hygiene skill sets needing to be evaluated. In other words, recognizing oral conditions and lesions in photographs and/or computer images is a different skill set from the clinical protocol of palpation and inspection to differentiate the normal from the abnormal, the significant from the insignificant as data is gathered for the documentation of a patient's baseline data.

The purpose of CRDTS Extra/Intra Oral Assessment (as used in both the hygiene and dental periodontal exam) is to evaluate the level of a candidate's competency in performing an extra/intra oral assessment as part of gathering and documenting baseline data about the patient's oral health status. The candidate is expected to assess and document conditions as being within normal limits, or deviations that are either atypical or abnormal. Atypical or abnormal findings, whether pathological or non-pathologic, must be identified by location and briefly described as part of the patient's record, as specified in the criteria. This documentation aids the dentist and hygienist in promoting patient health by identifying possible subclinical disease processes, oral habits, conditions that may bear watching over time or require special home care instructions, assisting with dental forensics and in the case of cancer or precancerous lesions, possibly preventing premature death.

The candidate must record the condition and location of any tissue or feature which demonstrates those significant findings as requested by CRDTS in the following seven categories: 1. Head/Face/Neck, 2. Lymph Nodes, 3. Temporomandibular Joint, 4. Oral Mucosa/Alveolar Ridge/Lips, 5. Palate/Oral Pharynx, 6. Tongue and 7. Floor of Mouth.

The Extra/Intra Oral Assessment has 7 scorable categories (as listed above) and 2 points are awarded for each category (for a maximum of 14 possible points) that is evaluated and described correctly.

Treatment Selection and Treatment Standards Penalties

In addition to penalties assessed for unacceptable Treatment Selections, penalties assessed for Treatment Standards categories such as patient management and infection control are also computed into the score.

7. How much time is allowed for the CRDTS examination?

Once a candidate's first Treatment Selection has been evaluated by the examiners, they are allowed 2½ hours to complete treatment. A "Start/Finish Time" is assigned to each candidate and time limits are strictly enforced with penalties assessed for candidates that exceed their "Finish Time". Candidates are assigned to either a morning group or an afternoon group for testing. The morning groups enter the clinic at approximately 7:00 am and leave the clinic by 11:00 am. The afternoon groups enter the clinic at approximately 12:00 noon and leave the clinic by 4:00 pm.

8. Is there a limit to the number of attempts an applicant may take the CRDTS examination? YES NO

- **If YES, what is the limit?**

After three failures, remediation is required.

9. Is remediation ever required as a condition for re-examination? YES NO

- **If YES, under what conditions is remediation required?**
- **What must remediation consist of?**

After three failures, CRDTS requires that the candidate submit documentation from a State which accepts the results of the CRDTS examination verifying that the candidate has completed remediation requirements for that state, and further that the state will accept the results of the candidate's re-examination with CRDTS.

10. Under what conditions would a candidate be dismissed?

Each candidate is expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination. Any substantiated evidence of dishonesty; such as collusion, use of unauthorized assistance or intentional misrepresentation during registration, pre-examination or during the course of the examination shall automatically result in dismissal from and failure of the entire examination.

Some examples of unprofessional conduct that would result in dismissal/failure of the exam are:

- Falsification or intentional misrepresentation of application requirements.
- Cheating (Candidate will be dismissed immediately).
- Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required clinical procedures.
- Misappropriation or theft of equipment during the examination.
- Alteration of examination records and/or radiographs.
- Using unauthorized equipment at any time during the examination process.
- Performing required examination procedures outside the allotted examination time.
- Failure to follow time limits and/or complete the examination within the assigned time.
- Administering anesthesia without proper authorization and/or supervision.
- Receiving assistance from another practitioner including but not limited to; another candidate, dentist, faculty, University/School representative(s), etc.
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort and safety.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients and/or exam personnel.
- Noncompliance with anonymity requirements.

- Noncompliance with established guidelines for asepsis and/or infection control.
- For the purpose of the board licensure examination, candidates found charging patients for services performed.

11. If a candidate is dismissed, is there a penalty? YES NO

- **If YES, what is the penalty?**

Dismissal from an examination results in forfeiture of all examination fees for the examination. In addition, candidates failed for dishonesty are denied re-examination for one full year from the time of the infraction. Additionally, all State Boards are notified of the situation. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates are instructed to address the matter with the state(s) where they desire licensure prior to retaking the examination.

CRDTS Examination History

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
# sitting	940	935	995	975	947	1475	1470	1317	1341	1370	1514
# passing	790	796	835	816	835	1210	1245	1128	1166	1159	1335
# failing*	150	139	160	159	112	265	225	189	175	211	179
% failing*	15.96	14.87	16.08	16.30	11.82	17.96	15.30	14.35	13.04	15.40	11.80

*Since Treatment Selection (ie: calculus detection skills) is a part of the exam, the statistics listed above for "failing" include candidates who never presented an acceptable (ie: qualifying) patient.

Who may we contact for information concerning the CRDTS exam?

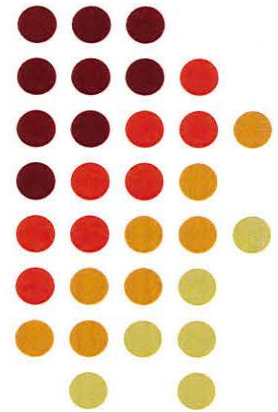
- **Contact Name:** Kim Laudenslager, RDH, MPA
CRDTS, Director of Hygiene Examinations
- **Contact telephone number:** 303.909.1003
- **Contact email:** Kim@CRDTS.org OR KimLaudenslager@comcast.net

Comparison of Dental Hygiene Clinical Exam Regional Testing Agencies

April 2013



American
Dental
Hygienists'
Association



Regional and state clinical dental hygiene examinations are administered to evaluate the clinical competency of candidates for dental hygiene licensure. Clinical examinations provide a reliable third party assessment of candidates' clinical skills and are used by state dental boards in making valid licensing decisions.

All exams consist of skill-specific patient treatment in a clinical setting. Additionally, some exams include a written or electronic patient-based component. Clinical licensure exams are administered at various times throughout the year at various host institutions.

This document was created by the American Dental Hygienists' Association (ADHA) to assist candidates for dental hygiene licensure by providing a general overview of regional and state clinical examinations required for licensure for the practice of dental hygiene.

Included in this Dental Hygiene Clinical Examination Summary are the regional testing agencies known as

- *Council of Interstate Testing Agencies (CITA),*
- *Central Regional Dental Testing Service (CRDTS),*
- *North East Regional Board of Dental Examiners (NERB),*
- *Southern Regional Testing Agency (SRTA) and*
- *Western Regional Examining Board (WREB)*

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Clinical Exams Accepted for Initial State Licensure

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
Alabama	Alabama	Alabama	Alabama	Alaska
*Colorado	Arizona (fee may apply)	*Colorado	Arkansas	Arizona
*Kansas	*Colorado	Connecticut	*Colorado	California
Kentucky	Connecticut	District of Columbia	Connecticut	*Colorado
Illinois	District of Columbia	Hawaii	Illinois	Connecticut
Louisiana	Georgia	Florida	Indiana	Idaho
Maine	Hawaii	Idaho	Kansas	Illinois
Massachusetts	Idaho	Illinois	Kentucky	Indiana
Mississippi	Illinois	Indiana	Maryland	*Kansas
Missouri	Indiana	*Kansas	Massachusetts	Maine
**Montana	Iowa	Kentucky	Missouri	Massachusetts
Nebraska	*Kansas	Maine	**Montana	Minnesota
New Hampshire	Kentucky	Maryland	Nebraska	Missouri
North Carolina	Maine	Massachusetts	New Hampshire	**Montana
North Dakota	Massachusetts	Michigan	New Mexico	Nevada
Oregon	Maryland	Mississippi	Ohio	New Hampshire
Pennsylvania	Michigan	Missouri	Oregon	New Mexico
Texas	Minnesota	**Montana	Pennsylvania	North Dakota
Virginia	Missouri	Nevada	Rhode Island	Ohio
West Virginia	**Montana	New Hampshire	South Carolina	Oklahoma
Wisconsin	Nebraska	New Jersey	Tennessee	Oregon
	New Hampshire	New Mexico	Texas	Pennsylvania
	New Jersey	New York	Utah	Rhode Island
	New Mexico	Ohio	Vermont	South Dakota
	North Dakota	Oregon	Virginia	Tennessee
	Ohio	Pennsylvania	Washington	Texas
	Oregon	Rhode Island	West Virginia	Utah
	Pennsylvania	South Carolina	Wisconsin	Vermont
	Rhode Island	Texas	Wyoming	Virginia
	South Carolina	Utah		Washington
	South Dakota	Vermont		West Virginia
	Texas	Virginia		Wisconsin
	Utah	Washington		Wyoming
	Vermont	West Virginia		
	Virginia	Wisconsin		
	Washington	Wyoming		
	West Virginia			
	Wisconsin			
	Wyoming			

Independent

California
Delaware

*Kansas and Colorado
accepts clinical exams
issued by California and
Delaware.

*Montana also accepts the
clinical exam issued by
California.

ADHA defines *Initial Licensure* as state licensure sought immediately following graduation from an accredited dental hygiene program.

Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.

Exam Websites

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
http://www.citaexam.com/	https://www.crdts.org	http://www.nerb.org	http://www.sрта.org	http://www.wreb.org

Fees

\$950.00	\$950.00	\$975.00 for both exams (Clinical AND Electronic)	\$950.00	\$960.00 – \$1,250.00 Clinical exam
Additional fees applied as required.	Plus site fees dependent on host institution	\$140 - Local Anesthesia exam	Plus site fees dependent on host institution (Ranging from \$100- \$250)	\$270.00 - \$350.00 Local Anesthesia exam
Facility, Staffing, and Instrument rental fees range from \$100-\$275		\$135 – Nitrous Oxide exam	\$75 processing fee for paper applications	\$70.00 Computer exam
				\$485.00 - \$530.00 Restorative exam
				(host institution site fees included)

Re-Examination Fees

\$950	\$950	Same for Local Anesthesia and Nitrous	\$950	All as indicated above plus additional application fees
		\$525 – one exam (Clinical OR Electronic)		

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Liability Insurance

CITA

Professional liability insurance coverage included in application fee.

CRDTS

Professional liability insurance coverage included in application fee.

NERB

Professional liability insurance coverage included in application fee.

SRTA

Professional liability insurance coverage included in application fee.

WREB

Professional liability insurance coverage included in application fee.

Application Requirements

Complete an application on-line at citaexam.com

Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program

OR

Letter of Certification from program director verifying candidate is sufficiently clinically competent, in good standing, and anticipated to fulfill school requirements for graduation prior to or within 45 days after the date of the CITA exam.

Proof of graduation from an accredited dental hygiene program
OR
"Letter of Certification" completed by program director verifying anticipated graduation date within 60 days of examination

Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.

Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program OR

Written certification from program director of CODA or CDAC accredited program verifying candidate's expected graduation within 45 days of scheduled clinical exam.

Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.

Proof of CPR Certification

Recent photo if applying on-line.

Copy of candidate's diploma from a Commission on Dental Accreditation (CODA) accredited dental hygiene program

OR

Letter from program director, dean or school stating candidate is academically in good standing and allowing candidate to sit for exam.

Proof of CPR Certification

Verification of successful completion of an accredited degree program

OR

Certification of enrollment in final semester from the school dean or dental hygiene program director.

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Treatment Selection Requirements

<u>CITA</u>	<u>CRDTS</u>	<u>NERB *</u>	<u>SRTA **</u>	<u>WREB</u>
<ul style="list-style-type: none"> • Candidate must select 6-8 teeth upon with 12 surfaces of explorer-detectable subgingival calculus for removal. • Use no more than 2 quadrants. <p>Prohibited treatment selections (if in the areas of selected treatment):</p> <ul style="list-style-type: none"> • Grade III furcations or mobility • Severely decayed or fractured teeth • Ortho brackets or bonded retainers • Implants • Partially erupted 3rd molars • Retained deciduous teeth 	<ul style="list-style-type: none"> • Candidate must select 6-10 teeth, including no more than 3 anteriors, with at least 14 surfaces of qualifying subgingival calculus. • Of the 14 qualifying surfaces, at least 9 must be on posterior teeth, and 3 of those 9 surfaces must be on molars. <p>Prohibited treatment selections (if in the areas of selected treatment):</p> <ul style="list-style-type: none"> • Grade III or IV furcations • Grade III mobility • Class IV periodontal disease • Ortho brackets or bonded retainers • Implants • Partially erupted 3rd molars • Retained deciduous teeth <p>CRDTS strongly discourages:</p> <ul style="list-style-type: none"> • Gross caries • Faulty restorations • Extensive full or partial veneer crowns • Probing greater than 6mm 	<ul style="list-style-type: none"> • Candidate must select 6-8 permanent teeth with 12 surfaces of subgingival calculus. • 8 of the 12 surfaces must be on posteriors; • 5 must be proximal surfaces 3 of these proximal surfaces must be on molars. • All posterior teeth must have at least one approximating posterior tooth within 2mm distance. • 3 pockets of 4mm or greater, each on a different tooth. • Only one distal surface of a terminal 2nd or 3rd molar can be used <p>NERB strongly discourages treatment selections including:</p> <ul style="list-style-type: none"> • Probing depths >6mm • Class III furcations or mobility • Ortho brackets • Faulty restorations • Gross caries • Implants • Partially erupted 3rd molars • Retained deciduous teeth • Extensive veneers 	<ul style="list-style-type: none"> • Candidate must select 2 permanent molars • One full quadrant with at least 6 teeth and 1 permanent molar. • May choose up to 4 additional teeth in one other quadrant on molars or premolars to meet requirements. • The selected teeth must have 1 proximal contact. • Candidates are encouraged to avoid choosing teeth with excessive decay. 	<ul style="list-style-type: none"> • Candidate must select one full quadrant including 1 molar with a proximal contact and at least 6 natural teeth. • May use 4 additional teeth if necessary. • Selection must include a minimum of 12 surfaces of qualifying subgingival calculus. • At least 3 of the 12 surfaces must be on molars; no more than 4 of the 12 may be on mandibular anteriors. <p>Prohibited treatment selections (if in the areas of selected treatment):</p> <ul style="list-style-type: none"> • Probing depths >6mm • Class III furcations; Class III mobility • Ortho bands • Overhanging margins; temp. or faulty subgingival restorations • Gross caries • Crowns with rough subgingival margins

Radiographic Component

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u> *	<u>SRTA</u> **	<u>WREB</u>
<p>Full Mouth Series (exposed within 2 years) with horizontal or vertical bitewings (exposed within 6 months) reflecting current clinical conditions.</p> <p>Panoramic is not acceptable.</p> <p>Radiographs of poor diagnostic quality result in point deductions and could affect patient acceptability.</p>	<p>Full Mouth Series OR a panoramic radiograph (exposed within 3 years)</p> <p>AND</p> <p>Horizontal or vertical bitewings (exposed within 1 year)</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.</p>	<p>Full Mouth Series (exposed within 3 years) including bitewings (exposed within 1 year)</p>	<p>Full Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year)</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability and can result in failure of the exam.</p>	<p>Horizontal or vertical bite-wings with anterior and posterior periapicals that include all teeth in the treatment submission.</p> <p>Radiographs taken within 12 months; not necessarily exposed by candidate.</p> <p>Radiographs that do not meet Evaluation Criteria listed in Candidate's Guide are assessed a four point penalty.</p>

Computer Component

<p>Proof of candidate's successful completion of the Dental Hygiene National Board Examination administered by the Joint Commission on National Dental Examinations (JCNDEx) is required.</p>	<p>No computer-based exam included.</p>	<p>100 multiple-choice, simulated patient questions - 2 hrs in length.</p> <p>Score of 75 or higher is passing</p> <p>Taken at Prometric Testing Centers by appointment.</p>	<p>No computer-based exam included.</p>	<p>Case-based exam containing multiple choice, multiple response and development of a care plan – 2 hours in length. Taken at Pearson VUE Centers prior to clinical exam.</p>
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This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Administration of Local Anesthesia

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u> *	<u>SRTA</u> **	<u>WREB</u>
Local anesthetic administration is not permitted.	Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.	Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.	Admission of local anesthetic by candidates who have successfully completed a course on local anesthesia from a CODA accredited program is permitted.	Administration of local anesthetic by candidate is NOT permitted.
Topical anesthetic administration only.	Qualified practitioner may administer local in lieu of candidate.	A subgingival anesthetic gel may be used.	No more than two carpules of anesthetic administered before check-in.	Only Educators and Practitioners can administer local anesthetic.
	A subgingival anesthetic gel may be used.	Not evaluated as part of the exam.	Qualified practitioner may administer local in lieu of candidate who is not qualified to administer.	Candidate may use topical anesthetics.
	Not evaluated as part of the exam.			

*Currently, NERB is the only agency that administers the American Dental Hygiene Licensing Examination (ADLEX), the dental hygiene examination approved by the American Board of Dental Examiners, Inc (ADEX). ADEX is a private not-for-profit consortium of state and regional dental boards throughout the United States and its territories, whose mission is to provide the dental community with test construction and administration standardization for national uniform dental and dental hygiene clinical licensure examinations.

** Beginning in 2014, SRTA will administer the ADEX exam in place of the SRTA exam.

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Exam Scoring

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
Score of 75% or higher on each required to pass:	Score of 75% or higher required to pass:	Score of 75% or higher on each required to pass:	Score of 75% or higher required to pass:	Score of 75% or higher required to pass:
<u>Dental Hygiene National Board Exam</u>	<u>Patient-Based Exam:</u>	<u>Computer Simulated Clinical Examination</u>	<u>Clinical Examination:</u>	<u>Clinical Examination:</u>
AND	<ul style="list-style-type: none"> • Extra/Intraoral assessment 14 pts • Perio Probing 12 pts • Subgingival Calculus removal 56 pts • Supragingival Deposit removal 6 pts • Tissue Management 12 pts 	AND	<ul style="list-style-type: none"> • Case Presentation 4 pts • Calculus Requirements 5 pts • Radiographs 8 pts • Calculus Detection 18 pts • Calculus Removal 54 pts • Periodontal Assessment 6 pts • Minor tissue trauma 3 pts • Final Case Presentation 2 pts 	<ul style="list-style-type: none"> • Probing depths/ Recession 25 pts • Calculus Removal/ Tissue trauma 75 pts
<u>CITA Clinical Exam:</u>	<u>Total -- 100 pts</u>	<u>Patient Treatment Clinical Examination:</u>	<u>Total -- 100 pts</u>	<u>Total -- 100 pts</u>
<ul style="list-style-type: none"> • Oral Evaluation 5 pts • Perio probing 8 pts • Calculus Detection 24 pts • Subgingival Calculus removal 48 pts • Supragingival Deposit removal 5 pts 	Penalty pts may be assessed for:	<ul style="list-style-type: none"> • Calculus detection 18 pts • Calculus Removal 54 pts • Pocket depth measurement 18 pts • Hard and Soft Tissue Management 10 pts 	Points may be deducted for	<ul style="list-style-type: none"> • X-ray penalty • Unacceptable pt selection • Tissue trauma • Calculus removal errors • Inaccurate recession/probing assessment • Late patient check-in or check-out
<u>Total -- 100 pts</u>	• Treatment Selections that do not meet the described criteria	<u>Total -- 100 pts</u>	<u>Total -- 100 pts</u>	
Penalty pts may be assessed for:	• Violation of standards as defined in Candidates Guide	Penalty point deductions are cumulative and may be assessed for violations of standards and behaviors as defined in Candidate's Manual.	Major tissue trauma or a major infection control violation will result in loss of all points.	
<ul style="list-style-type: none"> • Treatment selections that do not meet the described criteria • Infection control infractions • Patient management and treatment infractions 	A Critical Error of <i>tissue trauma</i> will result in failure of the exam.			

Contact Information

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
1003 High House Road Suite 101 Cary, NC 27513	1725 SW Gage Blvd. Topeka, KS 66604	1304 Concourse Drive Suite 100 Linthicum, MD 21090	4698 Honeygrove Rd. Suite 2 Virginia Beach, VA 23455	23460 North 19 th Ave. Suite 210 Phoenix, AZ 85027
Phone: (919) 460-7750	Phone: (785) 273-0380 (800) 370-0380	Phone: (301) 563-3300	Phone: (757) 318-9082	Phone: (602) 944-3315
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Information compiled by:

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This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



CRDTS Clinical Examination Components

Does the CRDTS examination include a patient? **YES** NO

- If yes, please list qualifying patient criteria:

In order to be accepted for treatment, patients must meet all of the following criteria:

- a) Minimum patient age is 16 years. A parent or guardian must be available in the waiting area during treatment & must provide written consent for minors under the age of 18.
- b) No patient may be a dentist, dental hygienist, dental student or dental hygiene student.
- c) A blood pressure reading (taken the day of the exam) of 159/94 or below can proceed without medical clearance. Patients with a blood pressure reading of 160/95 to 179/109 are accepted only with written clearance from the patient's physician or dentist of record. Patients with a blood pressure reading of 180/110 or above will not be accepted for this examination even if a consult from a physician or dentist of record authorizes treatment.
- d) Patients with diabetes controlled by insulin injections or insulin infusion devices can NOT be shared by candidates on the same clinical day.
- e) Patients with a need for antibiotic prophylaxis can NOT be shared by candidates on different clinical days. However, patients with a need for antibiotic prophylaxis can be shared by candidates if they are treated on the SAME day. (ie: AM group and then PM group that same day.)
- f) Patients must obtain antibiotic prophylaxis with a written statement from a licensed physician or dentist of record in the case of any significant medical problems that the American Heart Association classifies as moderate to high risk. Medical clearance must indicate the specific medical concern and must be attached to the Health History form on the day of the examination. If this clearance and/or verification of antibiotic prophylaxis is not available, the patient will not be accepted for treatment.
- g) Any item on the Health History with a "YES" response MAY require a written Medical Clearance letter if the explanation section indicates the possibility of a significant systemic condition that could affect the patient's suitability for elective dental treatment during this examination.
- h) Antibiotic Prophylaxis is REQUIRED (per the 2010 American Association of Orthopedic Surgeons recommendations) for all patients that respond "YES" to Question 7.L Joint Replacement unless the patient's orthopedic surgeon provides a consultation note indicating premedication is not needed.
- i) Medical Clearance is REQUIRED for "YES" responses to Questions #7.H thru #7.N. Candidates **MUST** obtain and attach a written Medical Clearance letter (and provide antibiotic prophylaxis if necessary) for all patients that respond "YES" to any of the following questions: #7.H thru #7.N on their Health History.

Questions #7.H thru #7.N are as follows:

(These questions are SHADED on the Health History form.)

7.H Pregnant (currently pregnant)

- 7.I Artificial /Damaged Heart Valve(s)
- 7.J History of Infective Endocarditis
- 7.K Congenital Heart Conditions
- 7.L Joint Replacement
- 7.M Immune Suppression/HIV/AIDS
- 7.N Heart Condition (including pacemaker)

j) Medical Clearance letters must include:

- i. A legible statement from a licensed physician or dentist of record written within 30 days of the examination clearly stating the medical concern
- ii. A positive statement of how the patient should be managed during the examination (including a statement on the use or non-use of local anesthetic for pregnant patients)
- iii. The physician's or dentist's name, address and phone number

• **Please list any patient exclusion criteria:**

The following are Health History Prohibitions. Patients with these conditions will NOT be accepted for treatment under any circumstances:

- i. Patients who answer "YES" to Question 6: Are you receiving or have you ever received/taken INTRAVENOUS Bisphosphonates?
Examples of Intravenously Administered Bisphosphonates used for the treatment of osteoporosis, cancer or other conditions: Clodronate (Bonefos®, Clasteon® or Ostac®), Pamidronate (Aredia®), Zoledronic acid (Zometa® or Aclasta®), Neridromate (Nerixia®), or Reclast®. This list of intravenously administered bisphosphonates should not be considered complete as new drugs are continually being developed.
- ii. Cardiac/Organ transplant recipients (Question 7.A)
- iii. Active incidence of bisphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ). (Question 7.B)
- iv. Active tuberculosis. (Question 7.C) Note: A patient who has tested positive for TB or is being treated for TB, but does not have the clinical symptoms is acceptable.
- v. Heart attack, stroke, cardiac surgery or chemotherapy treatment within the past six months (Question 7.D-G)
- vi. Any condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures

Does the examination include scaling and root planning of one or more quadrants of a patient? YES **NO**

If YES, please list the requirements for scaling and root planing: N/A

If quadrants are not used, what are the requirements used to be acceptable? Please list/describe:

Candidates must submit a treatment selection with a minimum of 6 teeth and a maximum of 10 teeth with no more than 3 being anterior teeth (anterior teeth = canines and/or incisors). For purposes of anesthesia it is recommended that the teeth selected be as contiguous as possible.

- **Please list the requirements to be considered acceptable for scaling and root planing:**

Candidates must submit a treatment selection that meets all of the following criteria:

- Calculus must meet the definition of "qualifying calculus" as described below to be accepted.
- Calculus that does not meet the definition of "qualifying calculus" will be denied. Consequently, candidates are encouraged to submit a Treatment Selection that exceeds the minimum requirements.
- At least 14 surfaces of qualifying subgingival calculus must be present in the Treatment Selection.
- At a minimum, candidates **MUST** submit a Treatment Selection that includes:
 - At least 1 surface of qualifying subgingival calculus on a minimum of 6 teeth
 - At least 14 surfaces of qualifying subgingival calculus
 - At least 9 of the 14 qualifying surfaces must be on posterior teeth (posterior teeth = molars and/or premolars)
 - At least 3 of the 9 posterior qualifying surfaces must be on molar(s)

If scaling and root planing is included in this exam, what is the expectation of the candidate? Please describe:

Candidates are expected to use calculus detection skills to screen patients which will ultimately allow them to submit a treatment selection that meets the CRDTS criteria. Once a candidate's treatment selection has been accepted, the candidate must demonstrate clinical proficiency by effectively removing subgingival calculus so that no deposits are detectable with a #11/12 explorer. Candidates are evaluated by three independent examiners for subgingival calculus removal.

- **What are the requirements regarding the presence of calculus? Please list:**

Calculus, upon submission, must meet the definition of "qualifying calculus" to be accepted. Candidate's Treatment Selections are evaluated by three independent examiners.

- A qualifying deposit of calculus is defined as explorer-detectable subgingival calculus which is **DISTINCT** and can be **EASILY** detected with a #11/12 explorer as it passes over the calculus.
- Qualifying deposits of calculus must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.
- Qualifying deposits will exhibit such characteristics as:
 - significant enough in quantity to be readily discernible or detectable;
 - a definite "jump" or "bump" which is easily detected with one or two strokes;
 - a deposit that easily "binds" or "catches" the explorer;
 - ledges or ring formations;
 - spiny or nodular formations

If scaling and root planing is not included in this exam, what skill sets must the candidate demonstrate?

In addition to S&RP, other skills sets evaluated in the CRDTS Hygiene Exam include; Extra/Intra-Oral Assessment, Periodontal Probing, Supra-deposit Removal and Tissue Management.

1. Periodontal Probing

- Are periodontal probing skills assessed in the examination? **YES** NO
 - If YES, when in the examination is this skill evaluated?
Candidates record probe readings after scaling and are evaluated at final evaluation (check-out).
- What is considered a probing error?
Candidates are allowed a plus or minus 1 mm (+/- 1 mm) margin of error.
- Are any points deducted for an error? **YES** NO
 - If YES, how many points are deducted for each error?
One (1) point is assessed for each error.

2. Does this examination include charting of furcation involvement? YES **NO**

3. Scaling and Root Planing

- Are points deducted for each supragingival calculus error? **YES** NO
 - If YES, how many points are deducted for each error?
One (1) point is assessed for each error.
- If there are 13-18 surfaces of subgingival calculus at check-in, how many points, if any, are deducted for each subgingival error?
Four (4) points are assessed for each error.
- If there are 19-24 surfaces of subgingival calculus at check-in, how many points, if any, are deducted for each subgingival error?
Not applicable because all candidates are evaluated on exactly 14 surfaces. That said, most candidates do submit treatment selections that have approximately 18-24 "qualifying" surfaces of subgingival calculus. The CRDTS Team Captain (aided by the computer and electronics) then selects 14 surfaces from all the "qualifying surfaces" that will be checked at final evaluation. Since the candidate does not know which 14 surfaces have been selected for evaluation, they must treat (scale) all surfaces of all teeth submitted in their treatment plan.
- Are points deducted for stain? **YES** NO
 - If YES how many points are deducted for each error?
One (1) point is assessed for each error.

4. Trauma

- What constitutes trauma?
Tissue trauma is defined as:
 - Unwarranted damage caused by the candidate to the extra/intraoral tissues resulting in significant injury to the patient
 - Obvious and avoidable **MUTILATION** of tissue caused by the candidate
 - Damage caused by the candidate which demonstrates a gross disregard for instrumentation techniques, patient safety and comfort
 - A laceration 3 mm or greater

4. Trauma cont.

- How many points, if any, are deducted for each hard and/or soft tissue trauma error?

Four (4) points are assessed for each error.

- Is gross trauma defined? **YES** NO
 - If YES, what is the definition?

A tissue trauma critical error (ie: gross trauma), resulting in automatic failure of the examination, will be assessed if any of the following exist:

- Damage to 4 or more areas of gingival tissue, lips or oral mucosa located anywhere within or near the Treatment Selection
 - An amputated papillae
 - An exposure of the alveolar process
 - A laceration or damage that requires suturing or periodontal packing
 - An unreported broken instrument tip found in the sulcus
 - One or more ultrasonic burns requiring follow-up treatment
- If gross trauma is defined, is it grounds for dismissal from the examination? **YES** NO
 - If a candidate is dismissed due to gross trauma, what type of follow-up is required for the candidate's patient?
In the event that treatment provided during the examination cannot be satisfactorily completed and/or is suspended or terminated for any reason, a CRDTS Follow-Up Form must be completed to ensure that the responsibility for further treatment is understood and that the patient will receive the proper care. The Follow-Up Form is a 3-part NCR form (one copy for the patient, one copy for the testing site and one copy for CRDTS) used to document detailed specifics of what happened, what additional treatment is necessary, who will provide the care and who will be financially responsible.
 - Is soft tissue trauma defined? **YES** NO
 - If it is defined, please provide the definition.
Tissue trauma is defined as unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient, such as; lacerations greater than 3mm, ultrasonic burns, or amputated papilla. Soft tissue adjacent to all teeth and surrounding areas are evaluated. In addition, trauma to the lips or oral mucosa are considered tissue trauma. The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups, and dental floss so that no unwarranted soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the prophylaxis procedure.
 - Are any points deducted for soft tissue trauma? **YES** NO
 - If YES, how many points are deducted?
Four (4) points are assessed for each error.
 - Is hard tissue trauma defined? YES **NO**
 - If it is defined, please provide the definition. N/A
 - Are any points deducted for hard tissue trauma? YES **NO**
 - If YES, how many points are deducted? N/A

5. Other Test Components

- Are there any components of your examination that do not include direct patient care? YES **NO**
- Are there any OTHER components of your examination that include direct patient care? **YES** NO
Extra/Intra Oral Assessment: See answer to the "Other Components" question listed below.

6. Does the examination require any specific instruments to be used by the candidate? YES ☒ NO

→ Does the examination require any specific instruments to be used by the examiners? ☒ YES NO

CRDTS provides each candidate with the following new Hu-Friedy instruments:

- Mirror, metal #5 head, single sided with #7 handle
- Explorer, metal #11/12 ODU DE with #7 handle
- Periodontal probe, metal UNC-12 with #7 handle

The above mentioned sterile instruments (mirror, explorer and probe) are distributed to each candidate after their patient is submitted for treatment. The instruments are stored inside a sturdy plastic container (provided by CRDTS) appropriate for transporting instruments to and from the Examiner's Evaluation Station. Candidates are allowed to keep these instruments and the plastic container at their cubicle during the exam. For Final Evaluation, candidates send these same instruments back to the Examiner's Evaluation Station. Candidates keep these CRDTS issued instruments and plastic container at the completion of the exam.

CRDTS feels strongly that by providing these new and standardized instruments to all candidates we are able to maintain candidate "anonymity" (ie: no chance of identifying what school a candidate might be from based on the brand of their instrument) and examiner standardization is enhanced because all instruments are new (ie: no scratched mirror, no dull or bent explorers, etc.) and identical (ie: from the same manufacturer).

Are there any other components to the CRDTS' examination? ☒ YES NO

1. Extra/Intra Oral Assessment
2. Treatment Selection and Treatment Standards Penalties

Extra/Intra Oral Assessment

Based on past and recent (2012) "Occupational Analysis" surveys conducted by CRDTS, the Extra/Intra Oral Assessment ranks (under the Life Criticality category) as one of the highest clinical hygiene skill sets needing to be evaluated. In other words, recognizing oral conditions and lesions in photographs and/or computer images is a different skill set from the clinical protocol of palpation and inspection to differentiate the normal from the abnormal, the significant from the insignificant as data is gathered for the documentation of a patient's baseline data.

The purpose of CRDTS Extra/Intra Oral Assessment (as used in both the hygiene and dental periodontal exam) is to evaluate the level of a candidate's competency in performing an extra/intra oral assessment as part of gathering and documenting baseline data about the patient's oral health status. The candidate is expected to assess and document conditions as being within normal limits, or deviations that are either atypical or abnormal. Atypical or abnormal findings, whether pathological or non-pathologic, must be identified by location and briefly described as part of the patient's record, as specified in the criteria. This documentation aids the dentist and hygienist in promoting patient health by identifying possible subclinical disease processes, oral habits, conditions that may bear watching over time or require special home care instructions, assisting with dental forensics and in the case of cancer or precancerous lesions, possibly preventing premature death.

The candidate must record the condition and location of any tissue or feature which demonstrates those significant findings as requested by CRDTS in the following seven categories: 1. Head/Face/Neck, 2. Lymph Nodes, 3. Temporomandibular Joint, 4. Oral Mucosa/Alveolar Ridge/Lips, 5. Palate/Oral Pharynx, 6. Tongue and 7. Floor of Mouth.

The Extra/Intra Oral Assessment has 7 scorable categories (as listed above) and 2 points are awarded for each category (for a maximum of 14 possible points) that is evaluated and described correctly.

Treatment Selection and Treatment Standards Penalties

In addition to penalties assessed for unacceptable Treatment Selections, penalties assessed for Treatment Standards categories such as patient management and infection control are also computed into the score.

7. How much time is allowed for the CRDTS examination?

Once a candidate's first Treatment Selection has been evaluated by the examiners, they are allowed 2½ hours to complete treatment. A "Start/Finish Time" is assigned to each candidate and time limits are strictly enforced with penalties assessed for candidates that exceed their "Finish Time". Candidates are assigned to either a morning group or an afternoon group for testing. The morning groups enter the clinic at approximately 7:00 am and leave the clinic by 11:00 am. The afternoon groups enter the clinic at approximately 12:00 noon and leave the clinic by 4:00 pm.

8. Is there a limit to the number of attempts an applicant may take the CRDTS examination? YES NO

- **If YES, what is the limit?**

After three failures, remediation is required.

9. Is remediation ever required as a condition for re-examination? YES NO

- **If YES, under what conditions is remediation required?**
- **What must remediation consist of?**

After three failures, CRDTS requires that the candidate submit documentation from a State which accepts the results of the CRDTS examination verifying that the candidate has completed remediation requirements for that state, and further that the state will accept the results of the candidate's re-examination with CRDTS.

10. Under what conditions would a candidate be dismissed?

Each candidate is expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination. Any substantiated evidence of dishonesty; such as collusion, use of unauthorized assistance or intentional misrepresentation during registration, pre-examination or during the course of the examination shall automatically result in dismissal from and failure of the entire examination.

Some examples of unprofessional conduct that would result in dismissal/failure of the exam are:

- Falsification or intentional misrepresentation of application requirements.
- Cheating (Candidate will be dismissed immediately).
- Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required clinical procedures.
- Misappropriation or thievery of equipment during the examination.
- Alteration of examination records and/or radiographs.
- Using unauthorized equipment at any time during the examination process.
- Performing required examination procedures outside the allotted examination time.
- Failure to follow time limits and/or complete the examination within the assigned time.
- Administering anesthesia without proper authorization and/or supervision.
- Receiving assistance from another practitioner including but not limited to; another candidate, dentist, faculty, University/School representative(s), etc.
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort and safety.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients and/or exam personnel.
- Noncompliance with anonymity requirements.

- Noncompliance with established guidelines for asepsis and/or infection control.
- For the purpose of the board licensure examination, candidates found charging patients for services performed.

11. If a candidate is dismissed, is there a penalty? **YES** NO

- If YES, what is the penalty?

Dismissal from an examination results in forfeiture of all examination fees for the examination. In addition, candidates failed for dishonesty are denied re-examination for one full year from the time of the infraction. Additionally, all State Boards are notified of the situation. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates are instructed to address the matter with the state(s) where they desire licensure prior to retaking the examination.

CRDTS Examination History

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
# sitting	940	935	995	975	947	1475	1470	1317	1341	1370	1514
# passing	790	796	835	816	835	1210	1245	1128	1166	1159	1335
# failing*	150	139	160	159	112	265	225	189	175	211	179
% failing*	15.96	14.87	16.08	16.30	11.82	17.96	15.30	14.35	13.04	15.40	11.80

*Since Treatment Selection (ie: calculus detection skills) is a part of the exam, the statistics listed above for "failing" include candidates who never presented an acceptable (ie: qualifying) patient.

Who may we contact for information concerning the CRDTS exam?

- Contact Name: Kim Laudenslager, RDH, MPA
CRDTS, Director of Hygiene Examinations
- Contact telephone number: 303.909.1003
- Contact email: Kim@CRDTS.org OR KimLaudenslager@comcast.net



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.8

Discussion and Possible Action on Acceptance of
CRDTS Examination for Hygiene Licensure



MEMORANDUM

DATE	December 6, 2013
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Lori Hubble Executive Officer
SUBJECT	LIC 8 – Discussion and Possible Action on Acceptance of CRDTS for Hygiene Licensure

Background

At the Committee's last meeting, it was requested that this item be placed on the agenda for consideration. Kim Laudenslager, Director of Central Regional Dental Testing Services (CRDTS) is requesting the Dental Hygiene Committee (DHCC) consider accepting CRDTS for purposes of meeting requirements for licensure as a dental hygienist in California.

Section 1917 (b) of the Business and Professions Code provides the Committee the authority to accept CRDTS as a means of licensure.

1917. The committee 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 committee accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.
- (b) Satisfactory performance on the state clinical examination, or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board **or any other clinical dental hygiene examination approved by the committee.**
- (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 committee.
- (e) Submission of a completed application form and all fees required by the committee.
- (f) Satisfactory completion of committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

Committee Action Requested

DHCC members will discuss and consider whether to accept CRDTS for hygiene licensure.



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.9

Discussion and Possible Action on Remedial Education
Regulation, *California Code of Regulations, Title 16,*
Division 11, §1108



MEMORANDUM

DATE	December 6, 2013
TO	DHCC Licensing and Examination Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	LIC 9 - Discussion and Possible Action on Remedial Education Regulation, <i>California Code of Regulations, Title 16, Division 11, §1108</i>

Background

In 2012, the Committee adopted language that was subsequently enacted into law, effective January 1, 2013, that requires an examinee for a registered dental hygienist license who either fails to pass the clinical examination after three attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient to complete remedial education before being eligible to retake the clinical examination.

Staff, educators and legal counsel formed a workgroup to create regulatory language for such courses that may also be used in certain disciplinary actions where the licensee lacks the necessary skills to practice safely.

Following is the language developed by the workgroup.

Committee Action Requested

- ☐ Discuss and take action to approve the proposed regulatory language and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

TITLE 16
California Code of Regulations
Professional and Vocational Regulations
Division 11
Dental Hygiene Committee of California

ARTICLE 3. EDUCATIONAL PROGRAMS

§1108. Remedial Education

(a) Approval of Remedial Education Course

The Committee shall approve only those educational courses for remedial education pursuant to section 1917.3 of the Code that continuously meet all course requirements. Each approved course shall be subject to review by the Committee at any time. Continuation of approval will be contingent upon compliance with these requirements.

(1) A remedial course shall offer instruction in the following skills:

- (A) Dental hygiene assessment and development, planning and implementation of an a dental hygiene care plan;**
- (B) Exploration and detection of calculus, and periodontal probing;**
- (C) Hand and sonic or ultrasonic instrumentation to remove plaque biofilm and calculus;**
- (D) Administration of local anesthesia, nitrous oxide oxygen analgesia and performance of soft tissue curettage;**
- (E) Appropriate use of materials and devices used in dental hygiene practice; and**
- (F) Process of developing, reviewing and documenting outcomes of treatment and interventions provided to patients.**
- (G) All laws and regulations pertaining to the practice of dental hygiene.**

(2) An applicant course provider shall submit an "Application for Approval of a Course in Remedial Education," DHCC RE-01(12/2013) hereby incorporated by reference, accompanied by the appropriate fee, for approval of a new course and shall receive approval prior to operation.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall consist of a combination of didactic, laboratory, and clinical instruction and provide a minimum of 50 hours of remedial education.

(5) Each approved course shall submit a biennial report "Report of a Course in Remedial Education" DHCC RE-3 (12/2013) hereby incorporated by reference.

(b) Requirements for Approval of Course in Remedial Education.

(1) Administration. In order to be approved, each course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

In order to be eligible for admission to the course, the course provider shall require course applicants to:

- (A) Provide evidence of failure to pass a clinical examination as set forth in section 1917.3 of the Code or provide a probationary order ordering the student to attend a remedial education course offered under this section;**
- (B) Provide evidence of current certification in Basic Life Support for health care providers as required by Title 16, Chapter 1, Article 4, Section 1016(C) of the California Code of Regulations (CCR); and**

- (C) Provide evidence of graduation from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee.
- (2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentist(s) shall:
 - (A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;
 - (B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses; and,
 - (C) Complete an educational methodology course within the last two (2) years; and
 - (D) Be calibrated in instruction and grading by the course provider.
- (3) Facilities and Equipment. Pre-clinical 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 of the following for use by the students:
 - (A) A lecture classroom, a patient clinic area, laboratory, and a radiology area.
 - (B) Access to equipment necessary to develop dental hygiene skills.
 - (C) Infection control equipment shall be provided as described in CCR Title 16, Division 11, Chapter 1, Article 1, Section 1005.
- (4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.
 - (A) All students 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 shall have access to the course's clinic and radiation hazardous communication plan.
 - (C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
- (5) Remedial Education. Remedial education shall be given in a dental hygiene program approved by the Committee. Each course shall provide students the clinical facilities, equipment, and resources necessary to accomplish remedial education as provided in this section.
- (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:
 - (A) Individual student records, including those necessary to establish satisfactory completion of the course.
 - (B) Copies of individual student remedial education plans.
 - (C) Copies of lab and clinical competency documents.
 - (D) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years.
 - (E) Copies of student course evaluations and a summation thereof.
- (7) Curriculum and Learning Resources.
 - (A) The organization of the curriculum for remedial education shall be flexible, creating opportunities for adjustments in instruction in the skills listed in subdivision (a)(1) of this section.
 - (B) Curriculum shall include methods to assess and evaluate students' skills in order to create an individualized plan for remedial education.
 - (C) A remedial education plan shall include learning outcomes, results of assessments of student skills to be remediated, methods of remediation, measures to evaluate didactic and clinical competency and criteria for completion.

- (D) Curriculum shall prepare the student to assess, plan, implement and evaluate procedures as provided in subdivision (a)(1) of this section to perform with competence and judgment.
- (E) Curriculum shall require adherence to infection control standards as provided Section 1005 of Title 16 of the California Code of Regulations.
- (F) Students 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 lab and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes.
- (G) Successful completion shall require students to achieve competency at a minimum of 75% in each of the skills to be remediated.

(c) Certificate of Completion. A course provider shall issue and provide the Committee with an original "Certification of Completion of Remedial Education Course," DHCC RE-02 (12/2013), hereby incorporated by reference, only after a student has successfully completed the requirements of his or her remedial education plan.

(d) Appeals.

- (1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) 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 ten 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 ten 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 Committee within 30 calendar 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 Committee 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 Committee before the date of the informal conference.

Note Authority cited: Sections 1905 and 1906 Business and Professions Code. Reference: Sections 1917.3 and 1944, Business and Professions Code.



Application for Approval of Course in Remedial Education

Business & Professions Code §1917.3 and §1944, 16 CCR §1104, and §1108.

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

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

Course Provider _____

Phone Number _____

Email Address _____

Name and Title of Course Director _____

Affiliated Dental Hygiene or Dental Program _____

Mailing Address of Course Provider* _____

City _____

State _____

Zip _____

*Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as your address of record.

Requirements for Course

A course 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. Course providers must inform the Committee of any changes to course content, faculty and physical facilities within 10 days.

1. Will the course offer remedial instruction in assessment and probing, exploration and detection of calculus, hand and sonic or ultrasonic instrumentation to remove plaque biofilm and calculus, administration of local anesthesia and nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage, appropriate use of materials and devices used within dental hygiene practice, process of developing, reviewing and documenting outcomes of treatment and interventions provided to patients? Include a copy of your curriculum.

☐ Yes

☐ No

2. Course Faculty Information

Name	License Type	License #	License Expiration	Date of Educational Methodology

Course director and clinical and preclinical faculty must possess a valid, active California license for at least two years. Attach copies of each license and proof of education in educational methodology for all faculty and faculty calibration plan.

3. Will there be a lecture classroom, patient clinic area and radiology area for use by students?

Attach a facility site map indicating each of these areas.

☐ Yes ☐ No

4. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list.

☐ Yes ☐ No

5. Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan? Attach a copy of both the hazardous waste management and hazardous communication plan.

☐ Yes ☐ No

6. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including the emergency needlestick information? Attach a copy as provided to students.

☐ Yes ☐ No

7. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical 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 Title 16, California Code of Regulations §1104, §1107 and §1108 and a copy be provided to students? Attach a copy of sample curriculum, including student evaluation mechanism.

☐ Yes ☐ No

8. Will the course's duration allow a student to develop competence in all necessary areas of instruction? Attach a sample course schedule.

☐ Yes ☐ No

9. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic and pre-clinical instruction and at least 3 hours of clinical instruction that includes a minimum of 3 (three) clinical experiences on three different patients of which only one may be on another student?

☐ Yes ☐ No

10. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic and pre-clinical and at least 15 hours of clinical instruction that includes a minimum of 2 preclinical experiences per injection, which may be on another student and 4 clinical experiences on four different patients of which only one may be on another student?

☐ Yes ☐ No

11. Will instruction in the administration of nitrous oxide-oxygen total at least 8 hours including at least 4 hours of didactic and pre-clinical instruction and 4 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients of which only one may be on another student?

☐ Yes ☐ No

12. Specify the total number of hours for all areas within the course that will be taught in the categories listed below:

Didactic	_____	Clinical	_____
Pre-clinical	_____		

13. Will continuing education (CE) be offered for this course? If yes, provide your California continuing education provider number below.

☐ Yes ☐ No

Recordkeeping

14. Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions and clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to Title 16, California Code of Regulations §1107 and §1108?

☐ Yes ☐ No

15. Will each student be issued a certificate of successful completion only after achievement of a minimum of 75% in each competency and has successfully completed the requirements of his or her remedial education plan?

☐ Yes ☐ No

Acknowledgement

16. Have you reviewed Business & Professions Code §1909 and Title 16, California Code of Regulations §1104, §1107 and §1108?

☐ Yes ☐ No

17. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and Title 16, California Code of Regulations § 1104, §1107 and §1108? 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 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 or designee

Date

Printed Name of Course Director or designee

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, 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.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

CERTIFICATION OF COMPLETION OF REMEDIAL EDUCATION COURSE

PLEASE TYPE OR PRINT

COURSE PARTICIPANT NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

()

()

DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) COURSE PROVIDER

DATES OF COURSE

ADDRESS (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.)

CITY

STATE

ZIP

PHONE

()

COURSE PROVIDER'S EMAIL ADDRESS (optional)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE COURSE PARTICIPANT ABOVE SUCCESSFULLY COMPLETED A DHCC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1128.

PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

STAMP OR SEAL OF
COURSE PROVIDER
OR INSTITUTION

SIGNATURE



Remedial Education Provider Biennial Report

Date:

COURSE PROVIDER	PROVIDER NO.
MAILING ADDRESS	PHONE NO.
NAME OF COURSE DIRECTOR	EMAIL ADDRESS
NAME OF COURSE	
DATES COURSE OFFERED	NUMBER OF HOURS
NUMBER OF ATTENDEES	NUMBER OF CERTIFICATES ISSUED
CHANGES IN COURSE SINCE THE LAST BIENNIAL REPORT, OR, IF THIS IS THE FIRST BIENNIAL REPORT, SINCE COURSE APPROVAL.	

IN COMPLETING THIS FORM, PLEASE CONSULT THE REGULATIONS GOVERNING REMEDIAL EDUCATION AT SECTION 1108 OF TITLE 16 OF THE California Code of Regulations.



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.10

Future Agenda Items



Friday, December 6, 2013

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 7.11

Adjournment



Friday, December 6, 2013

Dental Hygiene Committee of California Meeting

Agenda Item 8.0

Public Comment Prior to Adjournment



Friday, December 6, 2013

Dental Hygiene Committee of California Meeting

Agenda Item 8

Adjournment