

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

### **DHBC Public Teleconference Meeting Agenda**

**Saturday, March 20, 2021  
10:00 a.m. - Adjournment**

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public nor teleconference location is provided. Members of the public may observe or participate using the link below. Due to potential technical difficulties, please consider submitting written comments via email at least five business days prior to the meeting to [elizabeth.elias@dca.ca.gov](mailto:elizabeth.elias@dca.ca.gov) for consideration.

#### **Instructions for Meeting Participation**

The DHBC will conduct the meeting via WebEx computer program. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

For all those who wish to participate or observe the meeting, please log on to the website below. If the hyperlink does not work when clicked on, you may need to place the cursor on the hyperlink, then right click. When the popup window opens, click on Open Hyperlink to activate it and join the meeting.

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eb0716d963be6e91d284a8898eacaf6e9>

Event Number ID: 187 868 4103      Password: DHBC03202021

**Audio conference: US Toll Number: +1-415-655-0001  
Access code: 187 868 4103**

#### **Members of the Board**

President – Dr. Timothy Martinez  
Vice President – Nicolette Moultrie, RDH Member  
Secretary – Garry Shay, Public Member  
RDH Educator Member – Carmen Dones  
RDHAP Member – Noel Kelsch  
RDH Member – Evangeline Ward  
Public Member – Denise Davis  
Public Member – Susan Good  
Public Member – Erin Yee

**The DHBC welcomes and encourages public participation in its meetings.  
Please see public comment specifics in the agenda footnotes.**

**The DHBC may act on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice.**

## **Agenda**

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.  
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code Sections 11125 & 11125.7).]
3. President's Welcome and Report.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities.
5. Discussion and Possible Action to Approve the March 6, 2021 Full Board WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
  - a) COVID-19
  - b) Personnel
  - c) Budget
  - d) Administration
7. Report from the Dental Board of California (DBC) by DBC Representative on DBC Activities.
8. Discussion and Possible Action on Analysis from the DCA Office of Professional Examination Services (OPES) Regarding the Temporary Acceptance of Mannequin-based Dental Hygiene Clinical Examinations.
9. Discussion and Possible Action to Extend Expiration Date of Current Strategic Plan.
10. Discussion and Possible Action to Create a Taskforce to Research Alternative Pathways to Dental Hygiene Licensure.
11. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 CCR 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN).

**12. Discussion and Possible Action on Proposed Amended Regulatory Package**  
Language: 16 CCR 1123: Dental Hygiene Clinical Examinations; Passing Scores.

**13. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.**

**14. Discussion and Possible Action on the Following Legislation:**

a) DHBC 2021 Legislation Update.

1) Senate Bill (SB) 534 (Jones).

2) Revised Business and Professions Code section 1902.3: Special Permits.

b) Bills of Concern to the DHBC:

i. Assembly Bill (AB) 29 (Cooper): State bodies: meetings.

ii. AB 54 (Kiley): COVID-19 emergency order violation: license revocation.

iii. AB 107 (Salas): Licensure: veterans and military spouses.

iv. AB 339 (Lee): State and local government: open meetings.

v. AB 526 (Wood): Dentists: clinical laboratories: vaccines.

vi. AB 646 (Low): Department of Consumer Affairs: boards: expunged convictions.

vii. AB 657 (Bonita): State civil service system: personal services contracts: professionals.

viii. AB 733 (Chiu): Dental hygienists: registered dental hygienist in alternative practice.

ix. AB 858 (Jones-Sawyer): Employment: health information technology: clinical practice guidelines: worker rights.

x. AB 927 (Medina): Public postsecondary education: community colleges: statewide baccalaureate degree pilot program.

xi. Senate Bill (SB) 534 (Jones): Dental Hygienists.

xii. SB 772 (Ochoa Bogh): Professions and vocations: citations: minor violations.

c) 2021 Tentative Legislative Calendar.

**15. Education Update:**

a) Dental Hygiene Educational Program Site Visit Update

i. Cypress College

ii. Carrington College-San Jose

iii. Carrington College-Sacramento

iv. Shasta College

b) Dental Hygiene Educational Program Site Visit Schedule.

**16. Enforcement Update: Statistics Report.**

**17. Licensing, Continuing Education Audits and Examination Update: Statistical Reports.**

**18. Future Agenda Items.**

**<<Recess to Reconvene the Full Board for Closed Session>>**

**19. Closed Session – Full Board**

*The Board may meet in closed session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3). If there is no closed session at this meeting, it will be announced.*

**<<Return to Open Session>>**

**20. Adjournment.**

**Due to technological limitations, adjournment will not be broadcast via WebEx. Adjournment will immediately follow Closed Session, and there will be no other items of business discussed.**

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email [elizabeth.elias@dca.ca.gov](mailto:elizabeth.elias@dca.ca.gov) or send a written request to the DHBC at 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.



# HOW TO – Join – DCA WebEx Event

The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>

The screenshot shows a web browser window with the URL <https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>. The page header includes the California Department of Consumer Affairs logo and the text "Event Information: 3/26".

**Event status:** Started  
**Date and time:** Thursday, March 26, 2020 10:30 am Pacific Daylight Time (San Francisco, GMT-07:00) [Change time zone](#)  
**Duration:** 1 hour  
**Description:**

By joining this event, you are accepting the Cisco Webex [Terms of Service](#) and [Privacy Statement](#).

**Join Event Now**

To join this event, provide the following information.

**First name:**   
**Last name:**   
**Email address:**   
**Event password:**

[Join Now](#)  
[Join by browser](#) **NEW!**  
If you are the host, [start your event](#).

2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.  
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

# HOW TO – Join – DCA WebEx Event

The screenshot shows a web browser window with the URL [dca-ca.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=dca-ca&service=6&rnd=0.562003235914354&main\\_url=https%3A%2F%2Fdca-ca.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3F](https://dca-ca.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=dca-ca&service=6&rnd=0.562003235914354&main_url=https%3A%2F%2Fdca-ca.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3F). The page header includes the DCA logo and the text "California Department of Consumer Affairs".

**Event Information: 3/26**

**Event status:** Started  
**Date and time:** Thursday, March 26, 2020 10:30 am  
Pacific Daylight Time (San Francisco, GMT-07:00)  
[Change time zone](#)  
**Duration:** 1 hour  
**Description:**

By joining this event, you are accepting the Cisco Webex [Terms of Service](#) and [Privacy Statement](#).

**Join Event Now**

To join this event, provide the following information.

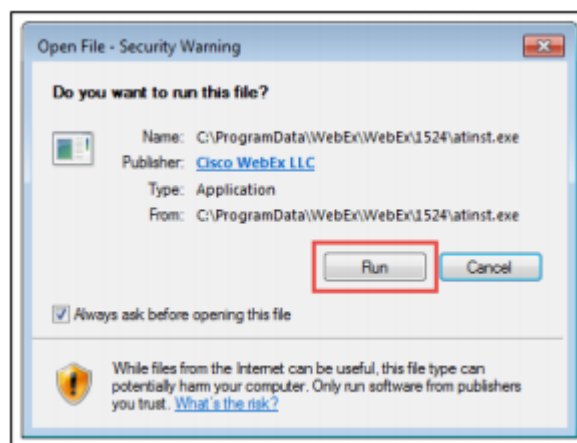
**First name:** Jason  
**Last name:** Piccione  
**Email address:** jason.piccione@dca.ca.gov  
**Event password:** \*\*\*\*\*

[Join Now](#)  
Join by browser **NEW!**  
If you are the host, [start your event](#)

3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

## Starting Webex...



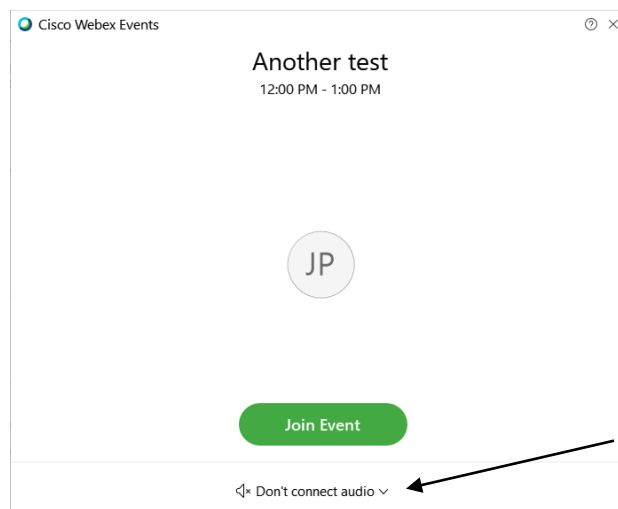
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

5. To bypass step 4, click 'Run a temporary application'.
6. A dialog box will appear at the bottom of the page, click 'Run'.



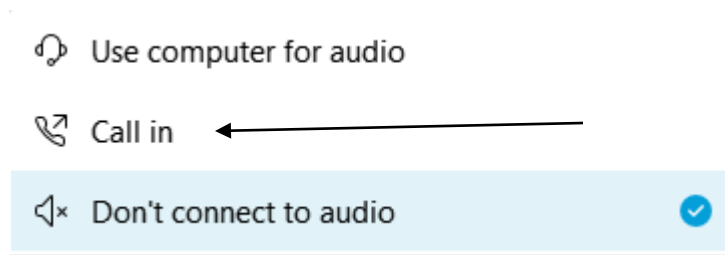
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

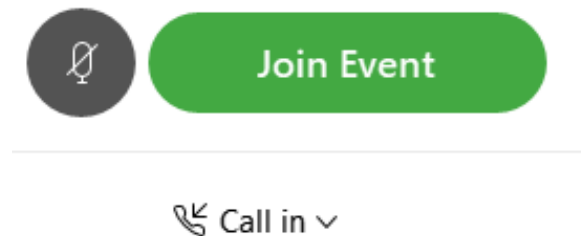


# HOW TO – Join – DCA WebEx Event

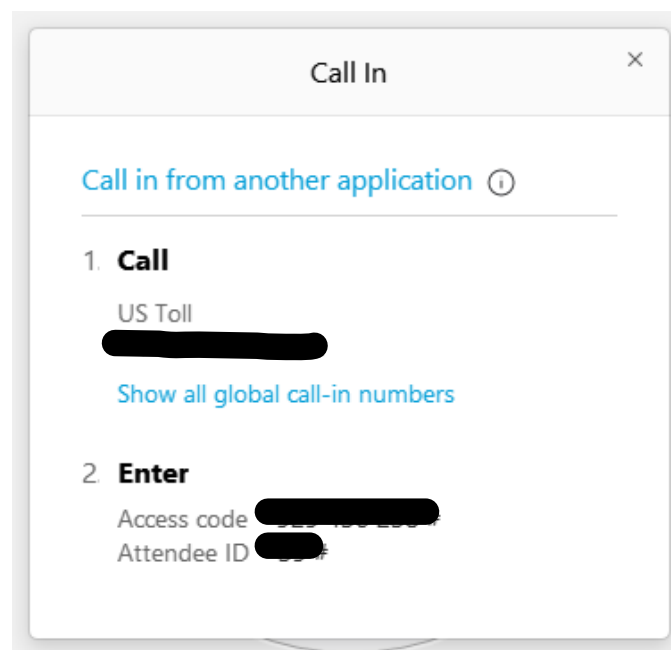
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.

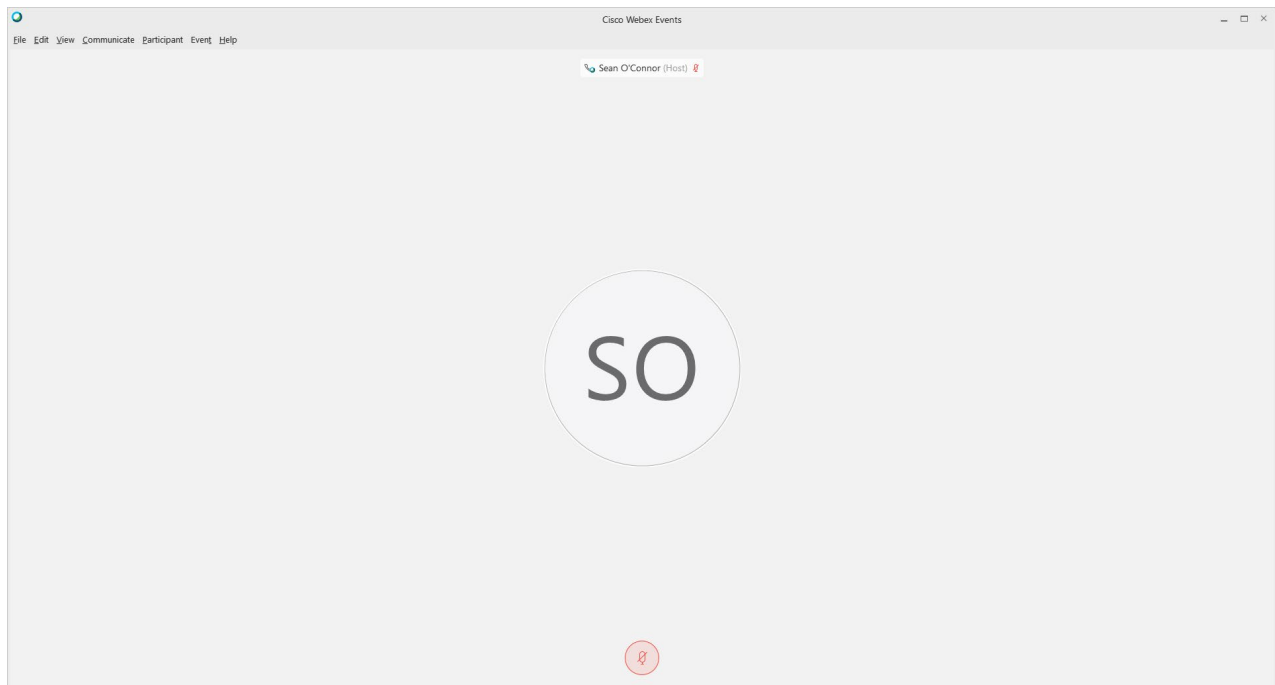


# HOW TO – Join – DCA WebEx Event

NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

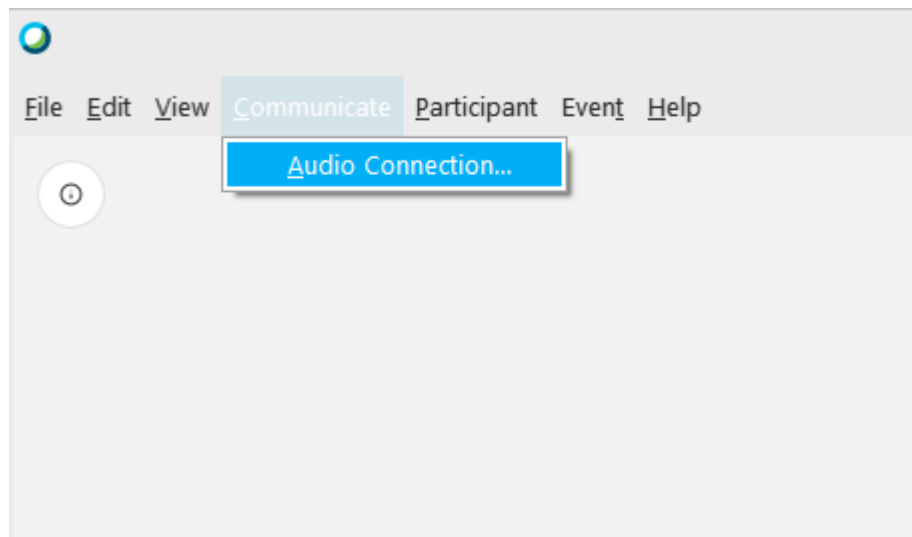


NOTE: Your audio line is muted and can only be unmuted by the event host.

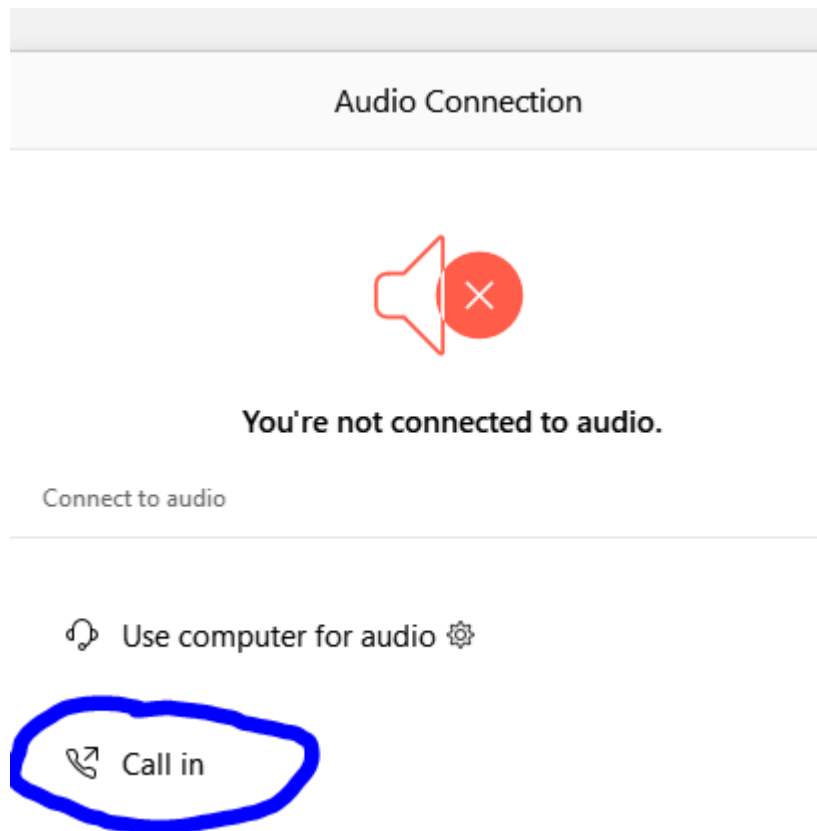
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.

# HOW TO – Join – DCA WebEx Event



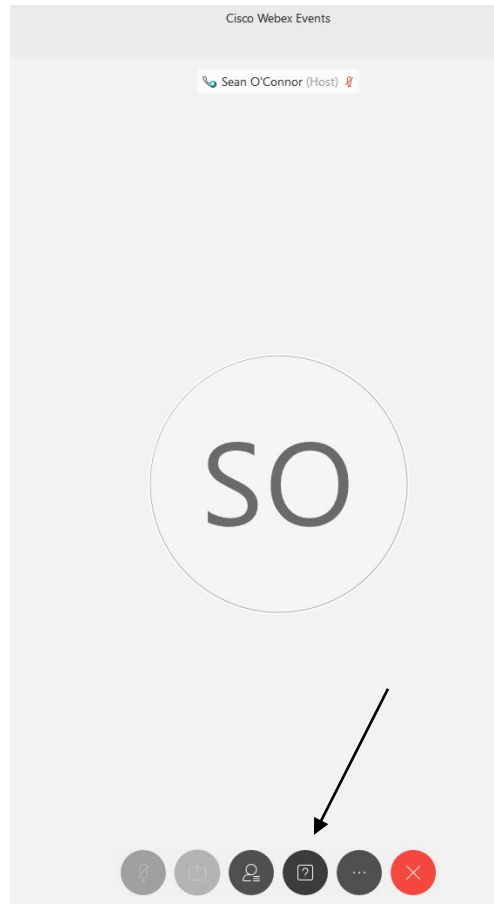
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.

## Participating During a Public Comment Period

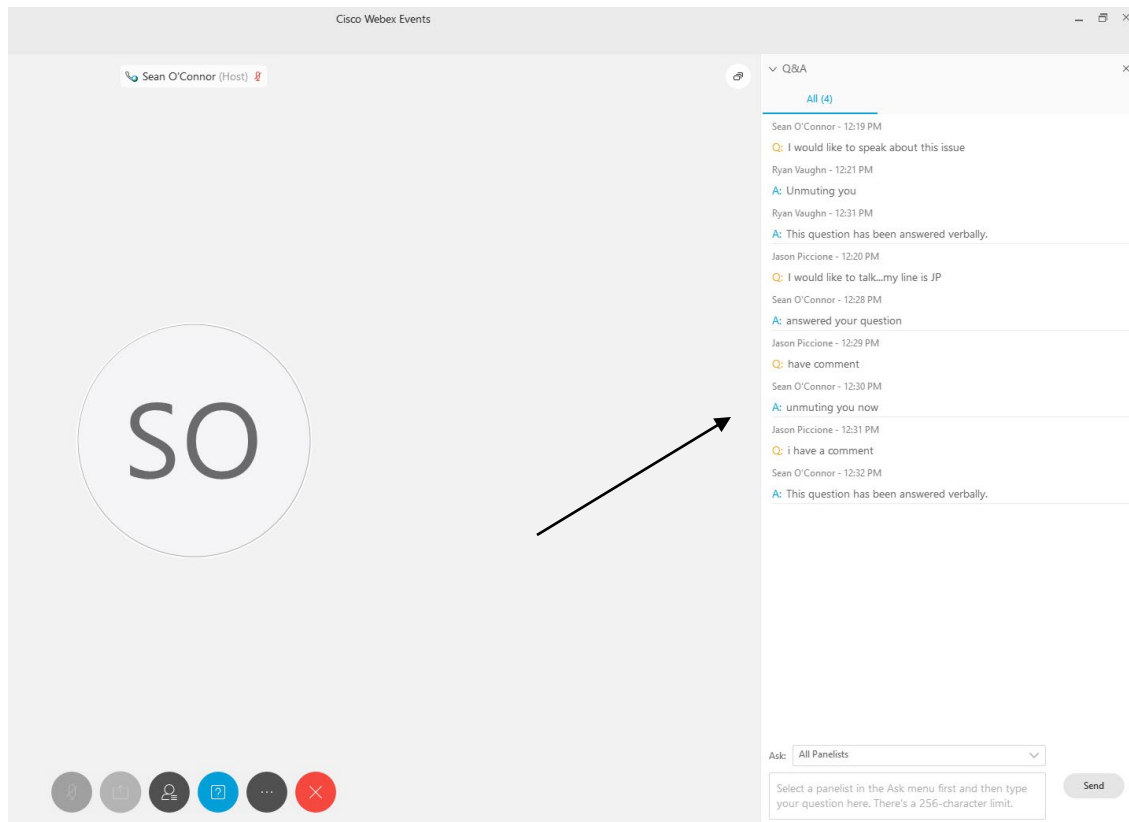
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.

# HOW TO – Join – DCA WebEx Event



To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.





| Member             | Present | Absent |
|--------------------|---------|--------|
| Denise Davis       |         |        |
| Carmen Dones       |         |        |
| Susan Good         |         |        |
| Noel Kelsch        |         |        |
| Timothy Martinez   |         |        |
| Nicolette Moultrie |         |        |
| Garry Shay         |         |        |
| Evangeline Ward    |         |        |
| Erin Yee           |         |        |

**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 1**

**Roll Call & Establishment of Quorum**

**Board Secretary to call the Roll.**



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 2**

**Public Comment for Items Not on the Agenda.**

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



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 3**

**President's Welcome.**

**A verbal report will be provided.**



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 4**

**Update from the Department of Consumer Affairs (DCA)  
Executive Staff on DCA Staffing and Activities.**

**A verbal report will be provided.**

## Dental Hygiene Board of California Teleconference Meeting Minutes

Saturday, March 6, 2021

**DRAFT**

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public nor teleconference location was provided.

Members of the public observed and participated by using the link that was provided in the agenda.

### **DHBC Members Present:**

Vice President – Nicolette Moultrie, Registered Dental Hygienist (RDH) Member  
Secretary – Garry Shay, Public Member  
RDH Educator Member – Dr. Carmen Dones  
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Noel Kelsch  
RDH Member – Evangeline Ward  
Public Member – Denise Davis  
Public Member – Susan Good  
Public Member – Erin Yee

### **DHBC Members Absent:**

President – Dr. Timothy Martinez, Public Health Dentist Member

### **DHBC Staff Present:**

Anthony Lum, Executive Officer  
Elizabeth Elias, Assistant Executive Officer  
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational, Legislative, and Regulatory Specialist  
William Maguire, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC

## **1. Roll Call and Establishment of a Quorum**

Ms. Nicolette Moultrie, Vice President of the Dental Hygiene Board of California (DHBC, Board), reviewed teleconference meeting guidelines and called the meeting to order at **10:13 a.m.** Secretary Garry Shay completed the roll call and a quorum was established with seven members present. Dr. Timothy Martinez was absent and excused.

## **2. Public Comment for Items Not on the Agenda.**

No Comments.

## **3. President's Report (Informational Only).**

Anthony Lum, Executive Officer (EO) presented Dr. Martinez's report in absentia. EO Lum welcomed new Public Board Member Erin Yee and presented time for Ms. Yee to address the Board and Public.

Additionally, EO Lum corrected an oversight from the November 20, 2020 meeting and presented time for Dr. Carmen Dones and Ms. Denise Davis to address the Board.

**Board member comment:** None

**Public comment:** None

**4. Discussion and Possible Action to Approve the November 21, 2020 Full Board WebEx Teleconference Meeting Minutes.**

**Motion:** Garry Shay moved to approve the amended November 21, 2020 Full Board WebEx Teleconference Meeting Minutes with the addition of “for the required courses” in between “provider” and “which” under “CE Audits” in the EO Report.

**Second:** Noel Kelsch.

**Member discussion:** Ms. Kelsch provided clarification in the EO report under “CE Audits” to add “for the required courses” in between “provider” and “which” on page six of the minutes.

**Public comment:** None.

**Vote: Motion to Approve the Amended November 21, 2020 Full Board WebEx Teleconference Meeting Minutes with the Addition of “for the required courses” in Between “provider” and “which” Under “CE Audits” in the EO Report. Passed 7:0:1.**

| Name               | Aye | Nay | Abstain/Absent |
|--------------------|-----|-----|----------------|
| Denise Davis       | X   |     |                |
| Carmen Dones       | X   |     |                |
| Susan Good         | X   |     |                |
| Noel Kelsch        | X   |     |                |
| Timothy Martinez   |     |     | X (Absent)     |
| Nicolette Moultrie | X   |     |                |
| Garry Shay         | X   |     |                |
| Evangeline Ward    | X   |     |                |
| Erin Yee           | X   |     |                |

## **5. Discussion and Possible Action of the Temporary Approval for Mannequin-Based Clinical Board Examination Requirements for Licensure.**

EO Lum reported that due to the COVID-19 pandemic and associated safety precautions implemented by Governor Newsom and multiple Federal, State, and Local public health agencies to deter the spread of the virus, registered dental hygienist clinical examination administrators suspended all current patient-based clinical examinations and rescheduled them to future dates. He stated that as a result, the dental hygiene class of 2020 were left with no options to complete the clinical examination requirement to apply towards obtaining a dental hygiene license.

Additionally, at the May 29, 2020 WebEx Teleconference Board meeting, the Board requested and authorized the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) to review all nonpatient-based clinical examinations presented to the Board as an alternative to the live, patient-based clinical examinations. The Western Regional Examination Board (WREB), the Central Regional Dental Testing Services (CRDTS), and the American Board of Dental Examiners, Inc. (ADEX) submitted clinical examination information and data for OPES's review.

EO Lum reported that at the August 29, 2020 Board meeting, OPES provided their analysis conclusion and recommendation at that time which was that the mannequin-based dental hygiene clinical examinations were not a viable substitute to the patient-based clinical exams. He stated that although OPES didn't recommend the mannequin-based clinical examinations as a viable alternative to the patient-based clinical exams, the Board voted to temporarily accept the mannequin-based alternative examinations as proposed by CRDTS and ADEX, and WREB, when available, in addition to the current patient-based clinical examinations if administered. The current temporary acceptance is in force from August 29, 2020 until March 31, 2021.

Furthermore, EO Lum reported that over the past two months, the Board has been contacted by several students, faculty, and dental hygiene educational programs to inquire whether the mannequin-based clinical examinations would continue to be accepted by the Board after the temporary March 31, 2021 deadline. Staff was informed that registration deadlines for exams were either coming up or had passed for examination administrations in April and May 2021. He stated that many students are registering for exams out of state so they can complete this licensure requirement in a timely manner and that many students are concerned that if the Board does not extend the acceptance of the mannequin-based exams, they will not only lose their exam registration deposits, but also be required to seek patients which is risky during the pandemic.

EO Lum reported that staff recommends for the Board to extend the deadline by five (5) months to accept mannequin-based alternative clinical examinations until August 31, 2021 to allow students the ability to register for and complete upcoming exams in the current environment with COVID. He stated that this will also allow more time to accumulate exam data for OPES to review and analyze and report to the Board with updated information.

**Motion:** Carmen Dones moved for the Board to accept staff's recommendation to extend the temporary approval of the mannequin-based dental hygiene clinical examinations as administered through CRDTS, WREB, and ADEX until August 31, 2021 due to the current environment and allow additional time to accumulate data for these alternative clinical examinations for analysis.

**Second:** Noel Kelsch.

**Member discussion:** Discussion took place regarding extending the temporary acceptance of the mannequin-based clinical board examination for licensure in California.

**Public comment:** Many public comments were received from dental hygiene students and faculty in support of the Board maintaining the approval of the alternative testing options to continue to move the RDH licensing process forward.

There was one comment from public member Cheryl Akagi that stated that the mannequin-based exam should be allowable only during the pandemic and stated that the mannequin exam is not the same as a patient-based exam.

**Vote: Motion for the Board to Accept Staff's Recommendation to Extend the Temporary Approval of the Mannequin-Based Dental Hygiene Clinical Examinations as Administered Through CRDTS, WREB, and ADEX Until August 31, 2021 Due to the Current COVID Environment and Allow Additional Time to Accumulate Data for These Alternative Clinical Examinations for Analysis. Passed 6:1:1.**

| Name               | Aye | Nay | Abstain    |
|--------------------|-----|-----|------------|
| Denise Davis       | X   |     |            |
| Carmen Dones       | X   |     |            |
| Susan Good         |     | X   |            |
| Noel Kelsch        | X   |     |            |
| Timothy Martinez   |     |     | X (Absent) |
| Nicolette Moultrie | X   |     |            |
| Garry Shay         | X   |     |            |
| Evangeline Ward    | X   |     |            |



**6. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1903: Board; Membership; Terms; Officers; Vacancies; Per Diem and Expenses.**

EO Lum reported that the Board's current status of appointed terms for board members is separated into two groups. One group of four member's terms expired at the end of 2019 unless reappointed, serve a grace year and then possible reappointment, or leave at the end of the term. Additionally, a second group of five member's terms expires at the end of 2022 unless they are reappointed, serve a final grace year, or leave prior to or at the end of the term. He stated that these situations are not assured and may not happen, and future planning based on the members serving their full maximum two, four-year terms is needed to ensure of maintaining a quorum to conduct business, especially the group of five members should they term out at the same time.

Furthermore, at the Board's August 29, 2020 meeting, EO Lum stated that Board staff presented draft language to further stagger the board terms; however, the Board requested staff to revise the proposed language and bring forth new language to be considered at a future Board meeting. He stated that the newly drafted statutory language presented today mimics what the Board completed in 2012 when it initially staggered the original nine board members into two existing groups consisting of five and four Board members respectively.

EO Lum reported that staff recommends for the Board to consider and approve the proposed draft statutory language as presented in the meeting materials to further stagger the member terms and group them into three groups of three members each so that no more than three of them term out at one time and once approved, direct staff to complete the proposed statutory language and seek sponsored legislation for 2021.

**Motion:** Noel Kelsch moved for the Board to approve the proposed amended statutory language, including removing the comma after "member" and before "other" in subdivision (b)(2), for BPC section 1903 and direct staff to seek sponsored legislation for 2021.

**Second:** Carmen Dones.

**Member discussion:** Discussion took place regarding proposed statutory language amendments to BPC Section 1903.

**Public comment:** None.

**Vote: Motion for the Board to Approve the Proposed Amended Statutory Language, Including Removing the Comma After "member" and Before "other" in Subdivision (b)(2), for BPC Section 1903 and Direct Staff to Seek Sponsored Legislation for 2021. Passed 7:0:1.**

| Name               | Aye | Nay | Abstain    |
|--------------------|-----|-----|------------|
| Denise Davis       | X   |     |            |
| Carmen Dones       | X   |     |            |
| Susan Good         | X   |     |            |
| Noel Kelsch        | X   |     |            |
| Timothy Martinez   |     |     | X (Absent) |
| Nicolette Moultrie | X   |     |            |
| Garry Shay         | X   |     |            |
| Evangeline Ward    | X   |     |            |

## 7. Future Agenda Items.

1. Add a discussion/action item for a task force to explore alternative testing methods for RDH licensure to the March 20, 2021 meeting agenda (Noel Kelsch.)
2. Research ability to enact statute prohibiting incentivizing patients during live clinical RDH board exams (Susan Good.)
3. Future testing options research if pandemic continues (Evangeline Ward.)
4. ITR requirements for students (Public comment: Cindy Fleckner.)

## 8. Closed Session

No closed session held for this meeting.

## 9. Adjournment

Meeting was adjourned at **12:31 p.m.**



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 6**

**Executive Officer's Report on the Following:**

- a) COVID-19**
- b) Personnel**
- c) Budget**
- d) Administration**

**A verbal report will be provided.**

**DENTAL HYGIENE BOARD - FUND 3140  
BUDGET REPORT  
FY 2020-21 EXPENDITURE PROJECTIONS**

**FM 6**

|   | FY 2017-18   | FY 2018-19   | FY 2019-20   | FY 2020-21 | FY 2020-21   | FY 2020-21 | FY 2020-21  | FY 2020-21   |
|---|--------------|--------------|--------------|------------|--------------|------------|-------------|--------------|
|   | ACTUAL       | ACTUAL       | ACTUAL       | CY         | CURRENT YEAR | PERCENT    | PROJECTIONS | UNENCUMBERED |
| OBJECT DESCRIPTION                            | EXPENDITURES | EXPENDITURES | EXPENDITURES | REVISED    | EXPENDITURES | SPENT      | TO YEAR END | BALANCE      |
|   | (FM 13)      | (FM 13)      | (FM 13)      | BUDGET     | (FM 6)       |            |             |              |
| <b>PERSONNEL SERVICES</b>                     |              |              |              |            |              |            |             |              |
| Salary & Wages (Staff)                        | 374,780      | 382,016      | 524,594      | 673,000    | 281,942      | 42%        | 560,871     | 112,129      |
| Statutory Exempt (EO)                         | 89,052       | 92,616       | 96,688       | 82,000     | 46,759       | 57%        | 92,221      | (10,221)     |
| Temp Help Reg (907)                           | 2,056        | 28,965       | 0            | 57,000     | 0            | 0%         | 0           | 57,000       |
| Committee Spc 904, 931, 961 Special Per Diem  | 4,100        | 4,800        | 2,600        | 24,000     | 1,500        | 6%         | 3,800       | 20,200       |
| Overtime                                      | 1,162        | 62           | 9,768        | 0          | 0            | -          | 2,000       | (2,000)      |
| Staff Benefits                                | 229,317      | 229,064      | 331,453      | 422,000    | 173,767      | 41%        | 360,856     | 61,144       |
| <b>TOTALS, PERSONNEL SVC</b>                  | 700,466      | 737,523      | 965,103      | 1,260,000  | 503,968      | 40%        | 1,019,748   | 240,252      |
| <b>OPERATING EXPENSE AND EQUIPMENT</b>        |              |              |              |            |              |            |             |              |
| General Expense                               | 5,132        | 9,436        | 16,933       | 25,000     | 2,452        | 10%        | 17,000      | 8,000        |
| Fingerprint Reports                           | 0            | 239          | 1,159        | 3,000      | 351          | 12%        | 1,200       | 1,800        |
| Printing                                      | 20,610       | 22,864       | 26,907       | 13,000     | 32,414       | 249%       | 32,414      | (19,414)     |
| Communication                                 | 3,003        | 3,648        | 3,593        | 9,000      | 1,650        | 18%        | 3,400       | 5,600        |
| Postage                                       | 3,332        | 3,406        | 57           | 18,000     | 0            | 0%         | 2,500       | 15,500       |
| Insurance                                     | 21           | 3,553        | 28           | 0          | 0            | -          | 1,000       | (1,000)      |
| Travel In State                               | 21,176       | 10,672       | 18,980       | 14,000     | 87           | 1%         | 2,000       | 12,000       |
| Training                                      | 0            | 0            | 2,587        | 5,000      | 0            | 0%         | 2,600       | 2,400        |
| Facilities Operations                         | 59,526       | 56,763       | 58,741       | 157,000    | 27,021       | 17%        | 60,000      | 97,000       |
| C & P Services - Interdept.                   | 0            | 43           | 46           | 24,000     | 0            | 0%         | 50          | 23,950       |
| C & P Services - External                     | 37,946       | 32,294       | 66,256       | 241,000    | 27,232       | 11%        | 67,000      | 174,000      |
| <b>DEPARTMENTAL SERVICES:</b>                 |              |              |              |            |              |            |             |              |
| Interagency Services                          | 0            | 911          | 777          | 30,000     | 11           | 0%         | 1,000       | 29,000       |
| Interagency Services w/ OPES                  | 5,372        | 0            | 43,366       | 0          | 27,992       | -          | 66,626      | (66,626)     |
| Division of Investigation - Internal          | 3,286        | 3,286        | 4,190        | 6,000      | 4,500        | 75%        | 6,000       | 0            |
| Department Pro Rata                           | 485,350      | 485,350      | 484,882      | 469,000    | 363,750      | 78%        | 469,000     | 0            |
| <b>INTERAGENCY SERVICES:</b>                  |              |              |              |            |              |            |             |              |
| Consolidated Data Center                      | 2,183        | 1,165        | 3,101        | 4,000      | 0            | 0%         | 3,000       | 1,000        |
| Information Technology                        | 304          | 708          | 40           | 3,000      | 0            | 0%         | 1,000       | 2,000        |
| <b>ENFORCEMENT:</b>                           |              |              |              |            |              |            |             |              |
| Attorney General                              | 77,437       | 55,816       | 273,083      | 47,000     | 115,504      | 246%       | 198,007     | (151,007)    |
| Office Admin. Hearings                        | 5,645        | 660          | 30,475       | 3,000      | 36,580       | 1219%      | 73,160      | (70,160)     |
| Court Reporters                               | 400          | 500          | 9,545        | 0          | 6,391        | -          | 10,000      | (10,000)     |
| Evidence/Witness Fees                         | 0            | 0            | 6,375        | 0          | 800          | -          | 6,500       | (6,500)      |
| Equipment                                     | 1,796        | 17,197       | 11,717       | 14,000     | 298          | 2%         | 14,000      | 0            |
| <b>TOTALS, OE&amp;E</b>                       | 732,519      | 708,511      | 1,062,838    | 1,094,000  | 647,033      | 59%        | 1,037,457   | 56,543       |
| <b>TOTAL EXPENSE</b>                          | 1,432,985    | 1,446,034    | 2,027,941    | 2,354,000  | 1,151,001    | 49%        | 2,057,204   | 296,796      |
| Sched. Reimb. - Fingerprints                  | 0            | 0            | (294)        | (6,000)    | 0            | 0%         | (6,000)     | 0            |
| Sched. Reimb. - External/Private/Grant        | (1,175)      | (1,273)      | 0            | 0          | 0            | -          | 0           | 0            |
| Unsched. Reimb. - Probation Monitoring Fee    | (16,670)     | (20,862)     | (17,025)     | 0          | (5,715)      | -          | 0           | 0            |
| Unsched. Reimb. - Investigative Cost Recovery | (8,376)      | (10,275)     | (11,907)     | 0          | (2,089)      | -          | 0           | 0            |
| <b>NET APPROPRIATION</b>                      | 1,406,764    | 1,413,624    | 1,998,715    | 2,348,000  | 1,143,197    | 49%        | 2,051,204   | 296,796      |
| <b>SURPLUS/(DEFICIT):</b>                     |              |              |              |            |              |            |             | <b>12.6%</b> |

**3140 - Dental Hygiene Board of California**  
**(Dollars in Thousands) 2021-22 Governor's Budget**  
**with CY FM 6 Projections**

|  | <b>Actual<br/>2019-20</b> | <b>CY<br/>2020-21</b> | <b>BY<br/>2021-22</b> | <b>BY+1<br/>2022-23</b> |
|--|---------------------------|-----------------------|-----------------------|-------------------------|
| <b>BEGINNING BALANCE</b>   | \$2,572                   | \$2,236               | \$1,862               | \$1,111                 |
| Prior Year Adjustment  | -\$64                     | \$0                   | \$0                   | \$0                     |
| Adjusted Beginning Balance   | \$2,508                   | \$2,236               | \$1,862               | \$1,111                 |
| <b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                             |                           |                       |                       |                         |
| Revenues   |                           |                       |                       |                         |
| 4129200 - Other regulatory fees  | \$14                      | \$18                  | \$16                  | \$16                    |
| 4129400 - Other regulatory licenses and permits                              | \$119                     | \$185                 | \$188                 | \$188                   |
| 4127400 - Renewal fees   | \$1,619                   | \$1,650               | \$1,601               | \$1,601                 |
| 4121200 - Delinquent fees  | \$36                      | \$39                  | \$28                  | \$28                    |
| 4143500 - Miscellaneous services to the public                               | \$1                       | \$0                   | \$0                   | \$0                     |
| 4163000 - Income from surplus money investments                              | \$50                      | \$40                  | \$50                  | \$50                    |
| 4140000 - Sales of documents   | \$1                       | \$0                   | \$0                   | \$0                     |
| 4172500 - Miscellaneous revenue  | \$16                      | \$20                  | \$25                  | \$25                    |
| <b>Totals, Revenues</b>  | <b>\$1,856</b>            | <b>\$1,952</b>        | <b>\$1,908</b>        | <b>\$1,908</b>          |
| General Fund Transfers and Other Adjustments                                 |                           |                       |                       |                         |
| Loan to General Fund (0001) per Control Section 3.92, per Budget Act of 2020 | \$0                       | -\$133                | \$0                   | \$0                     |
| <b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                     | <b>\$1,856</b>            | <b>\$1,819</b>        | <b>\$1,908</b>        | <b>\$1,908</b>          |
| <b>TOTAL RESOURCES</b>   | <b>\$4,364</b>            | <b>\$4,055</b>        | <b>\$3,770</b>        | <b>\$3,019</b>          |
| <b>EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>                              | <b>Actual<br/>2019-20</b> | <b>CY<br/>2020-21</b> | <b>BY<br/>2021-22</b> | <b>BY+1<br/>2022-23</b> |
| Expenditures:  |                           |                       |                       |                         |
| 1111 Program Expenditures (State Operations)                                 | \$1,964                   | \$2,051               | \$2,470               | \$2,544                 |
| 9892 Supplemental Pension Payments (State Operations)                        | \$34                      | \$34                  | \$34                  | \$34                    |
| 9900 Statewide Pro Rata  | \$130                     | \$108                 | \$155                 | \$155                   |
| <b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>                      | <b>\$2,128</b>            | <b>\$2,193</b>        | <b>\$2,659</b>        | <b>\$2,733</b>          |
| <b>FUND BALANCE</b>  |                           |                       |                       |                         |
| Reserve for economic uncertainties   | <b>\$2,236</b>            | <b>\$1,862</b>        | <b>\$1,111</b>        | <b>\$286</b>            |
| Months in Reserve  | <b>12.2</b>               | <b>8.4</b>            | <b>4.9</b>            | <b>1.2</b>              |
| <b>(Structural Imbalance bet Revenue and Expenditures)</b>                   | <b>-\$272</b>             | <b>-\$241</b>         | <b>-\$751</b>         | <b>-\$825</b>           |

**NOTES:**

Assumes workload and revenue projections are realized in CY, BY, and ongoing.  
Expenditure growth projected at 3% beginning BY +1.  
CY revenues and 1111 program expenditures are projections through FM 6.



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 7**

**Report from the Dental Board of California (DBC) by DBC  
Representative on DBC Activities**

**A verbal report will be provided.**

## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | March 20, 2021  |
| <b>TO</b>      | Dental Hygiene Board of California  |
| <b>FROM</b>    | Anthony Lum<br>Executive Officer  |
| <b>SUBJECT</b> | <b>FULL 8: Discussion and Possible Action on Analysis from the DCA Office of Professional Examination Services (OPES) Regarding the Temporary Acceptance of Mannequin-based Dental Hygiene Clinical Examinations.</b> |

## BACKGROUND

Due to the COVID-19 pandemic and associated safety precautions implemented by Governor Newsom and multiple Federal, State, and Local public health agencies to deter the spread of the virus in 2020, registered dental hygienist clinical examination administrators suspended all current patient-based clinical examinations and rescheduled them to future dates. As a result, the dental hygiene class of 2020 were left with no options to complete the clinical examination requirement to apply to obtain a dental hygiene license. At the May 29, 2020 WebEx Teleconference Board meeting, the Board requested and authorized the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) to review all nonpatient-based clinical examinations presented to the Board as an alternative to the live, patient-based clinical examinations. The Western Regional Examination Board (WREB), the Central Regional Dental Testing Services (CRDTS), and the American Board of Dental Examiners, Inc. (ADEX) submitted clinical examination information and data for OPES's review.

At the August 29, 2020 WebEx Teleconference Board meeting and upon conclusion of the review of these alternative examinations, OPES opined that the non-patient-based alternative exams were not a viable option to replace the live, patient-based clinical examinations at that time. Despite OPES's recommendation and due to the class of 2020's predicament, the Board moved to temporarily accept the mannequin-based alternative licensure examinations administered by CRDTS, ADEX, and WREB, when available, in addition to the current patient-based clinical examinations to apply toward Board licensure requirements. The temporary acceptance of these alternative examinations is from August 29, 2020 until March 31, 2021, unless extended.

The original plan was to have a report ready for the Board at the November 21, 2020 WebEx Teleconference Board meeting, but with only two and a half months of exam administrations, there wasn't enough data to report and additional time was needed to provide the Board ample statistics. OPES submitted a memo to the Board that affirmed the lack of statistical data at the time and maintained their original position from the August 29, 2020 Board meeting that the mannequin-based clinical exam is a non-viable

alternative to the patient-based clinical examinations in measuring the skills required for competent dental hygiene practice. The issue was deferred for presentation until the March 20, 2021 Board meeting. Since the November 2020 meeting, staff has been working to request additional mannequin-based data from CRDTS, ADEX, and WREB for OPES to conduct an analysis of the exams.

OPES has obtained additional information from the clinical exam administrators and will provide a presentation and exam analysis for the Board. Because the Board has already extended the temporary acceptance of the alternative mannequin-based clinical exams until August 31, 2021 at the March 6, 2021 meeting, please consider the information and analysis presented for any future decisions on the alternative examinations.





## REVIEW OF THE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS NATIONAL BOARD DENTAL HYGIENE EXAMINATION



DENTAL HYGIENE BOARD OF CALIFORNIA

REVIEW OF THE JOINT COMMISSION ON  
NATIONAL DENTAL EXAMINATIONS NATIONAL  
BOARD DENTAL HYGIENE EXAMINATION



February 2021

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Heidi Lincer, Ph.D., Chief





## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in California licensure comply with psychometric and legal standards. To become a licensed dental hygienist in California, a candidate must have the requisite education and experience and pass three examinations:

1. The National Board Dental Hygiene Examination (NBDHE)
2. The Western Regional Examining Board (WREB) Dental Hygiene Examination or the Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination
3. The California Registered Dental Hygienist Law and Ethics Examination

The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of its examination program. This report is a review of the NBDHE, which is developed by the Joint Commission on National Dental Examinations (JCNDE). OPES performed this review in order to evaluate the suitability of the NBDHE for continued use in California licensure of dental hygienists.

The JCNDE is an independent agency associated with the American Dental Association (ADA). JCNDE develops and administers the NBDHE, a national examination that measures knowledge related to the competencies required for safe, entry-level dental hygiene practice. This examination is required by all dental hygiene licensing agencies in the United States.

OPES, in collaboration with the Board, received and reviewed a report provided by JCNDE that included information regarding an occupational analysis (OA) conducted in 2014–2016. In addition, OPES also reviewed other reports and documents provided by JCNDE regarding practices and procedures used to develop and validate the NBDHE. OPES performed a comprehensive evaluation of the documents to determine whether the following NBDHE components met professional guidelines and technical standards: (a) OA, (b) examination development, (c) passing scores and passing rates, (d) test administration, (e) examination scoring and performance, and (f) test security procedures. Follow-up emails were also exchanged with JCNDE representatives to clarify processes.

OPES found that the procedures used to establish and support the validity and defensibility of the components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions (B&P) Code § 139. However, to fully comply with B&P Code § 139 and related policy, OPES 20-01, OPES recommends phasing out the service of board members and educators in examination development processes.

In addition to reviewing documents provided by JCNDE, OPES convened a workshop of California registered dental hygienists in May 2020. The dental hygienists served as subject matter experts (SMEs) to review the content of the NBDHE. The SMEs were selected to represent the profession in terms of geographic location and experience. The purpose of the

review was to compare the content of the NBDHE test specifications with the California registered dental hygienist description of practice that resulted from the OPES 2019 California OA of the Registered Dental Hygienist Profession (California RDH OA, 2019). During this workshop, the SMEs compared the task and knowledge statements from the California description of practice to the examination content of the NBDHE. The linkage study was performed to identify whether there were areas of California dental hygiene practice that are not measured by the NBDHE.

The results of the linkage study indicated that competencies associated with all practice areas included in the California registered dental hygienist description of practice were adequately linked to the content of the NBDHE, except California laws, regulations, and ethics. The SMEs indicated that California laws, regulations, and ethics should continue to be measured by the California-specific Registered Dental Hygienist Law and Ethics Examination.

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in California licensure comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensure examination has the requisite knowledge and skills to competently and safely practice in the profession.

The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Board Dental Hygiene Examination (NBDHE) developed by the Joint Commission on National Dental Examinations (JCNDHE). The NBDHE is a multiple-choice examination that measures a candidate's knowledge of essential competencies associated with dental hygiene practice.

The OPES review had three purposes:

1. To evaluate the suitability of the NBDHE for continued use in California.
2. To determine whether the NBDHE meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*<sup>1</sup>) and in California Business and Professions (B&P) Code § 139.
3. To identify any areas of California registered dental hygiene practice that the NBDHE does not assess.

In relation to the *Standards*, evaluating the acceptability of an examination does not involve determining whether the examination satisfies each individual standard interpreted literally. The importance of each standard varies according to circumstances. Page 7 of the *Standards* states:

Individual standards should not be considered in isolation. Therefore, evaluating acceptability depends on (a) professional judgment that is based on a knowledge of behavioral science, psychometrics, and the relevant standards in the professional field to which the test applies; (b) the degree to which the intent of the standard has been satisfied by the test developer and user; (c) the alternative measurement devices that are readily available; (d) research and experiential evidence regarding the feasibility of meeting the standard; and (e) applicable laws and regulations.

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<sup>1</sup> See Chapter 10 for the complete reference to the *Standards*.



OPES, in collaboration with the Board, requested documentation from JCNDE to determine whether the following NBDHE program components met professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139: (a) occupational analysis (OA),<sup>2</sup> (b) examination development, (c) passing scores and passing rates,<sup>3</sup> (d) test administration, (e) examination scoring and performance, and (f) test security procedures.

## CALIFORNIA LAW AND POLICY

Section 139 (a) of the California B&P Code states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA Licensure Examination Validation Policy OPES 18-02 (OPES 18-02) specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

## FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to psychometric aspects of the NBDHE and describe the findings and recommendations that OPES identified during its review.

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<sup>2</sup> An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

<sup>3</sup> A passing score is also known as a pass point or cut score.

## CHAPTER 2 | OCCUPATIONAL ANALYSIS

### STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the *Standards*:

#### **Standard 11.13**

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181-182).

The comment following Standard 11.13 emphasizes its relevance:

**Comment:** Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice (p. 182).

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (i.e., protecting the public) should not be included (p. 182).

California B&P Code § 139 requires that each California licensing board, bureau, commission, and program report annually on the frequency of its occupational analysis and the validation and development of its examinations. OPES 18-02 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or law and regulations governing the profession (p. 4).

## FINDINGS

In 2014–2016, JCNDE conducted an OA of the dental hygiene profession. This OA was conducted at the national level, and the results were documented in the Dental Hygiene Practice Analysis and Revision of the NBDHE (JCNDE OA, 2016). Additional information regarding this study was obtained through other technical reports and documentation provided by JCNDE, from JCNDE's website, and through email communication with JCNDE representatives.

### Occupational Analysis – Methodology and Time Frame

The purpose of the OA was to help establish evidence of validity to support the use of the NBDHE by state boards in determining the qualifications of candidates seeking licensure to practice dental hygiene (JCNDE OA, 2016). The methodology used to conduct the OA study was an online survey. The survey described the competencies performed by registered dental hygienists, which had been developed and reviewed by the JCNDE and stakeholders in the dental community. The final survey was sent to 43,743 dental hygienists whose information was obtained from the JCNDE's NBDHE administration application files. The survey recipients had been licensed between 2006 and 2015 (JCNDE OA, 2016). In addition, members of the American Dental Hygienists' Association (ADHA) were invited to complete the survey.

Finding 1: The OA began in 2014 and was completed in 2016. The OA was conducted within a time frame considered to be current and legally defensible.

Finding 2: JCNDE attempts to conduct an OA every 5 years. This interval complies with the DCA policy established under B&P Code § 139, which specifies that, generally, an OA should be conducted every 5 years.

### Occupational Analysis – Development of Survey and Sampling Plan

In 2014, the JCNDE initiated an OA of the dental hygiene profession. This OA was conducted at the national level and focused on identifying the competencies required for practice in a majority of states, according to the NBDHE 2020 Candidate Guide.

JCNDE began by reviewing several sources of information regarding the competencies required for dental hygiene practice. These sources included:

1. 56 competencies included on an OA previously conducted by JCNDE in 2009.
2. American Dental Education Association (ADEA) Competencies for Entry into the Profession of Dental Hygiene (ADEA Competencies, 2010).
3. The Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Hygiene Education Programs (CODA Standards, 2012).
4. The ADHA's Standards for Clinical Dental Hygiene Practice (ADHA Standards, 2016).

From these sources, JCNDE consolidated similar competencies and standards into a list of 43 proposed competencies thought to underly dental hygiene practice (JCNDE OA, 2016).<sup>4</sup> These 43 consolidated competencies were incorporated into a preliminary survey that was administered to stakeholders in the dental community: the 2014 NBDHE Competency Survey. These stakeholders were asked to provide feedback regarding the relevance and comprehensiveness of the competencies for dental hygiene practice. In addition, this survey also asked stakeholders to review 17 additional statements that represented skills or activities performed by dental hygienists, and their relationship to the proposed 43 competencies.

In 2015, JCNDE's Committee on Research and Development requested JCNDE staff to group the competencies into one of three clinical component sections or a mixed clinical component section. The grouping was documented in the JCNDE Dental Hygiene Competencies Crosswalk (JCNDE Crosswalk, 2015) and in the 2016 JCNDE OA.

The JCNDE Committee on Dental Hygiene—comprising four joint commissioners, three dental hygienists, and a student representative—then reviewed the competencies and clinical components for redundancy and for adequacy in measuring minimum competence for practice. The resulting list was then also reviewed by representatives from the ADHA. As a result of these reviews, a final list of 30 competency content areas was organized into three clinical component sections: (1) Diagnosis and Treatment Planning, (2) Oral Health Management, and (3) Practice and Profession.

A second preliminary survey comprising this final list of 30 competency content areas within the three clinical component sections was then administered to 6,000 stakeholders in the dental community. This survey was titled the NBDHE Clinical Content Area Survey (NBDHE Content Area Survey, 2015). The purpose of the survey was to confirm that the competency content areas were comprehensive and relevant to current dental hygiene practice and to determine the final set of clinical content areas that would be incorporated into the OA survey.

The 30 competency content areas were then used to develop the final 2016 NBDHE Practice Analysis Survey (JCNDE OA, 2016). The final survey included two sections and was administered to dental hygienists located predominantly in the United States. The first section of the survey comprised demographic questions designed to gather information about the survey respondents and their practice setting. The second section of the survey comprised the 30 competency content areas that were distributed across the three clinical component sections related to dental hygiene practice. In this section, respondents were asked to rate each competency content area on two rating scales: frequency of use in patient care, and importance to patient care. After completing the second section of the survey, respondents were invited to make comments or suggestions.

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<sup>4</sup> The resulting language of the proposed competency statements predominantly reflects the ADEA Competencies.

In rating the frequency of the competency content areas, respondents were asked to consider their work over the past 12 months and to rate how frequently they performed each competency. The response options for this scale included: More than 5 times per day, 3–5 times per day, 1–2 times per day, 1–4 times per week, Less than once per week, Never, and Not applicable (JCND E OA, 2016).

In rating the importance of the competency content areas, respondents were asked to consider the risk of adverse consequences for the patient if the competency area was neglected. They were then asked to rate each competency area on how important it is to patient care. The responses for this scale included: Extremely important, Very important, Important, Somewhat important, Not important, and Not applicable (JCND E communication, 2020).

Finding 3: During the development phase, two preliminary surveys were administered to stakeholders for input: the 2014 NBDHE Competency Survey and the 2015 NBDHE Content Area Survey. Of the 137 stakeholders who responded to the first preliminary survey to confirm the relevance and comprehensiveness of competencies, 127 indicated they were dental hygiene program directors or faculty (NBDHE Competency Survey, 2014). Other stakeholders who responded included current and former NBDHE Test Construction Committee members, and the president of a dental hygiene association. Six respondents indicated they were dental hygiene practitioners. Half of the stakeholder respondents indicated they did not spend any hours per week practicing as a dental hygienist. The majority of respondents had been licensed more than 20 years; none had been licensed less than 10 years (NBDHE Competency Survey, 2014). Three stakeholders were from California.

Of the 203 stakeholders who responded to the 2015 NBDHE Content Area Survey, 170 indicated they were practicing dentists (NBDHE Content Area Survey, 2015). It appears that the intended recipients of this survey were dentists; however, nine responses were received from dental hygienists. Nine of these stakeholders were from California.

Finding 4: The predominant stakeholders involved in the 2014 NBDHE Competency Survey were program directors or faculty, approximately half of whom had been licensed more than 20 years. The procedures used by JCND E to develop the OA survey generally comply with professional guidelines and technical standards; however, the input of newly-licensed practitioners should be included to ensure that knowledge and skills are appropriately defined for entry-level practice.

## Occupational Analysis – Sampling Plan and Response Rate

As indicated above, the sampling plan for the OA study included a total of 43,743 dental hygienists (JCNDE sample) (JCNDE OA, 2016). Survey recipients included only those hygienists licensed between 2006 and 2015 in order to maintain an entry-level perspective in identifying the competencies required for safe and effective practice at the time of initial licensure.

An email containing an invitation to complete the online survey was first sent to 21,234 dental hygienists from the JCNDE sample. This group was stratified by year of graduation and state of residence (JCNDE OA, 2016). Due to a low initial response rate, email invitations were then sent to the remaining 22,509 dental hygienists in the JCNDE sample. In addition, the survey was also sent to ADHA members who had been licensed 10 years or less (ADHA sample).

A total of 3,863 respondents from the JCNDE sample and 260 from the ADHA sample opened the online survey. Data from all responses for opened surveys were included in analyses of demographics; however, only data from respondents who rated at least one competency content area were included in further analyses. As a result, data from a total of 2,853 responses from the JCNDE sample were used in analyses of competency area ratings, for a response rate of 6.5%. The total number of dental hygienists in the ADHA sample who received an invitation to complete the survey was not reported.

Finding 5: The intent of the sampling plan generally complies with professional standards and technical guidelines; the intent was to obtain an entry-level perspective regarding the competencies included on the survey.

Finding 6: The overall response rate for the OA was low. However, the response rate of dental hygienists licensed 5 years or less appears sufficient to ensure that an entry-level perspective was reflected. Approximately 11% of respondents from the JCNDE sample and 6% of the respondents from the ADHA sample who opened the survey were from California (JCNDE OA, 2016). The percentage of dental hygienists from California who provided ratings on competency content areas was not provided. However, based on response rates of those who opened the survey, it appears that ratings of competency content areas likely included a sufficient number of California practitioners to ensure representation of dental hygiene practice in California.

## Occupational Analysis – Survey Results

After administering the survey, JCNDE collected the data and analyzed the survey results. Results of analyses from the JCNDE and ADHA were analyzed separately. Results indicated that responses from both samples yielded similar results (JCNDE OA, 2016).

Analyses of mean frequency and importance rating were conducted for competencies within each of the clinical component sections. Ratings obtained on the frequency and importance scales for each competency were then combined using a weighted multiplicative model proposed by Kane, Kingsbury, Colton, & Estes (1989). Using this model, mean frequency ratings were multiplied by weighted mean importance ratings to obtain an overall criticality index for each competency content area (JCNDE OA, 2016).

Based on the criticality indices for all competency content areas, a preliminary determination was made about the number of items that would be allocated (or reallocated) to each of the existing content areas included on the NBDHE (JCNDE OA, 2016).

Finding 7: Survey respondents were licensed dental hygienists located throughout the United States, all of whom had been practicing for 10 years or less. Approximately 76% of the respondents from the JCNDE sample and 60% of those from the ADHA sample reported that they had been practicing for less than 5 years (JCNDE OA, 2016). The majority of respondents (61% from both samples) reported that they worked 31–40 hours a week as a dental hygienist, while 35% of the JCNDE sample and 26% (approximately) of the ADHA sample indicated that they worked 11–30 hours per week (JCNDE OA, 2016). In addition, the majority of respondents from both the JCNDE and ADHA samples (79% and 75%, respectively) categorized their primary work setting as a private general practice. The demographic data indicate that ratings provided by respondents licensed 5 years or less appear to be sufficient to ensure that an entry-level perspective was achieved, and the respondents appear representative of general dental hygiene practice.

## Occupational Analysis – Development of Test Specifications

In October 2016, a Test Specifications Practice Analysis Review Panel (Panel) reviewed the results of the OA survey. The Panel included 11 members, including: 5 joint commissioners, 4 practicing dental hygienists, and 2 dental hygiene educators from accredited dental hygiene programs (JCNDE OA, 2016). Panelists reviewed the mean frequency ratings, mean importance ratings, and the overall criticality of ratings for each of the competency content areas. In addition, they reviewed the list of 30 competency content areas in conjunction with the content assessed on the NBDHE.

The Panel then linked the results of the OA with the disciplines assessed on the NBDHE (JCNDE OA, 2016). The Panel also ensured that the distribution of items in each of the disciplines reflected the relative importance and frequency of each of the competency content areas, as identified in the OA. The Panel reviewed the results of ratings on competency content



areas from both the JCNDE sample and the ADHA sample and reached a consensus about the number of items that should be devoted to each of the disciplines and subdisciplines on the NBDHE. The results of this review resulted in a recommendation for the new test specification for the NBDHE.

In 2017, the Committee on Research and Development and the Committee on Dental Hygiene reviewed the practice analysis survey results and approved the Panel's recommended test specifications. The new test specification was subsequently adopted by JCNDE and was reflected in NBDHE forms beginning in 2019.

Finding 8: The processes used to establish a link between competencies identified by the OA as required for entry-level practice and the disciplines of the NBDHE demonstrate a sufficient level of validity, thereby meeting professional guidelines and technical standards.

## RECOMMENDATIONS

Recommendation 1: OPES recommends that JCNDE increase the participation of dental hygiene practitioners in the development of future OAs. In addition, SMEs involved in the development process should represent the profession in terms of geographic location and level of experience. OPES further recommends that JCNDE include practitioners licensed 5 years or less in subsequent OA development processes.



## CONCLUSIONS

Given the findings, the OA conducted by JCNDE appears to meet professional guidelines and technical standards. Additionally, the development of the test specifications for the NBDHE is based on the results of the most recent OA and appears consistent with professional guidelines and technical standards. OPES recommends that JCNDE modify future OA development processes to include actively practicing dental hygienists and to include SMEs who represent the practice in terms of experience level. Because the results of the OA form the basis of the NBDHE, entry-level practitioners (licensed 5 years or less) should be involved in these processes.

## CHAPTER 3 | EXAMINATION DEVELOPMENT

### STANDARDS AND REGULATIONS

Examination development includes many steps within an examination program, from the development of an examination content outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include development of examination content, linkage of examination content to the examination outline, and development of the scoring criteria and the examination forms.

The following standards are most relevant to examination development for licensure examinations, as referenced in the *Standards*.

#### **Standard 4.7**

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

#### **Standard 4.12**

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

The following regulations are relevant to the integrity of the examination development process:

California B&P Code § 139 requires DCA to develop a policy on examination validation which includes minimum requirements for psychometrically sound examination development.

DCA Policy Participation in Examination Development OPES 20-01 (OPES 20-01), as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

### FINDINGS

The information below about the NBDHE is included in the 2018–2019 Technical Report on the NBDHE (NBDHE Technical Report, 2020).

The NBDHE consists of 350 multiple-choice items and comprises two components (NBDHE Candidate Guide, 2020). The first component is discipline-based. This component consists of 200 items across three major areas related to dental hygiene practice. These disciplines include: Scientific Basis for Dental Hygiene Practice (organized into six subdisciplines),

Provision of Clinical Dental Hygiene Services (organized into seven subdisciplines), and Community Health/Research Principles (organized into three subdisciplines).

The second component is case-based. It consists of 150 items involving 12–15 dental hygiene patient cases. Cases in this section include at least one case (or scenario) involving geriatric, adult-periodontal, pediatric, special needs, and medically compromised patients. Case-based items involve the presentation of patient histories, dental charts, radiographs, and clinical photographs. These questions are designed to evaluate a candidate's ability to assess patient characteristics, interpret clinical information, plan dental hygiene care, perform periodontal procedures and use preventative agents, and provide supportive treatments.

The NBDHE also uses testlet items, which present a case study or problem and a set of 4–5 associated questions.

In July 2020, JCNDE began administering a short-form version of the NBDHE on a temporary basis to address testing backlogs associated with COVID-19 (JCNDE website, <https://www.ada.org/en/jcnde>). This shortened version comprises 155 multiple choice items: 85 discipline-based items, and 70 case-based items. JCNDE has stated that reliability and validity of the short form have been thoroughly investigated. “The shortened version of the NBDHE has undergone thorough psychometric investigation within the Department of Testing Services; there is strong validity and reliability evidence to support usage of the short-form NBDHE” (JCNDE website).

Finding 9: JCNDE has provided results of reliability estimates for the short form. JCNDE provided estimates of classification consistency (.95), classification accuracy (.92–.95), and Kuder-Richardson 20 (KR20) reliability among short-form versions of the NBDHE. These estimates indicated an acceptable level of these indices (NBDHE Quick Facts, 2020). Further, the short form is a proportional representation of the test specifications resulting from the most recent OA for the long-form NBDHE. The passing score for the short form appears to be based on the passing standard set in 2015 for the long-form NBDHE.

JCNDE has indicated on its website that it intends to maintain the short-form NBDHE until the backlog of candidates is resolved. Once this happens, JCNDE will make a determination about future testing (JCNDE website).

#### Examination Development – Subject Matter Experts (SMEs)

Examination development for the NBDHE is performed by SMEs who serve as test constructors, according to the 2019 JCNDE Test Construction Teams and Selection Criteria (JCNDE Construction Teams Manual, 2019). Potential test construction SMEs must provide evidence that specific qualification criteria have been met, including credentials demonstrating subject matter expertise (JCNDE Construction Teams Manual, 2019). Potential test construction

SMEs must have graduated from an accredited program and must possess the following expertise in one of eight areas:

1. Biomedical Sciences – doctoral degree, dentist or dental hygienist with advanced biomedical education beyond entry-level dental hygiene education, and a minimum of three years' teaching experience in the past 5 years.
2. Radiology – dentist or dental hygienist with baccalaureate degree from accredited program, oral and maxiofacial radiologist or dental hygienist with education beyond entry-level dental hygiene education, and a minimum of 3 years' teaching experience in the past 5 years.
3. Periodontics (Periodontist) – graduate from an accredited dental program with advanced education in periodontics, and a minimum of 3 years' teaching periodontics in the past 5 years.
4. Periodontics (Dental Hygienist) – graduate from an accredited dental hygiene program, and a minimum of 3 years' teaching periodontics in the past 5 years.
5. Oral Medicine/Oral Diagnosis/Oral Pathology – dentist or dental hygienist with advanced education or experience, and 3 years' experience teaching in oral medicine/oral diagnosis/oral pathology in the past 5 years.
6. Special Needs Professional – dentist or dental hygienist with advanced clinical experience or education with special needs populations, and 3 years' experience teaching in a relevant subject area in the past 5 years.
7. Dental Hygiene Curriculum – dental hygienist with advanced degree in dental hygiene, experience in curriculum design, program director, curriculum committee, or consultant, and 3 years' teaching experience or clinical experience in dental hygiene in a private or faculty practice setting.
8. Clinical Dental Hygiene – dental hygienist with a baccalaureate degree in dental hygiene, education, or biomedical science, and a minimum of 3 years of teaching or practicing dental hygiene in the past 5 years.
9. Community Dental Health – dentist or dental hygienist with advanced education in public health or community dental health (JCNDE Construction Teams Manual, 2019).

Once approved, each test constructor SME receives the following materials: Test Item Development Guide, Orientation Manual for Test Constructors, Dental Hygiene Examination Specifications, and Acceptance Form. New test constructors also receive a style manual for producing items for the NBDHE and are mentored by returning test constructors.

Finding 10: The criteria used to select test construction SMEs appear relatively consistent with professional guidelines and technical standards. However, the use of educators in examination development processes is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

### Examination Development – Linkage to Examination Blueprint

In October 2016, the Panel convened to link the competency content areas derived from the 2016 JCNDE OA with the disciplines and subdisciplines covered on the NBDHE (JCNDE OA, 2016). The Panel provided a recommendation regarding the number of examination items that should be devoted to each of the OA competency content areas and the number of items devoted to each discipline and subdiscipline. In 2017, the Committee on Research and Development and the Committee on Dental Hygiene approved the Panel's recommendation for the new NBDHE test specifications. Subsequently, JCNDE adopted the updated test specifications for the NBDHE.

Finding 11: The methods used to establish a link between examination content and the competencies necessary for practice appear consistent with professional guidelines and technical standards.

### Examination Development – Item Development and Pilot Testing

Each year, JCNDE appoints test construction SMEs to Test Construction Teams (TCTs) (NBDHE Technical Report, 2020). Six TCTs work together to develop the content of the NBDHE. Test construction SMEs are responsible for reviewing test specifications to ensure that they reflect current practice, for submitting new examination items, and for constructing examination forms.

The TCTs are divided into two groups: Component A teams are responsible for developing and reviewing discipline-based items, and Component B teams develop and review case-based items.

New items are reviewed by test construction SMEs during TCT meetings. In addition, new items are included on NBDHE forms as experimental items (pretest items) and are not counted toward a candidate's score. Item analyses are then performed, and the statistical performance of these items is reviewed by SMEs at TCT meetings to determine whether the items meet criteria for inclusion on future examination forms (NBDHE Technical Report, 2020). In evaluating item performance, SMEs consider indices of both item difficulty and item discrimination. Items that do not meet defined performance criteria are returned for revision or are eliminated.

Finding 12: The procedures used to develop, review, and field test new items appear consistent with professional guidelines and technical standards. However, the service of educators in examination development processes is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

## Examination Development – Examination Forms

Examination forms for the NBDHE are constructed by TCTs based on the examination specifications. Throughout the construction process, test constructor SMEs ensure that examination content reflects current practice (NBDHE Technical Report, 2020). In addition, all examination forms are constructed using the same criteria to ensure that forms are comparable in terms of content and item difficulty. Examination forms also include anchor items to equate alternate forms of the NBDHE.

Final forms of the NBDHE are reviewed by a Consultant Review Team consisting of four test constructor SMEs. This team reviews examinations to ensure consistency and coherence of both the Component A and Component B sections of each examination form (NBDHE Technical Report, 2020).

Finding 13: The procedures used to construct NBDHE forms appear consistent with professional guidelines and technical standards. However, the use of educators in examination development processes is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

## RECOMMENDATIONS

Recommendation 2: In addition to ensuring that examinations are valid, California boards are required to ensure that they are fair to candidates and do not create artificial barriers to practice. If sufficient evidence of reliability and validity exists to support the use of the short-form NBDHE as a measure of competence for dental hygiene practice, OPES recommends that this form be maintained or that a strong psychometric justification be provided for returning to the full-length form.

Recommendation 3: OPES recognizes that JCNDE includes educators in examination development processes in order to obtain information regarding the education that dental hygienists receive. In order to be fully compliant with OPES 20-01, OPES recommends phasing out or limiting the service of educators during examination development processes.

## CONCLUSIONS

Given the findings, the examination development procedures conducted by JCNDE appear consistent with professional guidelines and technical standards. To reduce the potential for conflict of interest during examination development processes, OPES recommends phasing out the service of educators and increasing the service of dental hygienists who are providing clinical services.

The COVID-19 pandemic has created profound challenges to test administration, and OPES commends JCNDE's efforts to improve the efficiency of test administration. JCNDE stated that it thoroughly investigated reliability and validity evidence before making changes to the length of

the NBDHE. Provided reliability and validity evidence support the use of the short-form NBDHE, OPES recommends that JCNDE continue the use of this form once testing backlogs have resolved. Alternately, a compelling psychometric justification for returning to the full-length form should be provided. In the absence of such justification, a return to the full-length form would be unfair to candidates and potentially create an artificial barrier to practice.

## CHAPTER 4 | PASSING SCORES AND PASSING RATES

### STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores, cut points, or cut scores for licensure examinations, as referenced in the *Standards*.

#### **Standard 5.21**

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

#### **Standard 11.16**

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The supporting commentary on passing or cut scores in Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores” states that the standard setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p.101).

In addition, the supporting commentary in Chapter 11 of the *Standards*, “Workplace Testing and Credentialing” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). It further states, “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

OPES 20-01, as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.



## FINDINGS

### Passing Scores – The NBDHE Process, Participation of SMEs, and Methodology

The NBDHE uses a criterion-referenced passing standard that is set on a base form of the examination. A bookmark procedure was used to establish the passing standard, which relies on the expert judgment of SMEs to determine the knowledge a candidate should possess in order to be “just qualified” (minimally qualified) for safe and effective dental hygiene practice.

To determine the passing standard, a panel with SMEs was held in 2015, according to the 2015 Report on Standard Setting for the NBDHE (Standard Setting Report, 2015). Twelve SMEs participated in this panel, comprising five dental hygienists, four dentists, and three educators. The panel was facilitated by a psychometrician.

SMEs were first provided with information about the NBDHE OA, test specifications, and examination development processes (Standard Setting Report, 2015). SMEs were also provided with information about passing standards and the bookmark standard setting process. The SMEs then self-administered an abbreviated form of the NBDHE that was representative of the NBDHE full form. The intent of this activity was to have SMEs experience the item formats, level of challenge, and test-taking conditions experienced by candidates. After this activity, the SMEs participated in another activity aimed at understanding the concept of the “Just Qualified Candidate” (minimally competent candidate), followed by a session of practice ratings and subsequent discussion.

After the practice session and discussion, the SMEs worked collectively during three rounds to provide bookmark judgments/placements for operational items (Standard Setting Report, 2015). At the end of each round, analyses were conducted on the recommended bookmark placements. The passing standard was derived from the median of the SMEs’ bookmark placements. The criterion-referenced passing standard was then used to adjust the scale used to score the NBDHE to a consistent passing score (NBDHE Candidate Guide, 2020).

Item Response Theory (IRT) was used to statistically produce equivalent scores on alternate forms of the NBDHE based on this score scale and criterion-referenced passing standard. Scaled scores on the NBDHE can range from 49–99, and candidates must achieve a score of 75 or higher to pass the NBDHE.

The passing standard from the 2015 bookmark procedure was approved by JCNDE in 2016 and implemented in 2017. Passing standards are periodically reviewed by SMEs and by JCNDE to ensure that they continue to reflect the knowledge required for safe, entry-level practice. When passing standards are updated, modifications are made to the score scale so that a score of 75 continues to reflect the minimum passing score (NBDHE Candidate Guide, 2020).

Finding 14: The number of SMEs used in setting the passing standard meets professional guidelines and technical standards. However, the use of educators in the process is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

Finding 15: The methods used to set the passing standard for the NBDHE and scale scores on alternate forms generally appear consistent with professional guidelines and technical standards.

## PASSING RATES

JCNDE tracks annual passing rates for the NBDHE. This data is provided for first-time and repeat test takers who attended accredited and non-accredited dental hygiene programs. OPES reviewed the pass rates for 2017–2019, which correspond with the implementation of the current passing standard. Passing rates for 2020 administrations were not available at the time of this report.

Finding 16: The overall passing rate for first-time test takers from accredited programs for the period analyzed was 92–94% (approximately), while pass rates for repeat test takers was 50–54% (approximately). The pass rates for first-time test takers coming from non-accredited programs during the period ranged from 65–67% (approximately), while the pass rate for repeat test takers ranged from 49–56% (approximately). The overall pass rate across all candidates was 86–89%.

Data were not provided regarding the pass rates for California candidates.

## RECOMMENDATIONS

Recommendation 4: In order to be fully compliant with OPES 20-01, OPES recommends phasing out or limiting the service of board members and educators during examination development processes.

Recommendation 5: OPES recommends that JCNDE provide data regarding pass rates for California candidates so that specific evaluations can be made of the performance of candidates in California.

## CONCLUSIONS

Given the findings, the passing score methodologies used by JCNDE to set the passing standard and scale scores on the NBDHE demonstrate a sufficient degree of validity, thereby meeting professional guidelines and technical standards.

The pass rates for the NBDHE indicate that, overall, candidates tend to perform very well. First-time test takers who come from accredited programs tend to perform better than those who come from non-accredited programs. In addition, first-time test takers tend to perform better than repeat test takers. This is consistent with pass rate patterns observed in other high-stakes licensure programs. OPES recommends that the NBDHE provide data for California candidates so that an evaluation of state-specific performance can be made.

## CHAPTER 5 | TEST ADMINISTRATION

### STANDARDS

The following standards are most relevant to the test administration process for licensure examinations, as referenced in the *Standards*.

#### **Standard 3.4**

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

#### **Standard 4.15**

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

#### **Standard 4.16**

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test or should be included in the testing material as part of the standard administration instructions (p. 90).

#### **Standard 6.1**

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

#### **Standard 6.2**

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

#### **Standard 6.3**

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

**Standard 6.4**

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

**Standard 6.5**

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

**Standard 8.1**

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

**Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

**FINDINGS**

JCNDE contracts with Pearson VUE, a national test administration vendor, to administer the NBDHE (NBDHE Candidate Guide, 2020). The NBDHE is administered throughout the calendar year via computer at over 280 Pearson VUE testing centers and thousands of Pearson VUE authorized testing centers in the U.S., U.S. territories, and Canada. A brief optional tutorial is provided before the examination begins. The tutorial familiarizes candidates with computer operation and the steps involved in proceeding through the examination.

JCNDE provides information about the NBDHE and test administration to candidates and prospective candidates through its website at <https://www.ada.org/en/jcnde>.

**Test Administration – Candidate Registration**

Candidates register to take the NBDHE by first obtaining a Dental Personal Identification Number (DENTPIN) and submitting an application through the ADA Department of Testing Services (DTS) website at [https://dts.ada.org/login/login\\_\\_ADA.aspx](https://dts.ada.org/login/login__ADA.aspx). After applications have been processed, candidates receive an email with scheduling instructions.

The JCNDE website and the NBDHE 2020 Candidate Guide provide detailed instructions and information regarding the application and registration process, including:

- Application procedures
- Examination fees
- Examination schedule
- Rescheduling or canceling a test appointment
- Policies regarding re-application and eligibility for re-examination

Finding 17: The NBDHE registration process appears straightforward. The information available to candidates is detailed and comprehensive. The candidate registration process appears to meet professional guidelines and technical standards.

Finding 18: JCNDE implements a re-administration policy that requires candidates to wait 90 days before reapplying for the examination. JCNDE also implements a Five Year/Five Attempts Eligibility Rule. This rule specifies that candidates must pass the examination within 5 years of their first attempt or within five attempts, whichever comes first. This policy is consistent with industry standards for high-stakes licensure programs and is clearly specified on the JCNDE website and in the NBDHE 2020 Candidate Guide.

#### Test Administration – Accommodation Requests

JCNDE complies with the Americans with Disabilities Act and provides reasonable accommodations to candidates with documented disabilities or medical conditions. In addition to an application to test, candidates who require testing accommodations must submit a Testing Accommodations Request Form that indicates the accommodation requested to address functional limitations (NBDHE Candidate Guide, 2020). In addition, candidates are also required to submit an evaluation report completed by a qualified health care professional within the past 5 years that includes information regarding the candidate's disability or diagnosis and recommendations for accommodation.

In considering requests for accommodation, JCNDE maintains a focus on the validity of the examination and on providing candidates with the “opportunity to demonstrate their knowledge and [cognitive] skills, as opposed to having the measurement of their knowledge and [cognitive] skills inappropriately reflect a disability” (NBDHE Candidate Guide, 2020, p. 19).

Finding 19: JCNDE's accommodation procedures appear consistent with professional guidelines and technical standards.

### Test Administration – Test Centers

The full-length NBDHE is administered over a nine-hour time period at Pearson VUE testing centers or Pearson VUE authorized testing centers. The short-form NBDHE (beginning in July 2020) is administered over 3 hours and 35 minutes at these same locations. Pearson VUE testing centers and authorized testing centers are located throughout the U.S and its territories, and in Canada (JCNDHE website).

Finding 20: Candidates have access to thousands of authorized testing centers that administer the NBDHE. These centers have trained proctors and controlled testing conditions.

### Test Administration – Directions and Instructions to Candidates

The JCNDHE website provides detailed information about the NBDHE. In addition, the NBDHE 2020 Candidate Guide provides detailed information to candidates regarding:

- Purpose of the examination and dental hygiene licensure
- Examination specifications
- Examination preparation and resources
- Practice tests
- Examination scoring and results
- Eligibility requirements
- Examination fees, scheduling, and application procedures
- Testing center procedures and administration
- Testing accommodations
- Examination regulations and testing center rules of conduct
- Examination privacy and security
- Examination irregularities and appeals

Through the Pearson VUE examination software link, candidates are able to download an online tutorial to become familiar with the examination software used to administer the NBDHE.

In addition, through the JCNDHE website, candidates can purchase practice tests comprised of retired NBDHE items (JCNDHE website). These practice tests are designed to assist candidates in identifying their strengths and weaknesses when preparing for the NBDHE and to familiarize them with the content and format of the examination.

Finding 21: The directions and instructions provided to candidates appear straightforward. The information available to candidates is detailed and comprehensive.

### Test Administration – Standardized Procedures and Testing Environment

Candidates are tested in similar testing centers, using the same equipment, under the same conditions. All candidates are assessed on the same examination content. In addition, all candidates are provided two note boards and two low-odor fine tip markers during the examination (NBDHE Candidate Guide, 2020).

Finding 22: The procedures established for the test administration process and testing environment appear to be consistent with professional guidelines and technical standards.

### CONCLUSIONS

Given the findings, the test administration protocols put in place by JCNDE appear consistent with professional guidelines and technical standards.





## CHAPTER 6 | EXAMINATION SCORING AND PERFORMANCE

### STANDARDS

The following standards are most relevant to scoring and performance for licensure examinations, as listed in the *Standards*.

#### **Standard 2.3**

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

#### **Standard 4.10**

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88-89).

### FINDINGS

#### Examination Scoring

The NBDHE consists of multiple-choice items that are scored dichotomously (correct or incorrect). There is no penalty for selecting an incorrect response—a candidate's score is based on the number of correct responses (NBDHE Technical Report, 2020). In calculating a candidate's score, a raw score is first obtained by computing the number of items answered correctly (NBDHE Candidate Guide, 2020). The raw score is then statistically converted to a scale score, which can range from 49–99. A minimum score of 75 is required to pass the NBDHE.

As part of the validation process, candidate examination responses are routinely audited for accuracy before results are distributed. In addition, candidates can request to have their examination responses audited or rechecked for accuracy (NBDHE Technical Report, 2020).

Results for candidates who achieve a scaled score of 75 or higher are reported as “pass.” Candidates who fail the examination receive information about their performance in each of the major disciplines assessed on the examination (NBDHE Candidate Guide, 2020). The discipline subscores are placed on a common measurement scale so that comparisons can be made and are presented graphically (NBDHE Technical Report, 2020). This allows candidates to identify areas of weakness and to compare scores across administration attempts.

Examination results are typically available 3–4 weeks after the examination date (NBDHE Candidate Guide, 2020). Candidates' pass/fail status is reported to the Board, and candidates can view their results by logging into their account on JCNDE's website. Candidates' pass/fail status may also be reported to accredited dental hygiene programs. In addition, accredited programs receive periodic reports that describe how their students perform on the examination relative to students from other programs.

Finding 23: The scoring criteria is applied equitably, and the examination scoring process appears consistent with professional guidelines and technical standards.

### Examination Performance

After administration of NBDHE forms, JCNDE performs item analyses and evaluates overall examination statistics. In addition, JCNDE also evaluates indices of examination consistency using a reference group comprising first-time test takers who attended accredited programs. These indices include: mean scaled score, scaled score standard deviation, mean score, and reliability range using KR20.

Finding 24: The examination-level statistics indicate adequate performance for a licensure examination.

## CONCLUSIONS

The steps taken by JCNDE to score the NBDHE appear to provide a fair and objective evaluation of candidate performance. The steps taken by JCNDE to evaluate examination performance also appear to be reasonable.

## CHAPTER 7 | TEST SECURITY

### STANDARDS

The following standards are most relevant to test security for licensure examinations, as referenced in the *Standards*.

#### **Standard 6.6**

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

#### **Standard 6.7**

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

### FINDINGS

#### Test Security – Examination Materials and Candidate Information

To ensure that the security of examination materials is maintained, JCNDE copyrights all examination items and materials to establish ownership and to restrict dissemination or unauthorized use (NBDHE Technical Report, 2020). In addition, JCNDE has developed policies and procedures for maintaining the custody of materials and conveying responsibility for examination security to examination developers, administrators, and users.

JCNDE screens all personnel who manage examination materials, including staff, vendors, and test constructor SMEs involved in examination development processes (NBDHE Technical Report, 2020). Staff are trained in procedures for handling secure materials and are required to comply with JCNDE policies regarding confidentiality and conflict of interest. In addition, test constructor SMEs involved in examination development processes must complete agreements regarding confidentiality, copyright assignment, and conflict of interest.

All computers used by JCNDE staff and by Pearson VUE for examination administration are protected with firewalls, login identifications, passwords, and other forms of security (NBDHE Technical Report, 2020). Access to electronic files is limited to authorized individuals. Access to facilities where NBDHE materials are stored is restricted, and electronic formats of examination materials are protected by firewalls, login identifications, passwords, and encryption.

Finding 25: The security procedures practiced by JCNDE with regard to the maintenance of examination materials are consistent with professional guidelines and technical standards.

## Test Security – Test Sites

JCNDE contracts with Pearson VUE for administration of the NBDHE, and Pearson VUE staff are trained in procedures for maintaining security of examination materials at test facilities (NBDHE Technical Report, 2020). In addition, JCNDE reviews Pearson VUE's operations to ensure compliance with security policy and procedures.

At test sites, candidates are required to provide current and valid government-issued identification to sit for the examination (NBDHE Candidate Guide, 2020). In addition, Pearson VUE staff uses biometric technology to capture each candidate's identity.

The 2020 NBDHE Candidate Guide lists items that candidates are prohibited from bringing into secure testing areas (NBDHE Candidate Guide, 2020). Prohibited items include, but are not limited to, outside books or reference materials, electronic devices, and accessories. In addition, the 2020 NBDHE Candidate Guide describes the examination rules of conduct and prohibited behaviors, including examination subversion or falsification of information.

During candidate check-in, Pearson VUE staff perform visual inspections to check for recording devices or other prohibited items. Pearson VUE staff may also use a wand to detect electronic devices.

All testing sessions for the NBDHE are monitored by staff at the test center. Proctors at Pearson VUE testing centers are trained to recognize potential test security breaches. In addition, testing sessions at Pearson VUE sites are video recorded.

Finding 26: The security procedures practiced by JCNDE regarding test sites are consistent with professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the test center security procedures at Pearson VUE appear to meet professional guidelines and technical standards.

## CHAPTER 8 | COMPARISON OF THE NBDHE BLUEPRINT WITH THE CALIFORNIA DESCRIPTION OF PRACTICE OUTLINE

### PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a two-day workshop on May 14–15, 2020 to evaluate the NBDHE test specifications resulting from the 2016 JCNDE OA and to compare them with the California registered dental hygienist description of practice based on the OPES 2019 California OA of the Registered Dental Hygienist Profession (California RDH OA, 2019).

OPES recruited seven SMEs to participate in the workshop. The SMEs represented the profession in terms of geographical location in California. Two of the SMEs had been licensed for 1–5 years, one had been licensed for 6–10 years, three had been licensed for 11–19 years, and one had been licensed for more than 20 years. All SMEs worked as dental hygienists in various settings.

### WORKSHOP PROCESS

First, the SMEs completed OPES' security agreement, self-certification, secure area agreement, and personal data (demographic) forms. The OPES facilitator explained the importance of, and the guidelines for, security during and outside the workshop.

Next, the OPES facilitator gave a PowerPoint presentation about the purpose and importance of OA, validity, content validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES facilitator also explained the purpose of the workshop.

The SMEs were instructed to evaluate and link each task and knowledge statement of the California description of practice to the disciplines and subdisciplines included on the NBDHE test specifications. The SMEs worked as a group to evaluate and link all of the task and knowledge statements of the California description of practice.

The main disciplines and subdisciplines of the NBDHE are provided in Table 1. Table 2 provides the content areas of the 2019 California description of practice.

TABLE 1 – COMPONENTS AND DISCIPLINES OF THE NBDHE BLUEPRINT

| COMPONENT  | WEIGHT     |
|--|------------|
| A. Discipline-Based Component                    | <b>57%</b> |
| 1. Scientific Basis for Dental Hygiene Practice  | 17%        |
| 2. Provision of Clinical Dental Hygiene Services | 33%        |
| 3. Community Health/Research Principles          | 7%         |
| B. Case-Based Items                              | <b>43%</b> |

TABLE 2 – CONTENT AREAS OF THE 2019 CALIFORNIA REGISTERED DENTAL  
HYGIENIST DESCRIPTION OF PRACTICE

| Content Area                     | Content Area Description   | Percent Weight |
|----------------------------------|--|----------------|
| 1. Treatment Preparation         | This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services.   | 5%             |
| 2. Dental Hygiene Treatment      | This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.                      | 40%            |
| 3. Patient Education             | This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.   | 10%            |
| 4. Infection Control             | This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.                      | 15%            |
| 5. Documentation                 | This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.                                       | 5%             |
| 6. Laws, Regulations, and Ethics | This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting. | 25%            |
| <b>Total</b>                     |  | <b>100%</b>    |



## FINDINGS

The SMEs compared the task and knowledge statements of the 2019 California description of practice outline and the NBDHE test specifications. The SMEs concluded that the NBDHE adequately assessed the knowledge required for entry-level dental hygiene practice in California in the following areas:

- Treatment preparation
- Dental hygiene treatment
- Patient education
- Infection control
- Documentation

The SMEs indicated that the NBDHE did not adequately assess the content area Laws, Regulations, and Ethics. However, this content is measured by the California-specific Registered Dental Hygienist Law and Ethics Examination.

Finding 27: The SMEs concluded that the content of the NBDHE adequately assesses the knowledge required for entry-level dental hygiene practice in California.

Finding 28: The SMEs concluded that the content of the NBDHE does not adequately assess the knowledge of laws and ethics required for practice in California. SMEs concluded that this content should continue to be measured using a California-specific law and ethics examination.

## CONCLUSIONS

Given the findings, the content of the NBDHE sufficiently assesses the knowledge necessary for competent dental hygiene practice at the time of licensure in California.

## CHAPTER 9 | CONCLUSIONS

### COMPREHENSIVE REVIEW OF THE JCNDE NBDHE PROGRAM

OPES completed a comprehensive analysis and evaluation of the documents provided by JCNDE.

OPES finds that the procedures used to establish and support the validity and defensibility of the NBDHE (i.e., OA, examination development, passing scores and passing rates, test administration, examination scoring and performance, and test security procedures) meet professional guidelines and technical standards as outlined in the *Standards* and in California B&P Code § 139.

However, OPES finds that the service of board members and educators in examination development processes is not fully compliant with OPES 20-01, as mandated by B&P Code § 139. OPES recommends phasing out the service of board members and educators as SMEs.

Given the findings regarding the NBDHE, OPES supports the Dental Hygiene Board of California's continued use of the NBDHE for licensure in California as part of its licensure examination program.



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## REVIEW OF THE CENTRAL REGIONAL DENTAL TESTING SERVICE (CRDTS) DENTAL HYGIENE EXAMINATION





DENTAL HYGIENE BOARD OF CALIFORNIA

# REVIEW OF THE CENTRAL REGIONAL DENTAL TESTING SERVICE (CRDTS) DENTAL HYGIENE EXAMINATION



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This report is mandated by California Business and Professions (B&P) Code § 139 and by DCA  
Licensure Examination Validation Policy OPES 18-02.

## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Central Regional Dental Testing Services (CRDTS) patient-based Dental Hygiene Examination. The purpose of the OPES review was to evaluate the suitability of the patient-based CRDTS Dental Hygiene Examination for continued use in California licensure.

To become licensed as a registered dental hygienist in California, the Board requires candidates to have requisite education and experience and to pass three examinations:

1. The National Board Dental Hygiene Examination (NBDHE)
2. The Western Regional Examining Board (WREB) Dental Hygiene Examination or the CRDTS Dental Hygiene Examination
3. The California Registered Dental Hygienist Law and Ethics Examination

The CRDTS Dental Hygiene Examination is a patient-based clinical examination that measures skills in four areas:

1. Extra/intra Oral Assessment
2. Periodontal Probing
3. Scaling/Subgingival Calculus Removal
4. Supragingival Deposit Removal

In 2017, CRDTS collaborated with WREB to conduct an occupational analysis (OA) for the dental hygienist profession and to update the examination blueprint for the patient-based CRDTS Dental Hygiene Examination.

OPES, in collaboration with the Board and CRDTS, received and reviewed the results of the 2017 OA, as well as other documents provided by CRDTS. OPES performed a comprehensive evaluation of the documents to determine whether the following test program components met professional guidelines and technical standards: (a) OA, (b) examination development, (c) passing scores and passing rates, (d) test registration and administration, (e) examination scoring and performance, and (f) test security procedures. Follow-up emails were exchanged to clarify the procedures and practices used to validate and develop the patient-based CRDTS Dental Hygiene Examination.

OPES found that the procedures used to develop and administer the patient-based CRDTS Dental Hygiene Examination are *generally* consistent with professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and California Business and Professions (B&P) Code § 139. However, OPES made recommendations for CRDTS to consider, particularly regarding standardization, scoring, and documentation of the passing score process.

In addition to reviewing documents provided by CRDTS, OPES convened a workshop of licensed California registered dental hygienists to serve as subject matter experts (SMEs) to review the content of the patient-based CRDTS Dental Hygiene Examination. The SMEs were selected by the Board to represent the profession in terms of geographic location, experience, and specialty. The purpose of the review workshop was to compare the content of the patient-based CRDTS Dental Hygiene Examination with the California registered dental hygienist description of practice that resulted from the 2019 California Occupational Analysis of the Registered Dental Hygienist Profession (California RDH OA, 2019) performed by OPES. During this workshop, the SMEs compared the task and knowledge statements from the California description of practice to the examination content of the patient-based CRDTS Dental Hygiene Examination. A linkage study was performed to identify whether there were areas of California dental hygiene practice that are not measured by the CRDTS Dental Hygiene Examination.

The results of the linkage study indicated that skills associated with four of the six areas included in the California dental hygiene description of practice were adequately linked to the content of the patient-based CRDTS Dental Hygiene Examination. SMEs concluded that one of the content areas, Patient Education, was not adequately assessed by the CRDTS Dental Hygiene Examination. However, SMEs determined that this content area is assessed by other examinations. In addition, the SMEs indicated that the content area Laws, Regulations, and Ethics was not adequately assessed by the content of the patient-based CRDTS Dental Hygiene Examination and should continue to be measured by the California-specific law and ethics examination.

In its evaluation, OPES found that while the patient-based CRDTS Dental Hygiene Examination was *generally* consistent with technical standards regarding validity, there are standardization challenges associated with the use of live patients. OPES further found a consistently high passing rate on the patient-based CRDTS Dental Hygiene Examination. This may indicate that candidates receive sufficient training in their pre-licensure clinical examinations to prepare them for safe and effective dental hygiene practice. Given these findings, OPES recommends that the Board consider conducting an evaluation to determine whether a skills-based examination is necessary for assessing a candidate's competence for practice, or whether a knowledge-based examination may be sufficient to assess minimum competence for licensure.

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensure examination has the requisite knowledge and skills to competently and safely practice in the profession.

The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Central Regional Dental Testing Service (CRDTS) patient-based Dental Hygiene Examination. The CRDTS Dental Hygiene Examination is a patient-based clinical examination that measures a candidate's competence in performing the skills required for dental hygiene practice in four areas:

1. Extra/intra Oral Assessment
2. Periodontal Probing
3. Scaling/Subgingival Calculus Removal
4. Supragingival Deposit Removal

Assessment also incorporates evaluation of a candidate's ability to prevent tissue trauma during prophylaxis procedures.

OPES' review of the patient-based CRDTS Dental Hygiene Examination had three purposes:

1. To evaluate the suitability of the patient-based CRDTS Dental Hygiene Examination for use in California.
2. To determine whether the patient-based CRDTS Dental Hygiene Examination meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*)<sup>1</sup> and California Business and Professions (B&P) Code §139.
3. To identify any areas of California dental hygiene practice that the patient-based CRDTS Dental Hygiene Examination does not assess.

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<sup>1</sup> See Chapter 10 for the complete reference to the *Standards*.

In relation to the *Standards*, evaluating the acceptability of an examination does not involve determining whether the examination satisfies each individual standard interpreted literally. The importance of each standard varies according to circumstances. Page 7 of the *Standards* states:

Individual standards should not be considered in isolation. Therefore, evaluating acceptability depends on (a) professional judgment that is based on a knowledge of behavioral science, psychometrics, and the relevant standards in the professional field to which the test applies; (b) the degree to which the intent of the standard has been satisfied by the test developer and user; (c) the alternative measurement devices that are readily available; (d) research and experiential evidence regarding the feasibility of meeting the standard; and (e) applicable laws and regulations.

OPES, in collaboration with the Board, requested documentation from CRDTS to determine whether the following CRDTS Dental Hygiene Examination program components met professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139: (a) occupational analysis (OA),<sup>2</sup> (b) examination development, (c) passing scores and passing rates,<sup>3</sup> (d) test registration and administration, (e) examination scoring and performance, and (f) test security procedures.

## CALIFORNIA LAW AND POLICY

Section 139 (a) of the California B&P Code states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA Licensure Examination Validation Policy OPES 18-02 (OPES 18-02) specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

## FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to psychometric aspects of the patient-based CRDTS Dental Hygiene Examination and describe the findings and recommendations that OPES identified during its review.

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<sup>2</sup> An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

<sup>3</sup> A passing score is also known as a pass point or cut score.

## CHAPTER 2 | OCCUPATIONAL ANALYSIS

### STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the *Standards*.

#### **Standard 11.13**

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181-182).

The comment following Standard 11.13 emphasizes its relevance:

*Comment:* Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice...

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included (p. 182).

California B&P Code § 139 requires that each California licensing board, bureau, commission, and program report annually on the frequency of its OAs and the validation and development of its examinations. OPES 18-02 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession (p. 4).



## FINDINGS

In 2017, CRDTS collaborated with the Western Regional Examining Board (WREB) to conduct an OA for the dental hygiene profession. This OA was conducted at the national level. Results of this OA were documented for a presentation at a CRDTS and WREB Joint Dental Hygiene Practice Analysis Meeting in 2018 (CRDTS and WREB Joint Meeting, 2018), and in the WREB 2017–18 Dental Hygiene Practice Analysis: Report of Findings Prepared for the CRDTS and WREB Joint Dental Hygiene Practice Analysis Committee (WREB Practice Analysis Report, 2020).

### Occupational Analysis – Methodology and Time Frame

The purpose of the OA was to provide evidence to state licensing boards in support of decisions regarding candidate readiness for professional practice, to draw reliable inferences regarding minimal competence from candidate performance, and to determine the appropriate content to assess performance levels and set passing standards (CRDTS and WREB Joint Meeting, 2018). The methodology used to conduct the OA was an online survey that described the practices (job tasks) performed by dental hygienists.

The survey was developed by CRDTS and WREB and was designed to be comparable to surveys administered by both testing agencies in prior OAs. A Joint Dental Hygiene Practice Analysis Committee (Practice Analysis Committee) was also involved in the development process. The Practice Analysis Committee comprised six subject matter experts (SMEs), who were selected from WREB and CRDTS member states. All SMEs had a minimum of 20 years of experience in the dental hygiene profession and were experienced board examiners or dental hygiene educators (WREB Practice Analysis Report, 2020).

The online survey was then completed by dental hygienists who were members of the American Dental Hygienists' Association (ADHA).

Finding 1: The most recent OA was completed in 2017. The OA was conducted within a time frame considered to be current and legally defensible.

Finding 2: The previous OA conducted by CRDTS occurred in 2012. The interval between the previous OA and the start of the current one complies with DCA policy established under B&P Code § 139, which specifies that an OA should be conducted every 5 years.

### Occupational Analysis – Development of Survey Instrument

In 2017, CRDTS and WREB collaboratively developed a survey to perform an OA of dental hygiene practice. The survey was developed by evaluating the major content domains and practices (tasks) listed on previous surveys administered by both organizations. Similar practice statements were combined, and additional restorative and anesthesia practices were added (WREB email communication, June 2020). Three WREB SMEs from the Practice Analysis Committee reviewed the practice (task) statements and the final survey. CRDTS SMEs on the Practice Analysis Committee also reviewed the statements and survey (WREB email communication, June 2020).

The final survey included three sections. The first section comprised eight demographic questions designed to gather information about the survey respondents and their practice setting. This section also included questions specifically for respondents who practiced in a clinical setting. The section asked them how frequently they performed adult prophylaxis procedures, non-surgical periodontal procedures, and periodontal maintenance procedures. The second section of the survey comprised 49 practices (tasks) that were distributed across three content areas related to dental hygiene practice. Respondents were asked to rate each practice (task) on two rating scales: importance to practice (very important, somewhat important, or less important) and frequency of performance of the task (routinely, occasionally, or rarely). The third section of the survey asked respondents to provide comments or suggestions (WREB Practice Analysis Report, 2020).

Finding 3: The procedure used by CRDTS to develop the survey instrument generally complies with professional guidelines and technical standards.

Finding 4: The development of the survey involved six SMEs, all of whom were licensed more than 20 years. To better represent the profession in terms of entry level practice, practice setting, and geographical location, more than six SMEs should be involved in the survey development process.

### Occupational Analysis – Sampling Plan

The sampling plan for the study involved sending invitation emails to all of the 14,418 members of the ADHA in October 2017 (WREB Practice Analysis Report, 2020).

Of the 14,418 members, 27% of the respondents completed the survey with enough detail to provide valid data. Of the 3,901 usable respondents, 27% were from the western region of the United States, with 228 (5.8%) from California.

Finding 5: The intent of the sampling plan and the overall response rate were acceptable. The number of survey respondents from California was sufficient to ensure representation of licensed California registered dental hygienists.

## Occupational Analysis – Survey Results

After administering the survey, CRDTS and WREB collected the data and analyzed the survey results. Analyses included descriptive statistics calculated for each dental hygiene practice (task) included on the survey. Ratings on frequency and importance scales were combined using a multiplicative model that resulted in a potential range of 1 to 9. The frequency-importance product values were rank-ordered and presented to the Practice Analysis Committee for review.

Analyses also included correlation and linear regression to compare results for dental hygiene practices (tasks) with the results obtained on previous OA surveys. Overall, frequency-importance values for practices (tasks) included on the current OA had a correlation of .94 with those included on a previous OA conducted by CRDTS in 2012 (WREB Practice Analysis Report, 2020).

Finding 6: The respondents comprised dental hygienists throughout the United States. Of the respondents, 48.4% had been practicing for 20 years or longer, 22.1% had been practicing for 10–20 years, 10% had been practicing for 5–10 years, and 18.6% had been practicing for less than 5 years. Approximately 51% of respondents were from CRDTS and WREB member states, while 49% were from other states.

A majority of respondents indicated practicing in a private setting (75.6%), while 19.5% indicated that they worked in an educational setting. Fewer than 10% of respondents gave their practice setting as either a public health agency, corporate dental office, hospital/care facility, or the military.

Four questions on the survey were directed toward dental hygienists who were actively practicing in a clinical setting. These questions pertained to the frequency of adult prophylaxis, non-surgical periodontal procedures, and periodontal maintenance procedures performed. All other practices (tasks) were rated by all survey respondents.

## Occupational Analysis – Decision Rules and Final Examination Blueprint

The results of the survey were reviewed by the Practice Analysis Committee in April 2018. The Practice Analysis Committee SMEs discussed the results of the survey in conjunction with CRDTS' current examination blueprint. SMEs evaluated whether there were any prominent shifts in practice and whether any changes were required on the current CRDTS Dental Hygiene Examination (WREB Practice Analysis Report, 2020).

The Practice Analysis Committee SMEs indicated that there were no major shifts in the practices (tasks) performed by dental hygienists. The SMEs further determined that the practices (tasks) of intraoral examination, periodontal assessment, gingival recession assessment, and non-surgical periodontal treatments continue to be important and should remain the major components of the patient-based CRDTS Dental Hygiene Examination (WREB Practice Analysis Report, 2020).

Finding 7: The linkage between the practices (tasks) required for entry-level dental hygienists and the major content areas of the CRDTS Dental Hygiene Examination demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

## RECOMMENDATIONS

Recommendation 1: Results of OAs are used to develop licensure examinations that measure the competencies required for practice. To ensure that examination content accurately reflects these competencies, survey responses should be obtained from licensed dental hygienists who are currently practicing. With the exception of responses to four questions, it appears that ratings of practices on the OA survey included responses from licensees who may not have been actively providing clinical services. OPES recommends that future OAs exclude responses obtained from dental hygienists who are retired or otherwise not currently engaged in dental hygiene practice.

Recommendation 2: Licensure examinations should measure the competencies required at initial licensure, and not those gained over time. As such, examination content should be based on the results of an OA that includes a representative sample of entry-level practitioners. Entry-level is generally defined as a practitioner licensed 5 years or less. OPES recognizes the sampling limitations involved in conducting an OA of this scope and commends the efforts made by CRDTS and WREB to sample from this demographic. However, OPES recommends that future OAs attempt to increase the participation of practitioners licensed less than 5 years to ensure adequate representation of entry-level perspectives.

## CONCLUSIONS

The OA conducted by CRDTS in conjunction with WREB appears to be reasonably consistent with professional guidelines and technical standards. Additionally, the examination blueprint for the patient-based CRDTS Dental Hygiene Examination appears to be based on the results of the OA, which is consistent with professional guidelines and technical standards.



## CHAPTER 3 | EXAMINATION DEVELOPMENT

### STANDARDS

Examination development includes many steps within an examination program, from the development of an examination outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include development of examination content, linkage of examination content to the examination outline, and developing scoring criteria.

The following standards are most relevant to examination development for licensure examinations, as referenced in the *Standards*.

#### **Standard 4.7**

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

#### **Standard 4.12**

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

The following regulations are relevant to the integrity of the examination development process:

California B&P Code § 139 requires the Department of Consumer Affairs to develop a policy on examination validation which includes minimum requirements for psychometrically sound examination development.

DCA Policy Participation in Examination Development Workshops OPES 20-01 (OPES 20-01), as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

### FINDINGS

#### Examination Development – Subject Matter Experts

In 1978, CRDTS adopted an examination model for the patient-based Dental Hygiene Examination. The examination model resulted from a large-scale national study that involved 22 field studies conducted by the ADHA, according to the CRDTS' National Dental Examination Report for the Year Ending 2017 (CRDTS Technical Report, 2017).

Following adoption of the 1978 model, CRDTS performed additional calibration and statistical analyses. In 2004, CRDTS worked in conjunction with the American Board of Dental Examiners

(ADEX) to develop a national dental hygiene clinical examination representative of all regional testing agencies. The results of this development project formed the basis of the CRDTS Dental Hygiene Examination.

In 2009, CRDTS discontinued its association with ADEX, but maintained the design and structure of the original patient-based CRDTS Dental Hygiene Examination (CRDTS Technical Report, 2017). Since 2009, CRDTS has maintained responsibility for refining the patient-based Dental Hygiene Examination based on the most current OA and statistical data.

The content of the patient-based CRDTS Dental Hygiene Examination undergoes periodic review and revision by the CRDTS Dental Hygiene Examination Review Committee (ERC), according to the CRDTS 2020 Dental Hygiene Candidate Manual (CRDTS Candidate Manual, 2020, p. 4). The ERC comprises representatives from CRDTS member states, dental hygiene educators, and special consultants. The ERC reviews the results of practice surveys, current curricula, and standards of competency to ensure that the content and protocol of the patient-based CRDTS Dental Hygiene Examination remains current and relevant to practice.

Finding 8: The procedures used to develop and review the content of the patient-based CRDTS Dental Hygiene Examination appear relatively consistent with professional guidelines and technical standards. However, the use of board members and educators in the examination development process is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

#### Examination Development – Linkage to Examination Blueprint

In 2018, the Practice Analysis Committee met to verify the linkage between the results of the OA and the content domains of the patient-based CRDTS Dental Hygiene Examination blueprint (examination specifications). The ERC also reviewed the results of the OA and confirmed that the content domains specified in the patient-based CRDTS Dental Hygiene Examination blueprint are accurate (CRDTS telephone communication, December 2020).

Finding 9: The methods used to establish the linkage between examination content and the competencies necessary for practice appear consistent with professional guidelines and technical standards.

#### Examination Development – Item Field Testing

The patient-based CRDTS Dental Hygiene Examination is a clinical examination that measures a candidate's ability to competently perform in four main content domains of dental hygiene practice. The items included in the content domains are the product of years of field testing and refinement (CRDTS Technical Report, 2017). In addition, CRDTS performs ongoing reviews of item performance in frequent ERC meetings.

Finding 10: The procedures used to develop, review, and field test items comprising the patient-based CRDTS Dental Hygiene Examination appear consistent with professional guidelines and technical standards.

## Examination Development – Examination Forms

The content domains included in the patient-based CRDTS Dental Hygiene Examination remain consistent across examination administrations. Items included on the examination are differentially weighted according to subtest (content areas). The subtest Extra-intra Oral Assessment consists of 8 items (2 points each); Periodontal Probing consists of 12 items (1 point each); Scaling/subgingival Calculus Removal consists of 12 items (5 points each); and Supragingival Deposit Removal consists of 6 items (2 points each) (CRDTS Candidate Manual, 2020). The subtests (content areas) and assessed items are linked to the existing examination blueprint, which resulted from the 2017 OA.

The CRDTS Dental Hygiene Examination undergoes frequent review by the ERC (CRDTS telephone conversation, May 2020). The ERC reviews analyses of candidate performance and technical information about examiner agreement. Based on these analyses, ERC makes recommendations for adjustment or refinement to examination content, administration procedures, or scoring.

Finding 11: The procedures used to develop and refine examination content included on the patient-based CRDTS Dental Hygiene Examination are generally consistent with professional guidelines and technical standards. However, the use of board members and educators is not compliant with OPES 20-01, as mandated by B&P Code § 139.

## RECOMMENDATIONS

Recommendation 3: OPES recognizes that CRDTS requires the participation of practitioners from member states to develop and administer examinations. In order to be fully compliant with OPES 20-01, OPES recommends phasing out or limiting the service of board members and educators during examination development processes.

## CONCLUSIONS

Given the findings, the examination development activities conducted by CRDTS appear to be generally consistent with professional guidelines and technical standards with regard to development of examination content, to the linkage of examination content to the examination blueprint, and to the testing and review of examination performance. To reduce the potential for conflict of interest, OPES recommends phasing out the use of board members and educators as SMEs.





## CHAPTER 4 | PASSING SCORES AND PASSING RATES

### STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores, cut points, or cut scores for licensure examinations, as referenced in the *Standards*.

#### **Standard 5.21**

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

#### **Standard 11.16**

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The supporting commentary on passing or cut scores for Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard-setting process used should be clearly documented and defensible. The qualifications of the judges involved and the process of selecting them should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p. 101).

In addition, the supporting commentary for Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). It further states, “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

## FINDINGS

### Passing Scores – The CRDTS Dental Hygiene Examination: Process, Use of Subject Matter Experts, and Methodology

The passing score for the patient-based CRDTS Dental Hygiene Examination is set at 75 out of 100 possible points. CRDTS adopted this passing score to establish uniformity with states that have a passing score set in regulation and to align with the cut score used by the Joint Commission on National Dental Examinations (CRDTS Technical Report, 2017).

CRDTS is a testing agency, and the final decision regarding passing scores is up to the individual state licensing agency. California has adopted the CRDTS-recommended passing score of 75 for the patient-based CRDTS Dental Hygiene Examination.

Finding 12: It is unclear whether the methods used to set the passing score for the patient-based CRDTS Dental Hygiene Examination meet professional guidelines and technical standards. The CRDTS Technical Report (2017) references a test development project (CORE) that was conducted in conjunction with the Northeast Regional Board in 1993. This project sought to establish a uniform cut score that would be “acceptable in any state” (CRDTS Technical Report, 2017, p. 25). As a result of this project, CRDTS reweighted its rating scale. Additionally, this report indicates that in the fall of 2003, CRDTS changed the passing score for the Dental Hygiene Examination from 70 to 75. However, no information was provided regarding the 1993 study, the processes used to establish the passing score, or how the passing score relates to current standards of minimum competence for safe practice.

### Passing Rates

CRDTS tracks passing rates for individual educational programs within each state and provides annual reports to licensing agencies and each dental hygiene school (CRDTS Technical Report, 2017). These reports provide information regarding candidate mean scores and overall pass rates by educational institution, as well as candidate mean scores on each of the four major subtests (content areas) included on the patient-based CRDTS Dental Hygiene Examination. Data for educational institutions with fewer than four candidates are excluded from analyses.

OPES requested reports of pass rates for the past five years. However, the patient-based CRDTS Dental Hygiene Examination was discontinued in early 2020 due to the COVID-19 pandemic, and data were not provided for candidates who took the examination in 2020. Therefore, results analyzed for this report are based solely on data for the years 2015–2019.

Finding 13: For the years 2015–2019, passing rates for California candidates across educational institutions were consistently high. The number of candidates who took the examination each year ranged from 191–226. The number of educational institutions included in the analyses ranged from 10–13. Overall pass rates for the majority of educational institutions tended to be above 90%, with many demonstrating a pass rate of 100%. In each of the years evaluated, there were two educational institutions with pass

rates below 90%. These institutions varied across years; however, data indicated that candidates at these institutions tended to incur penalties related to treatment selection and patient rejection, which likely had a significant impact on mean scores.

Statistics regarding candidate performance on individual sections of the examination indicated that California candidates tended to perform well on all subtests (content areas). In all of the years analyzed, candidate mean scores for the majority of educational institutions were typically within one point of the maximum possible points on the subtests (content areas) Extra/intra Oral Assessment, Periodontal Probing, and Supragingival Deposit Removal. The content area Scaling/Subgingival Calculus Removal produced the greatest variability in candidate mean scores; however, this variability may reflect treatment selection penalties and variance associated with case complexity.

CRDTS states that the high passing rates are to be expected given the high level of training candidates receive before taking the patient-based CRDTS Dental Hygiene Examination (CRDTS Technical Report, 2017).

Finding 14: Reports provided by CRDTS exclude data for educational institutions where fewer than four candidates took the examination. As a result, complete and accurate data for California candidates is not readily available. In addition, the data presented does not allow evaluation of the impact of penalties on candidate scores.

## RECOMMENDATIONS

Recommendation 4: OPES recognizes that many CRDTS member states may legislate an absolute passing standard, which is commonly set at 75%. However, OPES has advised that California boards avoid using absolute passing scores for licensure examinations and instead use a criterion-referenced passing score methodology that reflects the competencies required for practice. Many regional or national examination programs use a scaled scoring process based on minimum competence to meet this requirement. It is possible that the methodology used by CRDTS to establish its passing score complies with professional standards and guidelines; however, it is unclear from the documentation provided.

Further, the documentation provided references projects and passing score changes that occurred in 1993 and 2003. OPES recommends that CRDTS clearly document the processes used to establish the passing score for the patient-based Dental Hygiene Examination and how the passing score relates to minimum competence standards. Further, this documentation should describe the role of SMEs in providing professional judgements and should specify ongoing steps taken to ensure that the passing score reflects *current* competency standards.

Recommendation 5: Reports provided by CRDTS allow its member states to evaluate candidate performance by educational institution. Data for educational institutions with fewer than four candidates is not reported. As a result, it is difficult to fully evaluate the performance of California candidates on the examination. OPES recommends that CRDTS provide information in reports regarding the performance of all California candidates. Further, reports do not provide information regarding the number of penalties assessed except for the penalties associated with treatment selection and tissue trauma. OPES recommends that CRDTS include this information in its reports to allow for a full assessment of how California candidates perform on the examination.

## CONCLUSIONS

Given the findings, the process of establishing passing scores fails to demonstrate a robust methodology. It is unclear whether the methodologies used by CRDTS in setting the passing score for the patient-based CRDTS Dental Hygiene Examination demonstrate a sufficient degree of validity to meet professional guidelines and technical standards.

Given the findings, the passing rates for the CRDTS Dental Hygiene Examination indicate that California candidates perform exceptionally well. If the passing score appropriately reflects minimum competence, the high passing rates may indicate that California candidates are receiving adequate training in education programs to prepare them for demonstrating minimum competence for practice.

## CHAPTER 5 | TEST REGISTRATION AND ADMINISTRATION

### STANDARDS

The following standards are most relevant to standardizing the test administration process for licensing examinations, as referenced in the *Standards*.

#### **Standard 3.4**

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

#### **Standard 4.15**

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

#### **Standard 4.16**

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test or should be included in the testing material as part of the standard administration instructions (p. 90).

#### **Standard 6.1**

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

#### **Standard 6.2**

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

#### **Standard 6.3**

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

#### **Standard 6.4**

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

#### **Standard 6.5**

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

#### **Standard 8.1**

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

#### **Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

### **FINDINGS**

The patient-based CRDTS Dental Hygiene Examination is administered throughout the calendar year at test sites located in CRDTS' member states. Due to the COVID-19 pandemic, administration of the patient-based CRDTS Dental Hygiene Examination was temporarily suspended at many testing locations in 2020. However, CRDTS continued offering the patient-based examination where facilities were available through 2020, and CRDTS intends to continue offering it in 2021.

CRDTS provides information about the patient-based CRDTS Dental Hygiene Examination to candidates and prospective candidates through its website at <https://www.crdts.org>.

#### **Test Administration – Candidate Registration**

Candidates register to take the patient-based CRDTS Dental Hygiene Examination by applying online and providing proof of qualification to sit for the examination (CRDTS Candidate Manual, 2020). Candidates must provide a U.S. government-issued social security number that becomes part of the candidate's record. Candidates are assigned a 10-digit number that becomes associated with all candidate forms and that can be used by candidates when accessing the CRDTS website (CRDTS Candidate Manual, 2020). Candidates are also required to submit a passport quality photo that becomes associated with their record.

The CRDTS website and the 2020 Candidate Manual provide detailed instructions and information regarding the application and registration process, including:

- Applying for the examination
- Uploading required documents
- Paying for an examination
- Monitoring candidate status

Finding 15: The CRDTS registration process appears straightforward. The information available to candidates is detailed and comprehensive. The candidate registration process appears to meet professional guidelines and technical standards.

#### Test Administration – Accommodation Requests

CRDTS complies with the Americans with Disabilities Act and provides reasonable accommodations to candidates with documented disabilities. Candidates with a disability are required to submit, along with their application, a written request for an auxiliary aid or modification (CRDTS Candidate Manual, 2020). In addition, candidates must provide documentation from a qualified health care provider, who must specify the portion of the exam for which the auxiliary aid or modification is needed. In determining whether to grant the use of auxiliary aids or modifications, CRDTS reserves the right to consider implications for examination security.

Finding 16: CRDTS' accommodation procedures appear consistent with professional guidelines and technical standards.

#### Test Administration – Test Centers and Test Sites

The patient-based CRDTS Dental Hygiene Examination is administered over several days at dental hygiene schools that serve as test sites. These test sites are located throughout California and other member states (CRDTS website). Testing dates are site-specific and arranged between CRDTS and the test site. Candidates are assigned to either a morning or afternoon testing session (CRDTS Candidate Manual, 2020).

Finding 17: Candidates have access to test sites in participating dental hygiene schools with trained examiners and controlled testing conditions.

#### Test Administration – Directions and Instructions to Candidates

The CRDTS website provides detailed information about the patient-based CRDTS Dental Hygiene Examination. In addition, the 2020 Candidate Manual provides detailed information to candidates about:

- Scope of the examination and examination procedures
- Examination materials and instruments
- Patient selection guidelines
- Reporting to the test center and test site
- Candidate orientation
- Test center and test site procedures



- Security procedures
- Standards of conduct
- Infection control requirements
- Examination scoring criteria
- Examination forms (to be completed before or during examination administration)

Finding 18: The directions and instructions provided to candidates appear straightforward. The information available to candidates is detailed and comprehensive.

### Test Administration – Standardized Procedures and Testing Environment

All candidates are tested in the same type of environment, using the same equipment, under the same conditions (CRDTS Candidate Manual, 2020). All candidates are assessed on the same clinical skills, which are performed on a live patient in a clinic setting. All candidates are required to use the same specified set of instruments during the examination process. In addition, expendable dental hygiene materials are provided by test sites to all candidates. Candidates are required to provide protective eyewear for themselves and patients.

As part of the examination process, candidates are required to submit a live patient for acceptance and approval. Patients must meet specific criteria, including 6–10 teeth that have qualifying deposits of calculus (CRDTS Candidate Manual, 2020). While candidates incur point penalties for patient rejections, they are encouraged to submit an Alternate Submission with their initial selection. A maximum of four treatment submissions is allowed.

Finding 19: The procedures established for the test administration process and testing environment appear to be consistent with professional guidelines and technical standards.

Finding 20: The variability associated with use of live patients presents challenges to standardization. CRDTS has taken steps to increase standardization by defining criteria for minimum qualifying calculus; however, it is unclear how increased levels of complexity are accounted for with regard to minimum competence standards. While the level of complexity associated with calculus removal appears to vary based on patient presentation, scoring is dichotomous (points are assigned based on the presence or absence of remaining calculus).

CRDTS recognizes these challenges and actively monitors the reliability of the patient-based Dental Hygiene Examination. CRDTS has also begun offering an alternate examination that uses a typodont in place of a live patient, as referred to in The CRDTS Report, Winter 2018 (CRDTS Annual Report, 2018). The typodont is frequently used as a clinical training device to build skills before students are allowed to provide treatment on live patients or used as a remedial training device for building deficient skills. The typodont offers greater standardization in the testing process.

However, OPES does not endorse the use of this alternate examination in the absence of validity evidence that establishes the adequacy of the typodont as a measure of skills required for treating live patients in independent practice. OPES has agreed to evaluate any such evidence once provided by CRDTS.

## RECOMMENDATIONS

Recommendation 6: OPES recognizes the standardization challenges associated with candidate submissions of live patients. However, standardization is an essential feature in administering examinations that are legally defensible, valid, and fair to candidates. OPES recommends that CRDTS continue to investigate new technologies and alternate means of assessing candidate skills as they relate to competence to practice as a dental hygienist.

## CONCLUSIONS

Given the findings, the test administration protocols put in place by CRDTS appear consistent with professional guidelines and technical standards. However, OPES recommends options be considered to address standardization issues associated with the use of live patients.



## CHAPTER 6 | EXAMINER TRAINING, SCORING, AND PERFORMANCE STANDARDS

### STANDARDS

The following standards are most relevant to examiner training, test scoring, and performance for licensing examinations, as referenced in the *Standards*.

#### **Standard 2.3**

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

#### **Standard 4.10**

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88-89).

#### **Standard 4.20**

The process for selecting, training, qualifying, and monitoring scorers should be specified by the test developer. The training materials, such as the scoring rubrics and examples of test takers' responses that illustrate the levels on the rubric score scale, and the procedures for training scorers should result in a degree of accuracy and agreement among scorers that allows the scores to be interpreted as originally intended by the test developer. Specifications should also describe processes for assessing scorer consistency and potential drift over time in raters' scoring (p. 92).

#### **Standard 4.21**

When test users are responsible for scoring and scoring requires scorer judgment, the test user is responsible for providing adequate training and instruction to the scorers and for examining scorer agreement and accuracy. The test developer should document the expected level of scorer agreement and accuracy and should provide as much technical guidance as possible to aid test users in satisfying this standard (p. 92).

## Standard 6.8

Those responsible for test scoring should establish scoring protocols. Test scoring that involves human judgment should include rubrics, procedures, and criteria for scoring. When scoring of complex responses is done by computer, the accuracy of the algorithm and processes should be documented (p. 118.)

The following regulations are relevant to the integrity of the use of examiners in scoring clinical examinations:

California B&P Code § 139 requires the Department of Consumer Affairs to develop a policy on examination validation which includes minimum requirements for psychometrically sound examination development.

OPES 20-01, as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

## FINDINGS

### Examiner Selection and Training

The patient-based CRDTS Dental Hygiene Examination relies on the judgment of examiners to determine whether a candidate has demonstrated the skills required for competent dental hygiene practice. CRDTS has formed an Examiner Evaluation and Assignment Committee (EEAC) that maintains an examiner preparation program and sets the criteria for selecting examiners, coordinators, and team captains (CRDTS Technical Report, 2017).

Examiners are nominated by member state boards and must meet specific selection criteria. Among other requirements, an examiner must: (a) be an active dental hygiene practitioner in good standing with their state board, (b) have completed an educational program approved by the Commission on Dental Accreditation (CODA); (c) have passed a clinical examination with a patient-based component; (d) be willing to apply CRDTS-established examination standards and evaluation criteria; and (e) agree to commit to participating in a minimum of three examinations (CRDTS Technical Manual, 2017; CRDTS email communication, December 2020).

Examiners are provided with a copy of the Dental Hygiene Examiner's Manual, which provides specific scoring criteria and criteria for assessing penalties (CRDTS Technical Report, 2017). In addition, examiners undergo a calibration training process (CRDTS Technical Report, 2017). During this process, examiners engage in rating exercises designed to produce accurate and consistent ratings. In addition, all new examiners must observe examination administrations for one year before becoming an active examiner.

CRDTS maintains profiles for all examiners. After each administration, examiners are asked to evaluate fellow team members in terms of behavior, preparedness, adherence to protocols, and work ethic (Technical Report, 2017). These reports, along with the results of each examiner's rating accuracy and consistency, become part of a profile maintained for each examiner. Each year, the EEAC reviews examiner profiles for efficacy and revises roles if necessary. Examiners who do not provide accurate or consistent ratings may not be reappointed.

Finding 21: The selection and training of examiners for the CRDTS Dental Hygiene Examination is generally consistent with professional guidelines and technical standards. However, the use of board members and educators as examiners is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

### Examination Scoring

The patient-based CRDTS Dental Hygiene Examination uses a compensatory scoring model to assess a candidate's performance across four clinical domains (CRDTS Technical Report, 2017). A criterion-based scoring system is used to differentiate between acceptable and unacceptable performance in each clinical domain (CRDTS Candidate Manual, 2020). Once a candidate has completed treatment procedures on a patient, three examiners independently evaluate the candidate's performance using established scoring criteria. Scores are assigned based on the median rating of the three examiners.

CRDTS indicates that it uses a criterion-based scoring system to score items performed in each content domain on the patient-based Dental Hygiene Examination (CRDTS Candidate Manual, 2020). The stated purpose is to differentiate "between acceptable and unacceptable performance" by applying established criteria for each procedure performed (CRDTS Candidate Manual, 2020, p. 12).

Points on the examination are deducted for treatment selection or performance errors that are confirmed by two of three examiners (CRDTS Candidate Manual, 2020; CRDTS Technical Report, 2017). These point deductions are as follows:

- Patient submission rejection – 7 points each (first two rejections only)
- Improper record keeping – 2 points
- Failure to properly complete anesthetic documentation – 2 points
- Unprofessional demeanor – 2 points
- Infection control / asepsis violations – 2 points
- Patient management / inadequate pain control – 5 points
- Tissue trauma – 5 points each (up to two)

CRDTS has also identified critical errors that result in automatic failure. These critical errors include damage to three or more areas of gingiva or other tissues, amputated papilla, exposure of the alveolar process, laceration or damage requiring suture or periodontal packing, unreported broken instrument tip in sulcus, or ultrasonic burn requiring follow-up treatment (CRDTS Candidate Manual, 2020).

In addition to being assessed point penalties for performance and critical errors, candidates are assessed a 10-point time penalty if they arrive 1–15 minutes late to the host test site (CRDTS Candidate Manual, 2020).

A final score is calculated by applying point deductions on each of the subtests (content areas) (CRDTS Technical Report, 2017). Candidates must receive a minimum score of 75 of 100 possible points to pass the examination.

Finding 22: CRDTS indicates that it uses a criterion-based scoring system to differentiate between “acceptable and unacceptable” performance. However, no information was provided regarding how the scoring criteria were developed.

Finding 23: The scoring criteria are applied equitably and are generally consistent with professional guidelines and technical standards.

Finding 24: Scoring penalties predominantly reflect errors or deficiencies associated with performance. However, the late penalty appears to be unrelated to performance standards required for safe and effective practice.

Finding 25: In the content area Scaling/Subgingival Calculus Removal, candidates are assigned 5 points per item (surface) if examiners confirm the absence of detectable calculus following treatment. Similarly, 2 points per item (surface) are assigned in the content area Supragingival Deposit Removal. Scoring is dichotomous, and it appears that point assignments are not related to the level of case complexity.

### Examination Performance

CRDTS performs analyses of test functioning and examiner performance for each examination administration (CRDTS Technical Report, 2017).

After each administration, CRDTS calculates descriptive statistics regarding overall examination performance, as well as for subtests (content areas). These statistics include: low and high scores, mean scores, standard deviation, and skewness. CRDTS also analyzes classical test statistics for each item within each of the subtests (content areas). Each item is analyzed in terms of mean item difficulty and discrimination power. OPES did not receive these analyses; however, the 2017 CRDTS Technical Report included these data for the 2017 administration. These 2017 data suggested a high degree of consistency and stability among items included in each of the subtests. OPES reviewed other reports of mean scores and pass rates across administrations, which suggested that results for the most recent administrations are likely consistent with the data present in the 2017 CRDTS Technical Report.

CRDTS also estimates the reliability of test scores each administration using a stratified alpha (CRDTS Technical Report, 2017). OPES was not provided with these estimates; however, the 2017 CRDTS Technical Report presents the result of analyses conducted in 2017 for each subtest and for the overall examination. The reliability coefficient for the 2017 administration

was .75, which is sufficient for a performance examination with the number of items included in the patient-based CRDTS Dental Hygiene Examination.

In addition, CRDTS also performs analyses of examiner rating performance. These analyses include evaluation of examiner agreement, which is typically high for all subtests. For the years 2016–2019, the percentages of agreement for all three examiners across the different subtests, as well as the percentages of agreement to confirm scoring, were within generally accepted ranges. CRDTS also evaluates examiner harshness or leniency (CRDTS Technical Report, 2017). For the years 2016–2019, CRDTS reported that “outliers” occurred at an acceptably low percentage of ratings made. No information was provided about how outliers were calculated or what constituted acceptable levels of agreement. Overall, data provided for the 2016–2019 administrations of the patient-based CRDTS Dental Hygiene Examination (2019) indicated examination and examiner statistics within generally accepted ranges.

Finding 26: Documentation regarding examination performance was limited. However, the data provided suggest that examination-level statistics are likely adequate for performance examinations.

Finding 27: Documentation regarding examiner performance, particularly regarding “outliers,” was limited. However, the information provided indicated examiner performance statistics are likely adequate for performance examinations.

## RECOMMENDATIONS

Recommendation 7: OPES recognizes that CRDTS requires the participation of practitioners from member states to develop and administer examinations. In order to be fully compliant with OPES 20-01, OPES recommends phasing out the service of board members and educators as examiners in the administration of the patient-based CRDTS Dental Hygiene Examination.

Recommendation 8: CRDTS states that it uses a criterion-based scoring system to differentiate between acceptable and unacceptable performance. OPES recommends that CRDTS provide additional documentation regarding how these scoring criteria were developed and how they related to minimum competence standards for safe, entry-level practice. This documentation should include a description of the use of SME judgments in determining these criteria.

Recommendation 9: The content and scoring criteria for licensure examinations should clearly reflect the competencies necessary for practice. The scoring criteria used on the patient-based CRDTS Dental Hygiene Examination appear to generally reflect the competencies required for dental hygiene practice, with penalties for performance error or critical errors. However, the time penalty appears unrelated to competency for practice. OPES recommends reviewing scoring criteria to define how this penalty relates to the competencies required for practice or removing this penalty from the scoring process.



Recommendation 10: CRDTS has provided minimum qualifying calculus standards to satisfy patient treatment submission criteria. It appears that the higher the level of detectable calculus, the less likely candidates are to face penalties associated with patient treatment rejections. However, it is unclear whether there is a relationship between more challenging cases and successful treatment outcomes. Further, it is unclear whether more challenging cases reflect minimum competence for professional practice or are associated with higher levels of competence. OPES recommends that CRDTS clarify the relationship between case complexity and minimum competence standards.

Recommendation 11: OPES recommends that CRDTS provide additional documentation of analyses conducted on overall examination performance and examiner agreement. Documentation regarding examiner agreement should include information about rater agreement across test sites, as well as how instances of rater consistency or leniency are defined, evaluated, and managed. In addition, documentation should provide an explanation for reporting examiner agreement for the subtests Periodontal Probing and Supragingival Deposit Removal as a single proportion.

## CONCLUSIONS

The steps taken by CRDTS to score the patient-based Dental Hygiene Examination generally appear to provide for a relatively fair and objective evaluation of candidate performance. However, OPES recommends that CRDTS review scoring criteria to establish a clear connection between the time penalty and competence for dental hygiene practice or that CRDTS consider revision of this penalty. OPES further recommends that CRDTS clarify the link between case complexity and minimum competence with regard to dichotomous scoring of calculus removal.

The steps taken by CRDTS to evaluate examination and examiner performance appear to be reasonable. However, OPES recommends that CRDTS provide additional information and documentation regarding examiner agreement and analyses pertaining to examiner harshness or leniency.

## CHAPTER 7 | TEST SECURITY

### STANDARDS

The following standards are most relevant to test security for licensure examinations, as referenced in the *Standards*.

#### **Standard 6.6**

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

#### **Standard 6.7**

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

#### **Standard 8.9**

Test takers should be made aware that having someone else take the test for them, disclosing confidential test material, or engaging in any other form of cheating is unacceptable and that such behavior may result in sanctions (p. 136).

#### **Standard 9.21**

Test users have the responsibility to protect the security of tests, including that of previous editions (p. 147).

### FINDINGS

#### Test Security – Examination Materials and Candidate Information

For the patient-based CRDTS Dental Hygiene Examination, the content, scoring criteria, and passing score are made public and are available in the 2020 CRDTS Candidate Manual.

All examination materials and equipment used to administer the examination are prepared by CRDTS staff for distribution to test sites before the date of administration (CRDTS email communication, December 2020). Materials and scoring equipment are individually numbered and securely sealed in containers for transport to test sites by a national shipping company (CRDTS Technical Report, 2017). At each test site, the containers are verified and stored in a locked room. Only CRDTS staff have access to and authority to unseal the containers. After test administration, CRDTS staff securely seal examination materials and equipment in the containers for return shipping.

During the registration process, candidates are required to submit a passport quality photograph (CRDTS Candidate Manual, 2020). This photograph becomes part of each candidate's Candidate Profile and is printed on a Candidate ID Badge. Candidates are required to provide a

valid form of identification upon check-in at examination sites and must wear their Candidate ID Badge throughout the examination. All examination materials are preprinted with each candidate's sequence number and individual ID number, and a candidate's materials are matched against their Candidate ID Badge for accuracy (CRDTS Technical Report, 2017). In addition, electronic equipment used at testing sites to score examinations is preloaded with each candidate's ID number and the ID numbers of all examiners assigned to test sites.

All examiners and candidates are required to sign non-disclosure agreements, certifying confidentiality compliance regarding examination-related materials (CRDTS email communication, December 2020). Candidates are permitted to bring the Candidate Manual and approved examination materials to test sites, but all other outside references or materials are prohibited. In addition, candidates are prohibited from bringing recording devices, cell phones, smartwatches, or other electronic devices into test sites (CRDTS Candidate Manual, 2020).

CRDTS provides backup electronic equipment at each test site. A dedicated wireless system is used to encrypt and securely upload examiner evaluations of candidate performance. The system is monitored by an IT proctor throughout the examination to ensure proper uploading of results. After administration, test files are downloaded to a flash drive and uploaded to CRDTS' secure scoring website to prepare for final scoring and release of results (CRDTS Technical Report, 2017).

Finding 28: The security procedures practiced by CRDTS with regard to the maintenance of examination materials and candidate information are consistent with professional guidelines and technical standards.

### Test Security – Test Sites

CRDTS maintains test site security policies and procedures. Only authorized CRDTS personnel, examiners, and candidates are allowed to access test facilities providing test administration. CRDTS personnel, examiners, and candidates are required to wear identification at all times during test administration.

Finding 29: The security procedures practiced by CRDTS regarding test sites are consistent with professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the test security policies, procedures, and protocols meet professional guidelines and technical standards.

## CHAPTER 8 | COMPARISON OF THE CALIFORNIA REGISTERED DENTAL HYGIENIST EXAMINATION OUTLINE TO THE CRDTS DENTAL HYGIENE EXAMINATION CONTENTS

### PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a 2-day workshop on May 14–15, 2020 to evaluate and compare the following items:

- The task and knowledge statements of the California description of practice resulting from the 2019 California Occupational Analysis of the Registered Dental Hygienist Profession (California RDH OA, 2019).
- The examination content of the patient-based CRDTS Dental Hygiene Examination.

OPES recruited seven registered dental hygienists to participate in the workshop as SMEs.

The SMEs represented the profession in terms of geographic location in California. Two of the SMEs had been licensed for 1–5 years, one had been licensed for 6–10 years, three had been licensed for 11–19 years, and one had been licensed for more than 20 years. All SMEs worked as dental hygienists in various settings.

### WORKSHOP PROCESS

First, the SMEs completed OPES' security agreement, self-certification, secure area agreement, and personal data (demographic) forms. The OPES facilitator explained the importance of, and the guidelines for, security during and outside the workshop. The SMEs were then asked to introduce themselves.

Next, the OPES facilitator gave a PowerPoint presentation about the purpose and importance of occupational analysis, validity, content validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES facilitator also explained the purpose of the workshop.

The SMEs were instructed to evaluate and link each task and knowledge statement of the California description of practice to the task statements of the patient-based CRDTS Dental Hygiene Examination blueprint. To ensure that each SME understood the linkage process, the OPES facilitator had the SMEs work as a group to evaluate and link all of the task and knowledge statements of the California description of practice.

The content domain of the patient-based CRDTS Dental Hygiene Examination is provided in Table 1. Table 2 provides the content areas of the 2019 California description of practice.

TABLE 1 – CRDTS NATIONAL DENTAL HYGIENE EXAMINATION BLUEPRINT  
CONTENT DOMAINS

| Domain                                  | Weight      |
|---|-------------|
| 1. Extra/intra Oral Assessment          | 16%         |
| 2. Periodontal Probing                  | 12%         |
| 3. Scaling/Subgingival Calculus Removal | 60%         |
| 4. Supragingival Deposit Removal        | 12%         |
| <b>Total</b>                            | <b>100%</b> |

TABLE 2 – CONTENT AREAS OF THE 2019 CALIFORNIA REGISTERED DENTAL HYGIENIST EXAMINATION OUTLINE

| Content Area                     | Content Area Description   | Weight      |
|----------------------------------|--|-------------|
| 1. Treatment Preparation         | This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services.   | 5%          |
| 2. Dental Hygiene Treatment      | This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.                      | 40%         |
| 3. Patient Education             | This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.   | 10%         |
| 4. Infection Control             | This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.                      | 15%         |
| 5. Documentation                 | This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.                                       | 5%          |
| 6. Laws, Regulations, and Ethics | This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting. | 25%         |
| <b>Total</b>                     |  | <b>100%</b> |

## FINDINGS

The SMEs compared the task and knowledge statements of the 2019 California description of practice outline and the CRDTS Dental Hygiene Examination blueprint. The SMEs concluded that the patient-based CRDTS Dental Hygiene Examination adequately assessed the skills required for entry-level dental hygiene practice in California in the following four areas:

- Treatment Preparation
- Dental Hygiene Treatment
- Infection Control
- Documentation

The SMEs indicated that the patient-based CRDTS Dental Hygiene Examination did not adequately assess the content area Patient Education, but this content area was determined to be adequately assessed by other assessment measures. In addition, SMEs indicated that the patient-based CRDTS Dental Hygiene Examination did not adequately assess the content area Laws, Regulations, and Ethics. However, this content is measured by the California-specific Registered Dental Hygienist Law and Ethics Examination.

Finding 30: The SMEs concluded that the content of the patient-based CRDTS Dental Hygiene Examination adequately assesses the general skills required for entry-level dental hygiene practice in California identified in the California RDH OA, 2019.

Finding 31: The SMEs concluded that the content of the patient-based CRDTS Dental Hygiene Examination does not adequately assess the laws and ethics required for practice in California. SMEs concluded that this content should continue to be measured using a California-specific law and ethics examination.

## CONCLUSIONS

Overall, the SMEs concluded that the content of the patient-based CRDTS Dental Hygiene Examination sufficiently assesses the skills dental hygienists are expected to have mastered at the time of licensure.

## CHAPTER 9 | CONCLUSIONS

### COMPREHENSIVE REVIEW OF THE CRDTS DENTAL HYGIENIST EXAMINATION

OPES completed a comprehensive analysis and evaluation of the documents provided by CRDTS.

OPES finds that the procedures used to establish and support the validity and defensibility of the patient-based CRDTS Dental Hygiene Examination (i.e., OA, examination development, test registration and administration, examination scoring and performance, and test security) *generally* meet professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139. However, to be fully compliant with OPES 20-01, OPES recommends phasing out the service of board members and educators in examination development processes. Further, the process of establishing passing scores fails to demonstrate a robust methodology.

In addition, OPES made several recommendations related to standardization, scoring, and documentation processes. These recommendations are as follows:

- 1) OPES recommends that CRDTS consider methods to improve standardization in relation to patient selection. The use of live patients in licensure examinations presents challenges to standardization; however, standardization is an essential feature of examinations that are legally defensible, valid, and fair. CRDTS regularly reviews the performance of the patient-based CRDTS Dental Hygiene Examination and takes steps to maximize standardization; however, it appears that there may be some variability with regard to patient presentation and case complexity. CRDTS has defined a minimum qualifying calculus standard associated with minimum competence, but it is unclear how higher levels of complexity are addressed. Scoring on calculus removal is dichotomous, regardless of case complexity. OPES recommends that CRDTS review the patient selection component of the examination and provide a clear connection between scoring criteria, case complexity, and minimum competence.
- 2) Scoring criteria should be directly related to the competencies required for practice and should not reflect undesirable behaviors that are not related to these professional competencies. Therefore, OPES recommends that CRDTS review the late penalty deduction. This penalty should be revised, or a connection should be established between this penalty and minimum competence.
- 3) OPES recommends that CRDTS take steps to increase documentation of processes used in the examination development process. Recommendations include providing clear descriptions of all procedures used to develop the examination, set the passing score, and establish scoring criteria. In addition, while CRDTS provides the Board with annual reports regarding the performance of California candidates by educational institution, it excludes candidates from educational institutions with fewer than four candidates. OPES recommends that reports be revised to include information for all



California candidates, or that additional reports be provided containing this information. Further, OPES recommends that CRDTS provide information regarding the number and type of all penalties assessed on California candidates so that an accurate evaluation of candidate performance can be made.

Based on the evaluations presented in this report, OPES finds that the content of the patient-based CRDTS Dental Hygiene Examination *generally* measures the skills related to California dental hygiene practice.

However, practical examinations typically face issues with one or more of the following: standardizing procedures and materials, inter-rater reliability, validating scoring criteria, and setting passing scores that reflect minimum competence. These issues are exacerbated by the addition of live patients. OPES recommends that the Board consider conducting an evaluation to determine whether a skills-based examination remains a necessary component of assessing a candidate's competence for practice. Given the level of training and clinical assessment that dental hygiene candidates receive in educational programs, requiring a knowledge-based examination may be sufficient to assess minimum competence for licensure.

## CHAPTER 10 | REFERENCES

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## REVIEW OF THE WESTERN REGIONAL EXAMINING BOARD (WREB) DENTAL HYGIENE EXAMINATION





DENTAL HYGIENE BOARD OF CALIFORNIA

# REVIEW OF THE WESTERN REGIONAL EXAMINING BOARD (WREB) DENTAL HYGIENE EXAMINATION



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This report is mandated by California Business and Professions (B&P) Code § 139 and by DCA  
Licensure Examination Validation Policy OPES 18-02.

## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the patient-based Western Regional Examining Board (WREB) Dental Hygiene Examination. The purpose of the OPES review was to evaluate the suitability of the patient-based WREB Dental Hygiene Examination for use in California licensure.

To become licensed as a registered dental hygienist in California, the Board requires candidates to have requisite education and experience and to pass three examinations:

1. The National Board Dental Hygiene Examination (NBDHE)
2. The Western Regional Examining Board (WREB) Dental Hygiene Examination or the Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination
3. The California Registered Dental Hygienist Law and Ethics Examination

The WREB Dental Hygiene Examination is a patient-based clinical examination that measures a candidate's skill in four areas:

1. Extraoral and Intraoral Examination
2. Periodontal Assessment
3. Calculus Removal
4. Tissue Management

Within these areas, candidates are specifically evaluated on their ability to adhere to patient selection criteria, and to perform:

- Extraoral and intraoral examination
- Periodontal pocket measurement and recording (12 surfaces)
- Gingival recession assessment and recording (3 qualifying surfaces)
- Classification of furcation involvement
- Classification of mobility
- Identification of type of radiographic bone loss
- Classification of severity of bone loss
- Classification of severity of periodontal disease
- Calculus detection and removal (12 qualifying surfaces)
- Tissue management

In 2017, WREB collaborated with CRDTS to conduct an occupational analysis (OA) for the dental hygienist profession and to update the examination blueprint for the patient-based WREB Dental Hygiene Examination.

OPES, in collaboration with the Board, received and reviewed the results of the 2017 OA, as well as other documents provided by WREB. OPES performed a comprehensive evaluation of the documents to determine whether the following test program components met professional guidelines and technical standards: (a) OA, (b) examination development, (c) passing scores and passing rates, (d) test registration and administration, (e) examination scoring and performance, and (f) test security procedures. Follow-up emails were exchanged to clarify the procedures and practices used to validate and develop the patient-based WREB Dental Hygiene Examination.

OPES found that the procedures used to develop and administer the patient-based WREB Dental Hygiene Examination are generally consistent with professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and California Business and Professions (B&P) Code § 139. However, OPES made recommendations for WREB to consider, particularly regarding standardization and scoring.

In addition to reviewing documents provided by WREB, OPES convened a workshop of licensed California registered dental hygienists to serve as subject matter experts (SMEs) to review the content of the patient-based WREB Dental Hygiene Examination. The SMEs were selected by the Board to represent the profession in terms of geographic location, experience, and specialty. The purpose of the review workshop was to compare the content of the patient-based WREB Dental Hygiene Examination with the California registered dental hygienist description of practice that resulted from the 2019 California Occupational Analysis of the Registered Dental Hygienist Profession (California RDH OA, 2019) performed by OPES. During this workshop, the SMEs compared the task and knowledge statements from the California description of practice to the examination content of the patient-based WREB Dental Hygiene Examination. A linkage study was performed to identify whether there were areas of California dental hygiene practice that are not measured by the patient-based WREB Dental Hygiene Examination.

The results of the linkage study indicated that skills associated with four of the six areas included in the California dental hygiene description of practice were adequately linked to the content of the patient-based WREB Dental Hygiene Examination. SMEs concluded that one of the content areas, Patient Education, was not adequately assessed by the patient-based WREB Dental Hygiene Examination. However, SMEs determined that this content area is assessed by other examinations. In addition, the SMEs indicated that the content area Laws, Regulations, and Ethics was not adequately assessed by the content of the patient-based WREB Dental Hygiene Examination and should continue to be measured by the California-specific law and ethics examination.

In its evaluation, OPES found that while the patient-based WREB Dental Hygiene Examination was *generally* consistent with technical standards regarding validity, there are standardization challenges associated with the use of live patients. OPES further found a consistently high passing rate on the patient-based WREB Dental Hygiene Examination. This may indicate that candidates receive sufficient training in their pre-licensure clinical examinations to prepare them for safe and effective dental hygiene practice. Given these findings, OPES recommends that the



Board consider conducting an evaluation to determine whether a skills-based examination is necessary for assessing a candidate's competence for practice, or whether a knowledge-based examination may be sufficient to assess minimum competence for licensure.

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensure examination has the requisite knowledge and skills to competently and safely practice in the profession.

The Dental Hygiene Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the patient-based Western Regional Examining Board (WREB) Dental Hygiene Examination. The WREB Dental Hygiene Examination is a patient-based clinical examination that measures a candidate's competence in performing skills associated with calculus removal and periodontal assessments. The examination comprises four content areas:

1. Extraoral and Intraoral Examination
2. Periodontal Assessment
3. Calculus Removal
4. Tissue Management

Within these areas, candidates are specifically evaluated on their ability to adhere to patient selection criteria, and to perform:

- Extraoral and intraoral examinations
- Periodontal pocket measurements and recording (12 surfaces)
- Gingival recession assessments and recording (3 qualifying surfaces)
- Classification of furcation involvement
- Classification of mobility
- Identification of type of radiographic bone loss
- Classification of severity of bone loss
- Classification of severity of periodontal disease
- Calculus detection and removal (12 qualifying surfaces)
- Tissue management

OPES' review of the patient-based WREB Dental Hygiene Examination had three purposes:

1. To evaluate the suitability of the patient-based WREB Dental Hygiene Examination for continued use in California.
2. To determine whether the patient-based WREB Dental Hygiene Examination meets the professional guidelines and technical standards outlined in the *Standards for*

*Educational and Psychological Testing* (2014) (*Standards*)<sup>1</sup> and California Business and Professions (B&P) Code § 139.

3. To identify any areas of California dental hygiene practice that the patient-based WREB Dental Hygiene Examination does not assess.

In relation to the *Standards*, evaluating the acceptability of an examination does not involve determining whether the examination satisfies each individual standard interpreted literally. The importance of each standard varies according to circumstances. Page 7 of the *Standards* states:

Individual standards should not be considered in isolation. Therefore, evaluating acceptability depends on (a) professional judgment that is based on a knowledge of behavioral science, psychometrics, and the relevant standards in the professional field to which the test applies; (b) the degree to which the intent of the standard has been satisfied by the test developer and user; (c) the alternative measurement devices that are readily available; (d) research and experiential evidence regarding the feasibility of meeting the standard; and (e) applicable laws and regulations.

OPES, in collaboration with the Board, requested documentation from WREB to determine whether the following patient-based WREB Dental Hygiene Examination program components met professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139: (a) occupational analysis (OA),<sup>2</sup> (b) examination development, (c) passing scores and passing rates,<sup>3</sup> (d) test registration and administration, (e) examination scoring and performance, and (f) test security procedures.

## CALIFORNIA LAW AND POLICY

Section 139 (a) of the California B&P Code states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA Licensure Examination Validation Policy OPES 18-02 (OPES 18-02) specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

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<sup>1</sup> See Chapter 10 for the complete reference to the *Standards*.

<sup>2</sup> An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

<sup>3</sup> A passing score is also known as a pass point or cut score.

## FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to psychometric aspects of the patient-based WREB Dental Hygiene Examination and describe the findings and recommendations that OPES identified during its review.





## CHAPTER 2 | OCCUPATIONAL ANALYSIS

### STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the *Standards*.

#### **Standard 11.13**

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181-182).

The comment following Standard 11.13 emphasizes its relevance:

*Comment:* Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice . . .

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included (p. 182).

California B&P Code § 139 requires that each California licensing board, bureau, commission, and program report annually on the frequency of its OAs and the validation and development of its examinations. OPES 18-02 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession (p. 4).

## FINDINGS

In 2017, WREB collaborated with the Central Regional Dental Testing Service (CRDTS) to conduct an OA for the dental hygiene profession. This OA was conducted at the national level. Results of this OA were documented for a presentation at a CRDTS and WREB Joint Dental Hygiene Practice Analysis Meeting in 2018 (CRDTS and WREB Joint Meeting, 2018), and in the WREB 2017–18 Dental Hygiene Practice Analysis: Report of Findings Prepared for the CRDTS and WREB Joint Dental Hygiene Practice Analysis Committee (WREB Practice Analysis Report, 2020). Additional information regarding this study was obtained through other technical reports and documentation provided by WREB, from WREB’s website, and through email communication with WREB representatives.

### Occupational Analysis – Goals, Methodology and Time Frame

The purpose of the OA was to provide evidence to state licensing boards in support of decisions regarding candidate readiness for professional practice, to draw reliable inferences regarding minimal competence from candidate performance, and to determine the appropriate content to assess performance levels and set passing standards (CRDTS and WREB Joint Meeting, 2018). The methodology used to conduct the OA was an online survey that described the practices (job tasks) performed by dental hygienists.

The survey was developed by WREB and CRDTS and was designed to be comparable to surveys administered by both testing agencies in prior OAs. A Joint Dental Hygiene Practice Analysis Committee (Practice Analysis Committee) was also involved in the development process. The Practice Analysis Committee comprised six subject matter experts (SMEs), who were selected from WREB and CRDTS member states. All SMEs had a minimum of 20 years of experience in the dental hygiene profession and were experienced board examiners or dental hygiene educators (WREB Practice Analysis Report, 2020).

The online survey was then completed by dental hygienists who were members of the American Dental Hygienists’ Association (ADHA).

Finding 1: The most recent OA was completed in 2017. The OA was conducted within a time frame considered to be current and legally defensible.

Finding 2: The previous OA conducted by WREB occurred in 2009. This interval exceeds the DCA policy established under B&P Code § 139, which specifies that an OA should be conducted every 5 years.

### Occupational Analysis – Development of Survey Instrument

In 2017, WREB and CRDTS collaboratively developed a survey to perform an OA of dental hygiene practice. The survey was developed by evaluating the major content domains and practices (tasks) listed on previous surveys administered by both organizations. Similar practice statements were combined, and additional restorative and anesthesia practices were added (WREB email communication, June 2020). Three WREB SMEs from the Practice Analysis

Committee reviewed the practice (task) statements and the final survey. CRDTS SMEs on the Practice Analysis Committee also reviewed the statements and survey (WREB email communication, June 2020).

The final survey included three sections. The first section comprised eight demographic questions designed to gather information about the survey respondents and their practice setting. This section also included questions specifically for respondents who practiced in a clinical setting. The section asked them how frequently they performed adult prophylaxis procedures, non-surgical periodontal procedures, and periodontal maintenance procedures. The second section of the survey comprised 49 practices (tasks) that were distributed across three content areas related to dental hygiene practice. Respondents were asked to rate each practice (task) on two rating scales: importance to practice (very important, somewhat important, or less important) and frequency of performance of the task (routinely, occasionally, or rarely). The third section of the survey asked respondents to provide comments or suggestions (WREB Practice Analysis Report, 2020).

Finding 3: The procedures used by WREB to develop the survey instrument generally comply with professional guidelines and technical standards.

Finding 4: The development of the survey involved six SMEs, all of whom were licensed more than 20 years. To better represent the profession in terms of geographical location and level of experience, more than six SMEs should be involved in the survey development process.

#### Occupational Analysis – Sampling Plan

The sampling plan for the study consisted of sending invitation emails to all of the 14,418 members of the ADHA in October 2017 (WREB, Practice Analysis Report, 2020).

Of the 14,418 members, 27% of the respondents completed the survey with enough detail to provide valid data. Of the 3,901 usable respondents, 27% were from the western region of the United States, with 228 (5.8%) from California.

Finding 5: The intent of the sampling plan and the overall response rate were acceptable. The number of survey respondents from California was sufficient to provide representation of licensed California registered dental hygienists.

#### Occupational Analysis – Survey Results

After administering the survey, WREB and CRDTS collected the data and analyzed the survey results. Analyses included descriptive statistics calculated for each dental hygiene practice (task) included on the survey. Ratings on frequency and importance scales were combined using a multiplicative model that resulted in a potential range of 1 to 9. The frequency-importance product values were rank-ordered and presented to the Practice Analysis Committee for review.

Analyses also included correlation and linear regression to compare results for dental hygiene practices (tasks) with the results obtained from previous OA surveys. Overall, frequency-importance values for practices (tasks) included on the current OA had a correlation of .98 with those included on a previous OA conducted by WREB in 2009 (WREB Practice Analysis Report, 2020).

Finding 6: The respondents included dental hygienists throughout the United States. Of the respondents, 48.4% had been practicing for 20 years or longer, 22.1% had been practicing for 10–20 years, 10% had been practicing for 5–10 years, and 18.6% had been practicing for less than 5 years. Approximately 51% of respondents were from WREB and CRDTS member states, while 49% were from other states.

A majority of respondents indicated practicing in a private setting (75.6%), while 19.5% indicated that they worked in an educational setting. Fewer than 10% of respondents gave their practice setting as either a public health agency, corporate dental office, hospital/care facility, or the military.

Four questions on the survey were directed toward dental hygienists who were actively practicing in a clinical setting. These questions pertained to the frequency of adult prophylaxis, non-surgical periodontal procedures, and periodontal maintenance procedures performed. All other practices (tasks) were rated by all survey respondents.

#### Occupational Analysis – Decision Rules and Final Examination Blueprint

The results of the survey were reviewed by the Practice Analysis Committee in April 2018. The Practice Analysis Committee SMEs discussed the results of the survey in conjunction with WREB's current examination blueprint. SMEs evaluated whether there were any prominent shifts in practice and whether any changes were required on the current WREB Dental Hygiene Examination (WREB Practice Analysis Report, 2020).

The Practice Analysis Committee SMEs indicated that there were no major shifts in the practices (tasks) performed by dental hygienists. The SMEs further determined that the practices (tasks) of intraoral examination, periodontal assessment, gingival recession assessment, and non-surgical periodontal treatments continue to be important and should remain the major components of the patient-based WREB Dental Hygiene Examination (WREB Practice Analysis Report, 2020).

Finding 7: The linkage between the practices (tasks) required for entry-level dental hygienists and the major content areas of the WREB Dental Hygiene Examination demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

## RECOMMENDATIONS

Recommendation 1: DCA policy established under B&P Code § 139 specifies that, generally, boards should perform an OA every 5 years. OPES recommends that WREB adopt this interval for conducting OAs.

Recommendation 2: Results of OAs are used to develop licensure examinations that measure the competencies required for practice. To ensure that examination content accurately reflects these competencies, survey responses should be obtained from licensed dental hygienists who are currently practicing. With the exception of responses to four questions, it appears that ratings of practices on the WREB OA survey included responses from licensees who may not have been actively providing clinical services. OPES recommends that future OAs exclude responses obtained from dental hygienists who are retired or otherwise not currently engaged in dental hygiene practice.

Recommendation 3: Licensure examinations should measure the competencies required at initial licensure, and not those gained over time. As such, examination content should be based on the results of an OA that includes a representative sample of entry-level practitioners. Entry-level is generally defined as a practitioner licensed 5 years or less. OPES recognizes the sampling limitations involved in conducting an OA of this scope, and commends the efforts made by WREB to sample from this demographic. However, OPES recommends that future OAs attempt to increase the participation of practitioners licensed less than 5 years to ensure adequate representation of entry-level perspectives.

## CONCLUSIONS

The OA conducted by WREB appears to be reasonably consistent with professional guidelines and technical standards. Additionally, the examination blueprint for the patient-based WREB Dental Hygiene Examination appears to be based on the results of the OA, which is consistent with professional guidelines and technical standards.



## CHAPTER 3 | EXAMINATION DEVELOPMENT

### STANDARDS

Examination development includes many steps within an examination program, from the development of an examination outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include development of examination content, linkage of examination content to the examination outline, and developing scoring criteria.

The following standards are most relevant to examination development for licensure examinations, as referenced in the *Standards*.

#### **Standard 4.7**

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

#### **Standard 4.12**

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

The following regulations are relevant to the integrity of the examination development process:

California B&P Code § 139 requires the Department of Consumer Affairs to develop a policy on examination validation which includes minimum requirements for psychometrically sound examination development.

DCA Policy Participation in Examination Development Workshops OPES 20-01 (OPES 20-01), as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

### FINDINGS

#### Examination Development – Subject Matter Experts (SMEs)

In 1979, WREB began administration of the patient-based WREB Dental Hygiene Examination (WREB email communication, June 2020). The predominant content areas have remained relatively consistent: extraoral and intraoral examination, periodontal assessment, calculus detection, and calculus removal. However, elements within the examination have undergone revision, including the number of tooth surfaces evaluated, the type and extent of calculus accepted, and weighing and scoring. Revisions were made based on evidence regarding professional practice. Revisions included evaluation by SMEs, review of multi-year data analyses, and field testing where applicable (WREB email communication, June 2020).

At least once a year, the content of the WREB Dental Hygiene Examination undergoes review by the WREB Dental Hygiene Examination Review Board (ERB) and other examination-specific committees (WREB Practice Analysis Report, 2020). The ERB consists of representatives from WREB's member states, and includes dental hygienists, dental hygiene educators, and dentists who serve as SMEs. SMEs who serve on WREB committees also review the results of practice analysis surveys, current dental hygiene curricula, and standards of competency to assure that the content and protocol of the patient-based WREB Dental Hygiene Examination remain current and relevant to practice.

Finding 8: The procedures used to develop and review the content of the patient-based WREB Dental Hygiene Examination appear relatively consistent with professional guidelines and technical standards. However, the use of educators in the development process is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

#### Examination Development – Linkage to Examination Blueprint

In 2018, the Practice Analysis Committee met and verified the linkage between the results of the most current OA and the content domains of the patient-based WREB Dental Hygiene Examination blueprint (examination specifications). In addition, other WREB committees reviewed the results of the OA and confirmed the accuracy of the content domains specified in the patient-based WREB Dental Hygiene Examination blueprint (WREB Practice Analysis Report, 2020).

Finding 9: The methods used to establish the linkage between examination content and the competencies necessary for practice are consistent with professional guidelines and technical standards.

#### Examination Development – Item Field Testing

The WREB Dental Hygiene Examination is a patient-based clinical examination that measures a candidate's ability to competently perform skills in four main areas of dental hygiene practice. According to the WREB 2019 Technical Report for Dental Hygiene Examinations (WREB Technical Report, 2020), the items included in the content domains of the WREB Dental Hygiene Examination are the product of years of field testing and refinement. In addition, WREB performs ongoing SME review of item performance in frequent committee meetings. WREB also performs statistical analyses to provide empirical evidence regarding the functioning of examination content (WREB Technical Report, 2020).

Finding 10: The procedures used to develop, review, and field test items that comprise the patient-based WREB Dental Hygiene Examination are consistent with professional guidelines and technical standards.

#### Examination Development – Examination Forms

The content domains included in the patient-based WREB Dental Hygiene Examination remain consistent across examination administrations. Candidates are assessed on skills related to



calculus removal and periodontal assessments. The assessment is made on one qualifying quadrant of a patient's mouth, which must contain 12 surfaces of qualifying calculus (WREB Technical Report, 2020). The content area Extraoral and Intraoral Examination comprises two evaluation items (2 points total); Periodontal Assessment comprises four selected-response items (2 points each) and 15 periodontal probing and recession items (1 point each); and Calculus Removal and Tissue Management together comprise 12 items (6.25 points each), according to the WREB 2020 Dental Hygiene Examination Candidate Guide (WREB Candidate Guide, 2020).

WREB maintains a Dental Hygiene Committee that is responsible for development, review, and revision of the patient-based WREB Dental Hygiene Examination (WREB email communication, August 2020). The WREB Dental Hygiene Committee consists of six SMEs who are licensed dental hygienists and have served as a board member or a board designee from member states. At least one committee member is an educator from an accredited dental hygiene program. In addition, the committee is supported by two additional non-voting committee members and a professional psychometrician.

The Dental Hygiene Committee meets several times per year to evaluate psychometric data regarding the examination, review current dental hygiene practices and test specifications, and recommend exam development/revisions, when applicable (WREB email communication, August 2020). Any proposed changes to examination content are then reviewed and approved by a separate committee, the WREB Dental Hygiene Examination Review Board (HERB).

The HERB is an examination oversight body comprising representatives from each WREB member state, including the board chair and an educator-member (WREB email communication, August 2020). Additional (non-voting) members include the President of the WREB Board of Directors and two dental hygiene consultants in examination development and administration. The HERB meets annually to review the patient-based WREB Dental Hygiene Examination and approve any changes to examination content recommended by the Dental Hygiene Committee.

Finding 11: The procedures used to develop and refine examination content included on the patient-based WREB Dental Hygiene Examination are generally consistent with professional guidelines and technical standards. However, the use of board members and educators is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

## RECOMMENDATIONS

Recommendation 4: OPES recognizes that WREB requires the participation of practitioners from member states to develop and administer examinations. In order to be fully compliant with OPES 20-01, OPES recommends phasing out or limiting the service of board members and educators during examination development processes.

## CONCLUSIONS

Given the findings, the examination development activities conducted by WREB appear to be generally consistent with professional guidelines and technical standards with regard to development of examination content, to the linkage of examination content to the examination blueprint, and to the testing and review of examination performance. To reduce the potential for conflict of interest, OPES recommends phasing out the use of board members and educators as SMEs.

## CHAPTER 4 | PASSING SCORES AND PASSING RATES

### STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores, cut points, or cut scores for licensure examinations, as referenced in the *Standards*.

#### **Standard 5.21**

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

#### **Standard 11.16**

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The supporting commentary on passing or cut scores for Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard-setting process used should be clearly documented and defensible. The qualifications of the judges involved and the process of selecting them should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p. 101).

In addition, the supporting commentary for Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). It further states, “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

## FINDINGS

### Passing Scores – The Patient-Based WREB Dental Hygiene Examination: Process, Use of Subject Matter Experts, and Methodology

The passing score for the patient-based WREB Dental Hygiene Examination is set at 75 out of 100 possible points. OPES has advised that California boards avoid using absolute passing scores for licensure examinations and instead use a criterion-referenced passing score methodology that reflects the competencies required for practice. WREB recognizes the arbitrary nature of absolute passing scores in licensure examinations; however, some of WREB's member states have passing scores set in statute. Therefore, WREB has scaled the passing score of the patient-based WREB Dental Hygiene Examination using a criterion-based scoring system (WREB Technical Report, 2020).

To link the passing score to performance criteria, the Dental Hygiene Committee developed minimum competence performance definitions for each area of the examination, as well as definitions of performance above and below this level (WREB Technical Report, 2020). The Dental Hygiene Committee then determined a critical scoring criterion and assigned points based on minimum competence standards for each item on the examination.

Finding 12: The use of a criterion-referenced passing standard to set the recommended passing score appears to be generally consistent with professional guidelines and technical standards.

### Passing Rates

WREB tracks passing rates for individual states and provides annual reports that demonstrate how California candidates perform on examinations relative to all other candidates. This data is provided for first-time test takers, repeat test takers, and overall performance.

Finding 13: For the years 2015–2020, passing rates for all California candidates consistently ranged from 90 to 93% (approximately). Passing rates for first time test takers consistently ranged from 90 to 94% (approximately). In the WREB Overview of Recent Results for Graduates of California Dental Hygiene Programs, 2020 (WREB Overview of Recent Results, 2020), WREB states that the high passing rates are to be expected “given candidates have been approved by their educational institution as ready to challenge a criterion-referenced clinical examination of minimum competence” (WREB Overview of Recent Results, 2020, p. 3). (Note: The patient-based WREB Dental Hygiene Examination was discontinued in early 2020 due to the COVID-19 pandemic. Therefore, 2020 results were based on only 212 candidates. However, the results for these candidates were consistent with those of prior years.)

WREB has found that the likelihood of success decreases with the number of examination attempts. However, passing rates for all California candidates across attempts at the end of each of the examination seasons for the five years reviewed ranged from 99.2% to 99.8%.

Finding 14: WREB made an adjustment to scoring criteria in 2018 that resulted in a slight increase in the candidate passing rate. This adjustment is described further in Chapter 6. OPES supports this change in scoring criteria, which reduced sources of construct-irrelevant variance associated with radiographs and patient selection.

## CONCLUSIONS

Given the findings, the passing score methodologies used by WREB to set the passing score for the patient-based WREB Dental Hygiene Examination demonstrate a sufficient degree of validity, thereby meeting professional guidelines and technical standards.

The passing rates for the patient-based WREB Dental Hygiene Examination indicate that California candidates perform exceptionally well. OPES concurs with WREB's assessment that the high passing rates may indicate that California candidates are receiving adequate training in education programs to prepare them for demonstrating minimum competence for practice.



## CHAPTER 5 | TEST REGISTRATION AND ADMINISTRATION

### STANDARDS

The following standards are most relevant to standardizing the test administration process for licensing examinations, as referenced in the *Standards*.

#### **Standard 3.4**

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

#### **Standard 4.15**

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

#### **Standard 4.16**

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test or should be included in the testing material as part of the standard administration instructions (p. 90).

#### **Standard 6.1**

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

#### **Standard 6.2**

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

#### **Standard 6.3**

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

#### **Standard 6.4**

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

#### **Standard 6.5**

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

#### **Standard 8.1**

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

#### **Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

### **FINDINGS**

The WREB Dental Hygiene Examination is administered throughout the calendar year at test sites located in WREB's member states. Due to the COVID-19 pandemic, WREB temporarily suspended administration of the patient-based examination in 2020. However, WREB subsequently resumed testing on a limited basis through the end of 2020 and has indicated an intent to resume full administration in 2021.

WREB provides information about the patient-based WREB Dental Hygiene Examination to candidates and prospective candidates through its website at <https://www.wreb.org>.

#### **Test Administration – Candidate Registration**

Candidates register to take the WREB Dental Hygiene Examination by submitting an application and creating an online candidate profile. Candidates are required to submit a name that matches personal identification that must be provided the day of the examination. In addition, candidates are required to submit a photograph that will be used for their Candidate ID Badge, which must be worn the day of the examination.



The WREB website and 2020 WREB Candidate Guide provide detailed instructions and information regarding the application and registration process, including:

- Creating a Candidate Profile
- Scheduling requests
- Providing proof of qualification
- Paying for an examination
- Monitoring candidate status

Finding 15: WREB's registration process appears straightforward. The information available to candidates is detailed and comprehensive. The candidate registration process appears to meet professional guidelines and technical standards.

#### Test Administration – Accommodation Requests

WREB complies with the Americans with Disabilities Act and provides reasonable accommodations to candidates with documented disabilities. Candidates with a disability are required to submit a Special Accommodations Request Form 45 days prior to the examination, along with documentation from a health care professional attesting to the need for accommodation (WREB Candidate Guide, 2020). WREB attempts to make reasonable accommodations provided they do not interfere with the skills the examination is intended to measure or provide an unfair advantage (WREB Technical Report, 2020).

Finding 16: WREB's accommodation procedures appear consistent with professional guidelines and technical standards.

#### Test Administration – Test Centers and Test Sites

The WREB Dental Hygiene Examination is administered over several days at dental hygiene schools that serve as test sites. These test sites are located throughout California and other member states (WREB website). Testing dates are site-specific and arranged between WREB and the test site. Candidates are assigned to either a morning or afternoon testing session (WREB Candidate Guide, 2020).

Finding 17: Candidates have access to participating dental hygiene schools with trained examiners and controlled testing conditions.

## Test Administration – Directions and Instructions to Candidates

The WREB website provides detailed information about the patient-based WREB Dental Hygiene Examination. In addition, the 2020 WREB Candidate Guide provides detailed information to candidates regarding:

- Scope of the examination and examination procedures
- Examination materials and instruments
- Patient selection guidelines
- Reporting to the test center and test site
- Candidate orientation
- Test center and test site procedures
- Security procedures
- Standards of conduct
- Infection control requirements
- Examination scoring criteria
- Examination forms (completed before, or during, examination administration)

Candidates are also provided with an onsite question and answer session and tour of the clinic before the start of the exam. During this time, candidates are provided with instructions regarding clinic layout, emergency protocols, infection control policies, proper disposal of biohazardous materials, sterilization procedures, and operation of equipment (WREB Candidate Guide, 2020).

Finding 18: The directions and instructions provided to candidates appear straightforward. The information available to candidates is detailed and comprehensive.

## Test Administration – Standardized Procedures and Testing Environment

Candidates are tested in similar operatories at test sites, using the same equipment, under the same conditions (WREB Candidate Guide, 2020). All candidates are assessed on the same clinical skills, which are performed on a live patient in a clinical setting. All candidates are required to use the same specified set of instruments during the examination process. In addition, expendable dental hygiene materials are provided by test sites to all candidates. Candidates are required to provide protective eyewear for themselves and patients.

As part of the examination process, candidates are required to submit live patients for acceptance and approval. Patients must meet specific criteria, including one quadrant with 12 surfaces of minimum qualifying subgingival calculus (WREB Candidate Guide, 2020). While candidates incur point penalties for patient rejections, they may make up to three submissions for acceptance.

Finding 19: The procedures established for the test administration process and testing environment appear to be consistent with professional guidelines and technical standards.

Finding 20: The variability associated with the use of live patients presents challenges to standardization. WREB is aware of these challenges and has taken steps to address the issue. WREB evaluated candidate performance between 2013 and 2017 and found that candidates who submitted patients that required “more challenging treatment” were less likely to incur penalties for patient rejection. However, these candidates were less likely to be successful on the treatment portion of the examination. In 2018, WREB revised the patient selection process, allowing candidates to submit up to four additional teeth in addition to a quadrant, without necessarily having to treat all submitted teeth. The modifications made in 2018 also included changes in the definitions of qualifying calculus to “improve clarity and better reflect the treatment needs of the wider patient population” (WREB Overview of Recent Results, 2020, p. 2).

While the revisions made in 2018 resulted in an increase in passing rates, it is unclear to what extent standardization was improved. WREB has defined criteria for minimum qualifying calculus; however, it is unclear how increased levels of complexity are accounted for with regard to minimum competence standards. While the level of complexity associated with calculus removal appears to vary significantly when using live patients, scoring is dichotomous (points are assigned based on the presence or absence of remaining calculus).

WREB has been researching the viability of alternatives to patient-based assessments, including a typodont simulation using custom-designed materials. However, WREB has found that a typodont simulation would not be a sufficiently valid and defensible alternative. WREB has indicated it will continue exploring the simulation alternatives as more realistic simulations can be demonstrated.

## RECOMMENDATIONS

Recommendation 5: OPES recognizes the standardization challenges associated with candidate submissions of live patients. However, standardization is an essential feature in administering examinations that are legally defensible, valid, and fair to candidates. OPES recommends that WREB continue to investigate new technologies and alternate means of assessing candidate skills as they relate to competence to practice as a dental hygienist.

## CONCLUSIONS

Given the findings, the test administration protocols put in place by WREB appear consistent with professional guidelines and technical standards. However, OPES recommends options be considered to address standardization issues associated with the use of live patients.



## CHAPTER 6 | EXAMINER TRAINING, SCORING, AND PERFORMANCE STANDARDS

### STANDARDS

The following standards are most relevant to examiner training, test scoring, and performance for licensing examinations, as referenced in the *Standards*.

#### **Standard 2.3**

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

#### **Standard 4.10**

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88-89).

#### **Standard 4.20**

The process for selecting, training, qualifying, and monitoring scorers should be specified by the test developer. The training materials, such as the scoring rubrics and examples of test takers' responses that illustrate the levels on the rubric score scale, and the procedures for training scorers should result in a degree of accuracy and agreement among scorers that allows the scores to be interpreted as originally intended by the test developer. Specifications should also describe processes for assessing scorer consistency and potential drift over time in raters' scoring (p. 92).

#### **Standard 4.21**

When test users are responsible for scoring and scoring requires scorer judgment, the test user is responsible for providing adequate training and instruction to the scorers and for examining scorer agreement and accuracy. The test developer should document the expected level of scorer agreement and accuracy and should provide as much technical guidance as possible to aid test users in satisfying this standard (p. 92).

## Standard 6.8

Those responsible for test scoring should establish scoring protocols. Test scoring that involves human judgment should include rubrics, procedures, and criteria for scoring. When scoring of complex responses is done by computer, the accuracy of the algorithm and processes should be documented (p. 118).

OPES 20-01, as mandated by B&P Code § 139, specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

## FINDINGS

### Examiner Selection and Training

The patient-based WREB Dental Hygiene Examination relies on the judgment of examiners in determining whether a candidate has demonstrated the skills required for competent dental hygiene practice. The Dental Hygiene Committee sets the criteria for selecting examiners (WREB Technical Report, 2020). Examiners are predominantly members or designees of licensing boards that comprise WREB's member states. Approximately 25% of examiners are educators. All examiners are required to be actively licensed and in good standing and have no license restrictions. They must submit proof of license renewal each year (WREB Technical Report, 2020).

All examiners are required to complete a series of tutorials and self-assessments in preparation for scoring examinations (WREB Technical Report, 2020). Examiners review WREB secure online training materials and then attend orientation and calibration sessions. During these sessions, examiners practice applying scoring criteria using examples of clinical performance. The judgments provided by examiners during these sessions are compared with scores provided by members of examination committees using the performance criteria. Calibration exercises are continued until examiners reach an acceptable level of agreement.

The Dental Hygiene Committee also monitors examiner performance during examinations (WREB Technical Report, 2020). Examiners who demonstrate low percentages of agreement, high percentages of harshness or lenience, or erratic grading patterns receive remedial training and are monitored for proper application of grading criteria definitions. Continued lack of agreement may result in dismissal from the examination pool (WREB Technical Report, 2020).

WREB maintains a statistical profile of examiners, which is used as the basis for assigning examiners to test sites (WREB Technical Report, 2020). Site assignments are made to provide stability in grading across examiners and examination administrations. To minimize conflicts of interest, educators are not allowed to serve as examiners at the school test site where they teach (WREB Technical Report, 2020). WREB requires that member states be involved in examination development and administration, and examiners from member states are prioritized in making examiner assignments at test sites.

Finding 21: The selection and training of examiners for the patient-based WREB Dental Hygiene Examination is generally consistent with professional guidelines and technical standards. However, the use of board members and educators as examiners is not fully compliant with OPES 20-01, as mandated by B&P Code § 139.

### Examination Scoring

The patient-based WREB Dental Hygiene Examination uses a criterion-based scoring system (WREB Technical Report, 2020). Once a candidate has completed treatment procedures on a patient, three examiners independently evaluate the candidate's performance using established scoring criteria. Scores are assigned based on the median rating of the three examiners.

Points on the examination are deducted for patient selections that do not meet required criteria and for performance errors that are confirmed by two of three examiners (WREB Technical Report, 2020). Point deductions for rejection and performance errors are assigned as follows:

- Patient treatment submission rejection – 4 points each (up to three rejections).
- Extraoral and intraoral examination – 2 points (partial credit of one point may be given).
- Probing and recession error – 1 point each (up to 12 out of 15 possible points).
- Remaining calculus – 6.25 points each.
- Tissue trauma – 6.50 points each (WREB Candidate Guide, 2020).

In addition to point penalties for performance errors, candidates are assessed a 4-point or 3-minute clinical treatment time deduction for each minute a patient is late for check-in procedures, and a 1-point deduction for each minute the patient is late for check-out procedures (WREB Candidate Guide, 2020).

A final score is calculated by applying point deductions from a total of 100 possible points (WREB Technical Report, 2020). Candidates must receive a minimum score of 75 of 100 possible points to pass the examination.

Finding 22: The scoring criteria are applied equitably and are generally consistent with professional guidelines and technical standards.

Finding 23: Scoring penalties predominantly reflect errors or deficiencies associated with performance. However, the late penalty appears to be unrelated to performance standards required for safe and effective practice.

Finding 24: A scoring penalty of 6.25 points is assigned for the presence of detectable calculus. This scoring is dichotomous and appears to be assigned irrespective of the level of case complexity.

## Examination Performance

WREB performs analyses of test functioning and rater performance for each examination administration (WREB Technical Report, 2020). Classical test theory statistics are used to evaluate rating scale proportions and descriptive statistics of rated examination components. The many-faceted Rasch model is also used to evaluate performance characteristics associated with candidate ability, task difficulty, and scoring (WREB Technical Report, 2020).

Following each examination administration, WREB performs several analyses to evaluate examiner rating performance. These analyses include evaluation of both examiner agreement and examiner harshness or leniency (WREB Technical Report, 2020). To evaluate rater agreement, WREB conducts comparison analyses between ratings assigned by one examiner and the mean of the ratings provided by the other two examiners for each examination component (WREB Technical Report, 2020). Ratings that deviate from the mean by one point represent an insufficient level of agreement. WREB examiners are expected to be within one point of the mean in at least 80% of assigned ratings (WREB Technical Report, 2020).

Infit and outfit mean-square fit statistics (many-faceted Rasch model) are analyzed to identify examiner ratings that indicate either harsh or lenient extremes. Examiners with ratings at extremes of either range may be referred for additional training (WREB Technical Report, 2020). Additional analyses of examiner teams at each test site are conducted using the Rasch model to ensure comparability of ratings across examination sites and sessions (WREB Technical Report, 2020).

Data provided for the most recent complete administration of the patient-based WREB Dental Hygiene Examination (2019) indicated examination and examiner statistics within generally accepted ranges.

Finding 25: The examination-level statistics and examiner performance statistics indicate adequate performance for licensure examinations.

## RECOMMENDATIONS

Recommendation 6: OPES recognizes that WREB requires the participation of practitioners from member states to develop and administer examinations. In order to be fully compliant with OPES 20-01, OPES recommends phasing out the service of board members and educators as examiners in the administration of the patient-based WREB Dental Hygiene Examination.

Recommendation 7: The content and scoring criteria for licensure examinations should clearly reflect the competencies necessary for practice. The scoring criteria used on the patient-based WREB Dental Hygiene Examination generally reflect the competencies required for dental hygiene practice, with penalties for performance error or critical deficiencies. However, the time penalty appears unrelated to competency for practice. OPES recommends reviewing scoring criteria to define how this penalty relates to the competencies required for practice or removing this penalty from the scoring process.



Recommendation 8: In 2018, WREB modified patient submission criteria. As WREB noted, candidates who selected more challenging cases were less likely to face patient rejection but were more likely to be unsuccessful on treatment portions of the examination (WREB Overview of Recent Results, 2020). It is unclear whether more challenging cases reflect minimum competence for professional practice or are associated with higher levels of competence. OPES recommends that WREB clarify the relationship between case complexity and minimum competence standards.

## CONCLUSIONS

The steps taken by WREB to score the patient-based WREB Dental Hygiene Examination generally appear to provide for a fair and objective evaluation of candidate performance. However, OPES recommends that WREB review scoring criteria to establish a clear connection between the time penalty and competence for dental hygiene practice or that WREB consider revision of this penalty. OPES further recommends that WREB clarify the link between case complexity and minimum competence with regard to dichotomous scoring of calculus removal.

The steps taken by WREB to evaluate examination and examiner performance appear to be reasonable.



## CHAPTER 7 | TEST SECURITY

### STANDARDS

The following standards are most relevant to test security for licensure examinations, as referenced in the *Standards*.

#### **Standard 6.6**

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

#### **Standard 6.7**

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

#### **Standard 8.9**

Test takers should be made aware that having someone else take the test for them, disclosing confidential test material, or engaging in any other form of cheating is unacceptable and that such behavior may result in sanctions (p. 136).

#### **Standard 9.21**

Test users have the responsibility to protect the security of tests, including that of previous editions (p. 147).

### FINDINGS

#### Test Security – Examination Materials and Candidate Information

For the patient-based WREB Dental Hygiene Examination, the content, scoring criteria, and passing score are made public and are available in the 2020 WREB Candidate Guide.

All examination materials and equipment used to administer the examination are prepared by WREB staff for distribution to test sites before the date of administration (WREB email communication, November 2020). Materials and scoring equipment are individually numbered and securely sealed in containers for transport to test sites. Each container is assigned a unique identifier and securely shipped to a test site using a national shipping company. At each test site, the containers are verified and stored in a locked room. Only WREB staff have access to and authority to unseal the containers. Once the containers are opened, WREB staff use point keyed locks throughout examination processes. Following test administration, WREB staff securely seal examination materials and equipment in the containers for return shipping.

During the registration process, candidates are required to submit a passport quality photograph (WREB email communication, November 2020). This photograph becomes part of the

Candidate Profile and is printed on the Candidate ID Badge. This badge must be presented by a candidate at the examination site, along with another valid form of identification, before the candidate will be admitted. All examination materials are numbered with each candidate's unique Candidate ID Number. Candidates are required to wear the Candidate ID Badge throughout the examination, and each candidate's materials are matched against each Candidate ID Badge for accuracy. Candidates must return their ID Badge and examination materials at the completion of the exam.

All examiners and candidates are required to sign non-disclosure agreements, certifying confidentiality compliance regarding examination-related materials (WREB Technical Report, 2020). Candidate are permitted to bring the 2020 WREB Candidate Guide to test sites, but all other outside references or materials are prohibited. In addition, candidates are prohibited from bringing recording devices, cell phones, smartwatches, or other electronic devices into test sites. Candidate clothing and eyeglasses are inspected on the day of the examination for prohibited items (WREB Technical Report, 2020).

At test sites, WREB uses dedicated equipment and a secure electronic scoring system (ESS) to maintain the security of candidate information and examination data (WREB email communication, November 2020). The ESS requires a uniquely encrypted key for access, and it is used to transmit scoring data from examiner electronic devices to an onsite server via a secure local network. The network can only be accessed by WREB staff. Each day, designated WREB staff synch information used during examination administration from the WREB office, and synch data back at the end of the day.

The WREB server is equipped with backup capability. In addition, WREB staff use an external USB hard drive to prevent catastrophic ESS data loss.

Finding 26: The security procedures practiced by WREB with regard to the maintenance of examination materials and candidate information are consistent with professional guidelines and technical standards.

#### Test Security – Test Sites

WREB maintains test site security policies and procedures. Only authorized WREB personnel, examiners, and candidates are allowed to access test facilities providing test administration. WREB personnel, examiners, and candidates are required to wear identification at all times during test administration.

Finding 27: The security procedures practiced by WREB regarding test sites are consistent with professional guidelines and technical standards.

## CONCLUSIONS

Given the findings, the test security policies, procedures, and protocols meet professional guidelines and technical standards.



## CHAPTER 8 | COMPARISON OF THE CALIFORNIA REGISTERED DENTAL HYGIENIST DESCRIPTION OF PRACTICE TO THE PATIENT-BASED WREB DENTAL HYGIENE EXAMINATION BLUEPRINT

### PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a 2-day workshop on May 14–15, 2020 to evaluate and compare the following items:

- The task and knowledge statements of the California description of practice resulting from the 2019 California Occupational Analysis of the Registered Dental Hygienist Profession (California RDH OA, 2019).
- The examination content of the patient-based WREB Dental Hygiene Examination.

OPES recruited seven registered dental hygienists to participate in the workshop as SMEs.

The SMEs represented the profession in both northern and southern California. Two of the SMEs had been licensed for 1–5 years, one had been licensed for 6–10 years, three had been licensed for 11–19 years, and one had been licensed for more than 20 years. All SMEs worked as dental hygienists in various settings.

### WORKSHOP PROCESS

First, the SMEs completed OPES' security agreement, self-certification, secure area agreement, and personal data (demographic) forms. The OPES facilitator explained the importance of, and the guidelines for, security during and outside the workshop. The SMEs were then asked to introduce themselves.

Next, the OPES facilitator gave a PowerPoint presentation about the purpose and importance of occupational analysis, validity, content validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES facilitator also explained the purpose of the workshop.

The SMEs were instructed to evaluate and link each task and knowledge statement of the California description of practice to the task statements of the patient-based WREB Dental Hygiene Examination blueprint. The SMEs worked as a group to evaluate and link all of the task and knowledge statements of the California description of practice.

The content domain of the patient-based WREB Dental Hygiene Examination is provided in Table 1. Table 2 provides the content areas of the 2019 California RDH description of practice.

TABLE 1 – PATIENT-BASED WREB DENTAL HYGIENE EXAMINATION BLUEPRINT  
DOMAIN SECTIONS

| Domain Section                         | Weight      |
|--|-------------|
| 1. Extraoral and Intraoral Examination | 25%         |
| 2. Periodontal Assessment              |             |
| 3. Calculus Removal                    | 75%         |
| 4. Tissue Management                   |             |
| <b>Total</b>                           | <b>100%</b> |



**TABLE 2 – CONTENT AREAS OF THE 2019 CALIFORNIA REGISTERED DENTAL  
HYGIENIST DESCRIPTION OF PRACTICE**

| <b>Content Area</b>              | <b>Content Area Description</b>  | <b>Weight</b> |
|----------------------------------|--|---------------|
| 1. Treatment Preparation         | This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services.   | 5%            |
| 2. Dental Hygiene Treatment      | This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.                      | 40%           |
| 3. Patient Education             | This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.   | 10%           |
| 4. Infection Control             | This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.                      | 15%           |
| 5. Documentation                 | This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.                                       | 5%            |
| 6. Laws, Regulations, and Ethics | This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting. | 25%           |
| <b>Total</b>                     |  | <b>100%</b>   |

## FINDINGS

The SMEs compared the task and knowledge statements of the 2019 California RDH description of practice outline and the patient-based WREB Dental Hygiene Examination blueprint. The SMEs concluded that the patient-based WREB Dental Hygiene Examination adequately assessed the skills required for entry-level dental hygiene practice in California in the following four areas:

- Treatment Preparation
- Dental Hygiene Treatment
- Infection Control
- Documentation

The SMEs indicated that the patient-based WREB Dental Hygiene Examination did not adequately assess the content area Patient Education, but this content was determined to be adequately assessed by other assessment measures. In addition, SMEs indicated that the patient-based WREB Dental Hygiene Examination did not adequately assess the content area Laws, Regulations, and Ethics. However, this content is measured by the California-specific Registered Dental Hygienist Law and Ethics Examination.

Finding 28: The SMEs concluded that the content of the patient-based WREB Dental Hygiene Examination adequately assesses the general skills required for entry-level dental hygiene practice in California identified in the California RDH OA, 2019.

Finding 29: The SMEs concluded that the content of the patient-based WREB Dental Hygiene Examination does not adequately assess the laws and ethics required for practice in California. SMEs concluded that this content should continue to be measured using a California-specific law and ethics examination.

## CONCLUSIONS

Overall, the SMEs concluded that the content of the patient-based WREB Dental Hygiene Examination sufficiently assesses the skills dental hygienists are expected to have mastered at the time of licensure.

## CHAPTER 9 | CONCLUSIONS

### COMPREHENSIVE REVIEW OF THE PATIENT-BASED WREB DENTAL HYGIENE EXAMINATION

OPES completed a comprehensive analysis and evaluation of the documents provided by WREB.

OPES finds that the procedures used to establish and support the validity and defensibility of the patient-based WREB Dental Hygiene Examination (i.e., OA, examination development, passing scores and passing rates, test registration and administration, examination scoring and performance, and test security) *generally* meet professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139. However, to be fully compliant with OPES 20-01, OPES recommends phasing out the service of board members and educators in examination development processes.

In addition, OPES made recommendations related to standardization and scoring processes. These recommendations are as follows:

- 1) OPES recommends that WREB consider methods to improve standardization in relation to patient selection. The use of live patients in licensure examinations presents challenges to standardization; however, standardization is an essential feature of examinations that are legally defensible, valid, and fair. WREB regularly reviews the performance of the WREB Dental Hygiene Examination and takes steps to maximize standardization; however, it appears that there may be some variability with regard to patient presentation and case complexity. WREB has defined a minimum qualifying calculus standard associated with minimum competence, but it is unclear how higher levels of complexity are addressed. Scoring on calculus removal is dichotomous, regardless of case complexity. OPES recommends that WREB review the patient selection component of the examination and provide a clear connection between scoring criteria, case complexity, and minimum competence.
- 2) OPES recommends that WREB review the scoring deductions associated with late arrival penalties. Scoring criteria should be directly related to the competencies required for practice and should not reflect undesirable behaviors that are not related to professional competencies. Therefore, OPES recommends that WREB review the late penalty deduction. This penalty should be revised, or a connection should be established between this penalty and minimum competence.

OPES notes that WREB regularly evaluates the contribution of these penalties to overall passing rates. WREB has indicated that these penalties rarely result in a candidate failing the examination; however, both patient rejections and late penalties remain a significant contributor to point deductions. They also may create unnecessary stress for candidates.

Based on the evaluations presented in this report, OPES finds that the content of the patient-based WREB Dental Hygiene Examination *generally* measures the skills related to California dental hygiene practice.

However, practical examinations typically face issues with one or more of the following: standardizing procedures and materials, inter-rater reliability, validating scoring criteria, and setting passing scores that reflect minimum competence. These issues are exacerbated by the addition of live patients. OPES recommends that the Board consider conducting an evaluation to determine whether a skills-based examination remains a necessary component of assessing a candidate's competence for practice. Given the level of training and clinical assessment that dental hygiene candidates receive in educational programs, requiring a knowledge-based examination may be sufficient to assess minimum competence for licensure.

## CHAPTER 10 | REFERENCES

American Educational Research Association, American Psychological Association, National Council on Measurement in Education, and Joint Committee on Standards for Educational and Psychological Testing. (2014). *Standards for educational and psychological testing*.

California Business and Professions (B&P) Code § 139. State of California.

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## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021   |
| <b>TO</b>      | Dental Hygiene Board of California   |
| <b>FROM</b>    | Anthony Lum<br>Executive Officer   |
| <b>SUBJECT</b> | <b>FULL 9: Discussion and Possible Action to Extend the Expiration Date of the Current DHBC Strategic Plan</b> |

### BACKGROUND

In September 2016, the Board worked to complete and adopt its current strategic plan. The Strategic Plan's five-year duration began in January 2017 and extends until its projected end-date of December 2021. Board staff have completed most of the goals set by the Board in 2016; however, there are still a few complex issues to work on that will take more time. Also, the Board is scheduled to undergo the Sunset Review process in 2022 where the program is evaluated by the Legislature and new mandates could arise from the process for the Board to address. It is a very involved and complex process to prepare and complete, so staff will need time and resources to address the workload that will begin in the middle of this year. Once complete, the draft Sunset Report will be presented to the Board for approval and submission to the Legislature.

### Staff Recommendation:

Staff recommends extending the end-date of the current strategic plan for two years until December 2023 to be able to research the remaining plan goals, complete Sunset Review, and prepare to conduct the next Strategic Planning session for a new plan.

**Pros:** If the extension of the Board's Strategic Plan is approved, staff will be afforded the time and resources necessary to complete the draft Sunset Review Report for Board approval and submission to the Legislature and research the remaining plan goals that have not been fully addressed.

**Cons:** If the extension is not granted, the Board's current Strategic Plan may expire if a new plan is not devised by the end of the year. With the workload of Sunset Review looming, staff does not have the time and resources to initiate a strategic planning session in addition to addressing Sunset Review and running normal program operations.



# **Dental Hygiene Committee of California**

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## **Strategic Plan**

**2017-2021**

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# Dental Hygiene Committee of California

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## Committee Members

**Joyce Noel Kelsch**, Registered Dental Hygienist  
in Alternative Practice (RDHAP), President

**Susan Good**, Public Member, Vice President

**Michelle Hurlbutt**, Registered Dental Hygienist (RDH) Educator

**Sandra Klein**, Public Member

**Timothy S. Martinez**, Doctor of Medicine in Dentistry

**Nicolette Moultrie**, RDH

**Edcelyn Pujol**, Public Member

**Garry Shay**, Public Member

**Evangeline Ward**, RDH, Secretary

Edmund G. Brown, Jr., Governor

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Lori Hubble, Executive Officer, Dental Hygiene Committee of California (DHCC)

Anthony Lum, Assistant Executive Officer, DHCC

# Message from the Committee President

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As President of the Dental Hygiene Committee of California (DHCC) which is the only autonomous governing body for Registered Dental Hygienists, Registered Dental Hygienists in Alternative practice, and Registered Dental Hygienists in Extended Functions in the nation, I am pleased to bring forward and present the DHCC's 2017-2021 Strategic Plan. This document represents our mission "The DHCC licenses, enforces and regulates the Dental Hygiene professionals to protect the public and meet the oral hygiene needs of all Californians."

I want to thank everyone who has been involved in the creation of this plan. The strategic planning process has been a collaborative effort between the DHCC Members and staff, dental hygienists, and the public. I also want to thank the Department of Consumer Affairs' SOLID Training Unit for facilitating the Strategic Planning session on September 24, 2016. The plans that are in this document identify key issues and goals for which the DHCC will be accountable, and the actions we will implement to accomplish them.

The DHCC continually strives to attain meaningful improvements in our programs and services. Some of the most significant DHCC accomplishments over the past few years are:

- The new BreEZe computer system to make licensee and applicant transactions easier and in real time;
- New regulations to improve consumer's access to dental hygiene care; and
- Additional staff to help with customer service for licensees, applicants, and all interested stakeholders.

As President of the DHCC, I invite all interested stakeholders to join in working with us over the next five years to achieve the goals outlined in this strategic plan. The DHCC publishes advanced notice of all its public meetings on its website and through email blasts, and encourages your participation and contribution.

As a committee, we believe the new plan offers a roadmap to the future with a clear focus on building the basic framework for the regulation and oversight of the Dental Hygiene profession in California.

Thank you,

Noel Kelsch, RDHAP, MS, President

Dental Hygiene Committee of California

# About the Dental Hygiene Committee of California

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The Dental Hygiene Committee of California (DHCC) is responsible for licensing three categories of primary oral health care professionals in dental hygiene. They are the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and the Registered Dental Hygienist in Extended Functions (RDHEF). The DHCC develops and administers the written law and ethics examinations, enforces the rules and regulations governing the practice of dental hygiene, and oversees the dental hygiene educational programs. The DHCC also participates in outreach and support of the community and its stakeholders, with the goal of ensuring the highest quality of oral health care for all Californians.

## Mission

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The DHCC licenses, enforces and regulates the Dental Hygiene professionals to protect the public and meet the oral hygiene needs of all Californians.

## Vision

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Provide access to quality dental hygiene care for all Californians.

## Values

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Communication  
Teamwork  
Customer Service  
Excellence  
Respect  
Transparency

# Strategic Goal Areas

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|          |   |
|----------|---|
| <b>1</b> | <b>Licensing and Law &amp; Ethics Examination</b><br><i>The DHCC establishes and maintains licensing standards and the Law and Ethics examination(s) to protect consumers while allowing reasonable access to the profession.</i> |
| <b>2</b> | <b>Enforcement</b><br><i>The DHCC protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.</i>  |
| <b>3</b> | <b>Legislation and Regulation</b><br><i>The DHCC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.</i>                                       |
| <b>4</b> | <b>Educational Oversight</b><br><i>The DHCC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.</i>  |
| <b>5</b> | <b>Organizational Development</b><br><i>The DHCC continues to build and maintain an excellent organization with effective Committee governance, strong leadership, and responsible management.</i>                                |

# Goal 1: Licensing and Law and Ethics Examination

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*The DHCC establishes and maintains licensing standards and the Law and Ethics examinations to protect consumers while allowing reasonable access to the profession.*

- 1.1 Promote the DHCC's transparency with information dissemination through its website (including the posting of vital items to provide updated and consistent information), enhance online accessibility, increase stakeholder participation in DHCC activities, and promote environmental responsibility.

Status: Complete and ongoing. Second Website revision coming soon to make more user friendly.

- 1.2 Inform stakeholders via the website, newsletter, and other methods about the availability of information and resources to increase productivity and enhance communication and transparency with stakeholders.

Status: Complete and ongoing to address issues.

- 1.3 Educate licensees about the role of the DHCC by communicating its purpose and significance to the profession.

Status: Complete and ongoing.

- 1.4 Develop continuing education regulations to require specific training unique to Registered Dental Hygiene professionals to protect public health and safety.

Status: Pending, as Board is using DBC CE regulations at this time, but will promulgate its own soon.

- 1.5 Hire additional licensing staff to address existing and future mandates to improve access to care, response times, and service quality.

Status: Complete and ongoing, as obtaining additional staff is dependent on the mandates and additional workload presented for the Board to address.

- 1.6 Study the feasibility of alternative pathways for initial licensure.<sup>1</sup>

Status: Pending.

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<sup>1</sup> Rollover from 2010-2015 Strategic Plan

## Goal 2: Enforcement

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*The DHCC protects the health and safety of consumers through the enforcement of laws and regulations governing the practice of dental hygiene.*

- 2.1 Hire additional enforcement staff to investigate allegations, enforce statutes and regulations, and preside over on-site investigations.

Status: Complete and ongoing as mandates and workload require.

- 2.2 Create and implement a continuing education compliance program to verify licensees' completion of the continuing education requirements for license renewal in order to protect the public.

Status: Complete and initiated full time CE audits.

- 2.3 Review and if appropriate modify existing enforcement statutes regarding unprofessional conduct and disciplinary guidelines to clarify, strengthen, and enhance oversight for consumer protection.

Status: Pending current statutory proposal and continually in progress to address issues that arise.

## Goal 3: Legislation and Regulation

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*The DHCC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandate, mission, and vision.*

- 3.1 Hire additional legislative staff to pursue and monitor legislation and regulations to advance the DHCC's mission and vision.

Status: Complete and ongoing monitoring.

- 3.2 Promulgate regulations for existing and new statutes to clarify the law.

Status: Complete and ongoing for issues that arise.

- 3.3 Research and advocate for legislation that pertains to the continuity of care for patients dealing with "right to choose" issues and want to utilize a Registered Dental Hygienist in Alternative Practice provider.

Status: Pending, as issue needs clarity and research because RDHAPs/dental hygienists cannot diagnose patients and provide ongoing care beyond 18 months.

- 3.4 Research and advocate the removal of the direct supervision duties to allow direct access to a Dental Hygienist without the supervision of a Dentist. This will enhance consumer accessibility to dental hygiene care.

Status: Pending because this may allow accessibility to DH care, but does it enhance consumer protection.

- 3.5 Research and advocate legislation for Dental Hygiene professionals to practice in underserved areas to increase consumer accessibility to dental hygiene care.

Status: Pending and ongoing. Issue needs further clarity, as RDHAPs already provide dental hygiene services to the underserved areas. If this is reference for RDHs, they can't independently practice without a supervising dentist. This appears to more of an access to care issue than a consumer protection issue.



## Goal 4: Educational Oversight

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*The DHCC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.*

- 4.1 Hire additional educational program staff to address existing and new mandates to improve regulatory compliance of educational programs to protect the public.

Status: Complete and ongoing.

- 4.2 Promote and encourage educational oversight transparency and communication by developing improved relationships with stakeholders.

Status: Complete and ongoing.

- 4.3 Increase oversight of educational program compliance with California regulations and accreditation standards to maintain the quality of dental hygiene education in California.

Status: Complete and ongoing.

- 4.4 Develop regulatory language to implement cite and fine options for non-compliant educational institutions to increase consumer protection.

Status: Complete, but need to promulgate regulations.

- 4.5 Seek statutory authority to create a probationary status for non-compliant educational institutions as an alternative enforcement method that provides an opportunity for compliance.

Status: Complete, but need to promulgate regulations.

## Goal 5: Organizational Development

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*The Committee continues to build and maintain an excellent organization with effective Committee governance, strong leadership, and responsible management.*

- 5.1 Hire additional administrative staff to improve efficiency and enhance customer service.

Status: Complete and in the hiring process.

- 5.2 Explore additional office space to meet the programmatic needs of the Dental Hygiene Committee of California's mission and mandate.

Status: Complete.

- 5.3 Continue with staff's professional development that expands knowledge, maximizes motivation, and promotes retention.

Status: Complete and ongoing.

# Strategic Planning Process

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To understand the environment in which the DHCC operates and identify factors that could impact its success, the California Department of Consumer Affairs' SOLID Unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- An online survey sent to DHCC stakeholders in July and August 2016. The online survey received 547 responses.
- An online survey sent to all DHCC employees in July and August 2016. This survey received responses from five employees.
- Interviews were conducted with seven DHCC members, the Executive Officer, and the Assistant Executive Officer in July and August 2016.

The most significant themes and trends identified from the environmental scan were discussed by DHCC members, the Executive Officer, and the Assistant Executive Officer during a public strategic planning session facilitated by SOLID on September 24, 2016. This information guided the DHCC in the development of its strategic objectives outlined in this 2017 – 2021 strategic plan.



## **Dental Hygiene Committee of California**

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*This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Hygiene Committee of California in September 2016. Subsequent amendments may have been made after board adoption of this plan.*



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | March 20, 2021  |
| <b>TO</b>      | Dental Hygiene Board of California  |
| <b>FROM</b>    | Anthony Lum<br>Executive Officer  |
| <b>SUBJECT</b> | <b>FULL 10: Discussion and Possible Action to Create a Taskforce to Research Alternative Pathways to Dental Hygiene Licensure</b> |

### BACKGROUND

For several years, Board members have discussed potential possibilities in alternative pathways to obtain a dental hygiene license. Two options mentioned included a portfolio pathway where it would eliminate the requirement for a clinical examination and be based on the student's competency as reported by the school, or to eliminate the need for a post-graduate clinical examination altogether as the schools graduate their students based upon their practice competency and instead, utilize an exit exam taken while they are still in the dental hygiene educational program where they could correct any issues prior to graduation.

In September 2016, the Board worked to complete and adopt its current strategic plan. Goal number 1.6, included the Board's goal to study the feasibility of alternative pathways for initial licensure. Unfortunately, due to minimal staff resources and a focus to get other Board functions operational over the years (i.e., oversight of the dental hygiene educational programs and enforcement), this issue was not at the forefront of goals to be addressed as there was already an existing, reliable, and efficient licensure process in place. At the March 6, 2021 meeting, a Board member requested this issue agendized and presented to the members at the next meeting for possible action.

### Staff Recommendation:

Staff recommends to research alternative pathways to dental hygiene licensure and assemble a task force made up of two Board members, educators, and interested stakeholders to discuss options for consideration by the Board at a future meeting. This issue will take time to address, as it's very complex and outside parties must agree that this is an issue of interest for them as well.

**Pros:** Researching alternative pathways to dental hygiene licensure may provide possible options for students when pursuing their licenses.

**Cons:** Issues as cons to the recommendation are: What is the purpose of creating alternative pathways to licensure when there is a fully functioning, efficient, and established pathway to licensure to ensure graduates are minimally competent to enter the profession? By creating alternative pathways to licensure, what benefit to consumer protection comes from these alternatives? Are students more competent or safer when obtaining a license through alternative pathways as compared to the traditional pathway? Are the dental hygiene educational programs willing to modify their program procedures and incur additional expenses to accommodate this program change? Does this change need to be approved by CODA? Although the issue is not the primary concern of the Board, licensees move away from CA frequently, so are these alternative pathways to licensure portable to other states or jurisdictions without the completion of a regional clinical examination? These are some questions/issues to be addressed regarding alternative pathways to licensure.

## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | March 20, 2021  |
| <b>TO</b>      | Dental Hygiene Board of California  |
| <b>FROM</b>    | Adina A. Pineschi-Petty DDS<br>Education, Legislative, and Regulatory Specialist  |
| <b>SUBJECT</b> | <b>FULL 11: Discussion and Possible Action on the Following Proposed Regulatory Package 16 CCR Section 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN).</b> |

### Background:

At the Board's November 17, 2018 meeting, proposed amendments to California Code of Regulations (CCR), Title 16, section 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) was presented to the Board for its review and approval. The Board approved the proposed regulatory amendments to 16 CCR section 1107 and directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, authorized the Executive Officer to make any non-substantive changes to the rulemaking package, and if after the close of the 45-day public comment period and public regulatory hearing, if no adverse comments were received, authorized the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1107.

At the Board's November 21, 2020 WebEx Teleconference meeting, the Board approved the responses drafted to address public comments received on the Board's proposed amended regulation for 16 CCR 1107 and directed staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed text to 16 CCR section 1107.

On February 16, 2021 the Board received comments from the Office of Administrative Law (OAL) on the Board's proposed regulations requesting substantive changes that require the Board's approval.

### Staff Recommendation:

Staff recommends to the Board to consider and approve the substantive changes as proposed by OAL for 16 CCR 1107 and direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any non-

substantive changes to the proposed regulation, and adopt the proposed text to 16 CCR section 1107.

**Pros:** If the Board approves the substantive changes as proposed by OAL, the Board will allow the amended language for 16 CCR 1107 to move forward in the regulatory process.

**Cons:** If the proposed comments and regulatory language is not approved, 16 CCR 1107 will not be able to move forward in the regulatory process.



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

### **Modified Text**

Proposed amendments to the regulatory language are shown in single underline for new text and single strikethrough for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and double strikethrough for deleted text.

**Amend Section 1107 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§ 1107. RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia ~~and Periodontal Soft Tissue Curettage (SLN)~~.**

- (a) Approval of Course. The ~~Committee~~ Board shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.
  - (1) A course in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:
    - (A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;
    - (B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and
    - (C) Periodontal soft tissue curettage.
  - (2) An applicant course provider shall submit an "Application for Approval of a Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) ~~and Periodontal Soft Tissue Curettage~~" (DHCC DHBC SLN-01 ~~12/2013 09/2019~~ (03/2021)) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.
  - (3) All courses shall be at the postsecondary educational level.
  - (4) Each approved course shall be subject to review by the ~~Committee~~ Board at any time.

(5) Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report ~~Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage~~" (~~DHCC DHBC SLN-03 09/2013 09/2019~~ 03/2021) hereby incorporated by reference.

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

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

(A) Possess a valid active license to practice dental hygiene issued by the ~~Committee~~ Board; or,

(B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the ~~Committee~~ Board; or

(C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(2) Faculty. ~~Pre-clinical~~ Preclinical and clinical faculty, including course director and supervising dentistry), 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~~ preclinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,

(D) Be calibrated in instruction and grading by the course provider.

(E) Submit to the Board a "DHBC Faculty Biosketch" (3/2021), hereby incorporated by reference, prior to providing instruction in SLN duties.

(3) Facilities and Equipment. ~~Pre-clinical~~ Preclinical 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:

- (A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.
  - (B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.
  - (C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  - (D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
- (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) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee Board, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee Board.
- (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:
- (A) A copy of each approved curriculum, containing a course syllabus.
  - (B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.
  - (C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.
  - (D) Individual student records, including those necessary to establish satisfactory completion of the course.

- (E) A copy of student course evaluations and a summation thereof.
- (7) Curriculum Organization and Learning Resources.
  - (A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.
  - (B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.
  - (C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.
  - (D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.
  - (E) Students shall be provided a course syllabus that contains:
    - (i) Course learning outcomes,
    - (ii) Titles of references used for course materials,
    - (iii) Content objectives,
    - (iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and
    - (v) A remediation policy and procedures.
  - (F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.
- (8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:
  - (A) Indications and contraindications for all patients of:
    - (i) periodontal soft tissue curettage;
    - (ii) administration and reversal of local anesthetic agents;
    - (iii) nitrous oxide-oxygen analgesia agents
  - (B) Head and neck anatomy;
  - (C) Physical and psychological evaluation procedures;
  - (D) Review of body systems related to course topics;
  - (E) Theory and psychological aspects of pain and anxiety control;
  - (F) Selection of pain control modalities;
  - (G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
  - (H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

- (I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
  - (J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
  - (K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
  - (L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;
  - (M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
  - (N) Medical and legal considerations including patient consent, standard of care, and patient privacy;
  - (O) Student course evaluation mechanism.
- (9) Specific Curriculum Content.
- (A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), ~~nerve block (infraorbital)~~, middle superior alveolar ~~nerve block~~ (MSA), anterior middle superior alveolar ~~nerve block~~ (AMSA), posterior superior alveolar ~~nerve block~~ (PSA), greater palatine, ~~nerve block~~, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar (IA), ~~nerve block (to include Gow-Gates technique)~~, lingual, ~~nerve block~~, and buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. Clinical instruction for the mental and incisive injections shall include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student. Clinical instruction for the nasopalatine injection shall include four (4) clinical experiences, of which only one (1) may be on another student. One clinical experience per injection shall be used to determine clinical competency in the course. The

competency evaluation for each injection and technique must be achieved at a minimum of 75%.

| Injection Type   | Didactic Instruction<br><br>(At least 15 hours of instruction required.) | Clinical Instruction<br><br>(At least 15 hours of instruction required.) | Required Preclinical Injections<br><br>(Injections may be on another student.) | Required Clinical Injections<br><br><del>(On four different patients, of which only one may be on another student.)</del><br><br><u>Injections to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient.</u><br><br><u>Only one (1) injection experience may be on another student.</u> |
|--|--|--|--|--|
| Anterior Superior Alveolar (ASA) <del>/Infraorbital</del>  | Yes  | Yes  | 2  | 4  |
| Middle Superior Alveolar (MSA)   | Yes  | Yes  | 2  | 4  |
| Anterior Middle Superior Alveolar (AMSA)   | Yes  | Yes  | 2  | 4  |
| Posterior Superior Alveolar (PSA)  | Yes  | Yes  | 2  | 4  |
| Greater Palatine (GP)  | Yes  | Yes  | 2  | 4  |
| Nasopalatine (P-ASA)   | Yes  | Yes  | 2  | 4  |
| Supraperiosteal  | Yes  | Yes  | 2  | 4  |
| Inferior Alveolar (IA)<br><del>*Gow Gates</del>  | Yes<br><del>Yes</del><br>(Didactic only)                                 | Yes  | 2  | 4  |
| Lingual  | Yes  | Yes  | 2  | 4  |
| Buccal   | Yes  | Yes  | 2  | 4  |
| Mental   | Yes  | Yes  | 2  | 4  |
| Incisive   | Yes  | Yes  | 2  | 4  |
| Intraseptal  | Yes  | Yes  | 2  | 4  |
| <b><u>Competency evaluation for each injection and technique must be achieved at a minimum of 75%.</u></b> |  |  |  |  |

| <u>Injection</u>   | <u>Didactic Instruction</u><br><br><u>At least 15 hours of instruction required</u> | <u>Clinical Instruction</u><br><br><u>At least 15 hours of instruction required</u> | <u>Required Preclinical Injections</u><br><br><u>Injections may be on another student</u> | <u>Required Clinical Injections</u>  |
|--|---|---|---|--|
| <u>Nasopalatine</u>  | <u>Yes</u>  | <u>Yes</u>  | <u>2</u>  | <u>4</u>   |
| <u>Mental</u>  | <u>Yes</u>  | <u>Yes</u>  | <u>2</u>  | <u>1. One (1) experience on the right side of a patient</u><br><u>2. One (1) experience on the left side of a patient</u><br><u>3. Only one (1) <del>injection</del> experience may be on another student.</u> |
| <u>Incisive</u>  | <u>Yes</u>  | <u>Yes</u>  | <u>2</u>  | <u>1. One (1) experience on the right side of a patient</u><br><u>2. One (1) experience on the left side of a patient</u><br><u>3. Only one (1) <del>injection</del> experience may be on another student.</u> |
| <u><b>Competency evaluation for each injection and technique must be achieved at a minimum of 75%.</b></u> |   |   |   |  |

(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia-, from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation. The competency evaluation must be achieved at a minimum of 75%.



| Nitrous Oxide-Oxygen Sedation Requirements | Didactic and Preclinical Instruction | Clinical Instruction               | Required Preclinical Experiences  | Required Clinical Experiences   |
|--|--------------------------------------|------------------------------------|---|---|
| Minimum 8 hours of instruction             | Yes<br>Minimum 4 hours instruction   | Yes<br>Minimum 4 hours instruction | 1. Minimum two experiences<br>2. Both experiences may be on another student<br>3. <del>Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience</del> | 1. Minimum three experiences<br>2. One experience may be on another student<br>3. One experience must be used to determine competency<br>4. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience<br>5. <u>Competency evaluation must be achieved at a minimum of 75%.</u> |

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

- (10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage" (~~DHCC SLN-02-09/2013~~)(~~DHBC SLN-02-09/2019~~)(03/2021)), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

- (1) The Committee Board may deny or withdraw its approval of a course. If the Committee Board 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 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 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 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~~ Board 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~~ Board in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the ~~Committee~~ Board before the date of the informal conference.

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905, 1909, 1917 and 1944, Business and Professions Code.



**Application for Approval of a Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (B & PC) § 1909,  
California Code of Regulations (CCR) Title 16, §§ 1105.2, 1107

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

| <b><u>DHBC USE ONLY</u></b> |        |
|-----------------------------|--------|
| Receipt                     | RC     |
| Date Filed                  | \$     |
| Approved                    | Denied |
| RP#                         |        |

**PLEASE TYPE OR PRINT LEGIBLY**

|   |                     |  |
|---|---------------------|--|
| <b><u>Date</u></b>  |                     |  |
| <b><u>SLN Course Provider Name</u></b>                            |                     | <b><u>CA Continuing Education (CE) Provider Number</u></b> |
| <b><u>Name and Title of SLN Course Director</u></b>               |                     | <b><u>SLN Course Provider Email</u></b>                    |
| <b><u>Affiliated Dental Hygiene or Dental Program</u></b>         |                     | <b><u>SLN Course Provider Phone</u></b>                    |
| <b><u>Mailing Address of SLN Course Provider*</u></b>             |                     |  |
| <b><u>City</u></b>  | <b><u>State</u></b> | <b><u>Zip</u></b>  |
| <b><u>Clinical Facility Address (if different from above)</u></b> |                     |  |
| <b><u>City</u></b>  | <b><u>State</u></b> | <b><u>Zip</u></b>  |

\*The SLN Course provider's 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 the address of record.

**Requirements for SLN Course Approval:**

Each SLN Course must be approved by the Dental Hygiene Board of California (Board) prior to operation. Each Board approved SLN Course must submit a biennial report pursuant to the California Code of Regulations (CCR) Title 16, section 1107, subdivision (a)(5). SLN Course records shall be

subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

1. Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage? Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules **(Label as Exhibit A)**.

Yes ☐ No ☐

2. Will the course be established at or contracted with a California dental or dental hygiene school? Include your written contract and if applicable, the extramural site agreement **(Label as Exhibit B)**.

Yes ☐ No ☐

3. SLN Course Faculty Information\*\*

| <u>Faculty Name</u> | <u>License Type</u> | <u>License # and State Issued</u> | <u>License Expiration</u> | <u>Date of latest Educational Methodology</u> |
|---------------------|---------------------|-----------------------------------|---------------------------|---|
|                     |                     |                                   |                           |   |
|                     |                     |                                   |                           |   |
|                     |                     |                                   |                           |   |
|                     |                     |                                   |                           |   |
|                     |                     |                                   |                           |   |
|                     |                     |                                   |                           |   |

\*\*SLN Course director, clinical, and preclinical faculty must possess a valid, active dental hygiene/dental licenses in California for at least two years prior to teaching the soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) curriculum. If any faculty listed above has ever been licensed in another state or territory to practice dental hygiene or dentistry, a license certification is required. Attach copies of each license and proof of education in educational methodology for all faculty **(Label as Exhibit C)** along with a faculty calibration plan **(Label as Exhibit D)**.

4. 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 **(Label as Exhibit E)**. Yes ☐ No ☐

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list **(Label as Exhibit F)**. Yes ☐ No ☐

6. 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 SLN Course's hazardous waste management plan **(Label as Exhibit G)** and hazardous communication plan **(Label as Exhibit H)**. Yes ☐ No ☐

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan including emergency needlestick procedures? Attach a copy as provided to students. (Label as Exhibit I). Yes ☐ No ☐
8. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, preclinical 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 16 CCR section 1107 and a copy be provided to students? Yes ☐ No ☐
9. Will the course's duration allow a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage? Yes ☐ No ☐
10. Will instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction which includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course and the competency evaluation for this procedure will be achieved at a minimum of 75%? Yes ☐ No ☐
11. Will instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction? Will preclinical instruction include a minimum of two (2) experiences per injection, which may be on another student? Will clinical instruction include at least four (4) clinical experiences per injection-to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student? Will curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections? Will clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student? Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student? Please check the "Yes" box if the answers to all of these questions is in the affirmative. Yes ☐ No ☐
12. Will instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction to include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course? Will each clinical experience include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation? Please check the "Yes" box if the answers to all of these questions is in the affirmative. Yes ☐ No ☐

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

Didactic: \_\_\_\_\_ Preclinical: \_\_\_\_\_ Clinical: \_\_\_\_\_

14. Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to 16 CCR section 1107, subdivision (b)(6)? Yes ☐ No ☐

15. Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures? Yes ☐ No ☐

**Acknowledgement:**

16. Will the SLN Course provider inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes? Yes ☐ No ☐

17. Have you reviewed Business & Professions Code (B & PC) section 1909 and Title 16, Division 11 of the CCR?  
Yes ☐ No ☐

18. Do you agree to abide by the statutory and regulatory requirements set forth in B & PC section 1909, and Title 16, Division 11, Article 3 of the CCR **AND** do you acknowledge that failure to do so may result in loss of course approval? Yes ☐ No ☐

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

**Certification:**

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

\_\_\_\_\_  
Signature of Program Director Date

\_\_\_\_\_  
Signature of SLN Course Director Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, 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 IN ADMINISTRATION OF PERIODONTAL SOFT TISSUE  
CURETTAGE, LOCAL ANESTHESIA, AND NITROUS OXIDE-OXYGEN ANALGESIA,  
AND PERFORMANCE OF PERIODONTAL SOFT TISSUE CURETTAGE**

PLEASE TYPE OR PRINT

|   |                                 |               |               |
|---|---------------------------------|---------------|---------------|
| <b>COURSE PARTICIPANT NAME</b>  |                                 |               |               |
| LAST  | FIRST                           | MIDDLE        | DATE OF BIRTH |
| ADDRESS   |                                 |               |               |
| CITY  |                                 | STATE         | ZIP           |
| HOME PHONE<br>(   )   | CELL PHONE<br>(   )             | EMAIL ADDRESS |               |
| <b>DENTAL HYGIENE COMMITTEE <u>BOARD</u> OF CALIFORNIA (<u>DHCC</u>) (<u>DHBC</u>) COURSE PROVIDER</b>  |                                 |               |               |
| DATES OF COURSE   |                                 |               |               |
| ADDRESS (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 the address of record.) |                                 |               |               |
| CITY  |                                 | STATE         | ZIP           |
| PHONE<br>(   )  | COURSE PROVIDER'S EMAIL ADDRESS |               |               |

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE COURSE PARTICIPANT ABOVE SUCCESSFULLY COMPLETED A DHCC DHBC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1107(b)(9).**

\_\_\_\_\_  
PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

[ STAMP OR SEAL  
OF COURSE  
PROVIDER  
OR INSTITUTION ]

\_\_\_\_\_  
SIGNATURE



**Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia  
 (SLN) Course Provider Biennial Report**

|   |                     |  |
|---|---------------------|--|
| <b><u>Date</u></b>  |                     |  |
| <b><u>SLN Course Provider Name</u></b>                            |                     | <b><u>CA Continuing Education (CE)<br/>Provider Number</u></b> |
| <b><u>Name and Title of SLN Course Director</u></b>               |                     | <b><u>SLN Course Provider Email</u></b>                        |
| <b><u>Affiliated Dental Hygiene or Dental Program</u></b>         |                     | <b><u>SLN Course Provider Phone</u></b>                        |
| <b><u>Mailing Address of SLN Course Provider*</u></b>             |                     |  |
| <b><u>City</u></b>  | <b><u>State</u></b> | <b><u>Zip</u></b>  |
| <b><u>Clinical Facility Address (if different from above)</u></b> |                     |  |
| <b><u>City</u></b>  | <b><u>State</u></b> | <b><u>Zip</u></b>  |
| <b><u>Name of SLN Course</u></b>                                  |                     |  |

\*The SLN 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 the address of record.

**Requirements for SLN Course Approval:**

Each SLN Course approved by the Dental Hygiene Board of California (Board) must submit a biennial report pursuant to the California Code of Regulations, Title 16, section 1107, subdivision (a)(5). SLN Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a SLN Course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

| <u>Dates of Course Offered in the Past Two -Year Reporting Period</u> | <u>Number of Faculty involved in Course</u> | <u>Number of Attendees per Course</u> |
|---|---|---------------------------------------|
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |

| <b><u>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</u></b>  | <b><u>YES</u></b> | <b><u>NO</u></b> |
|--|-------------------|------------------|
| <b><u>1. SLN Course Policies and/or Procedures?</u></b> If yes, please describe and include updated policies and/or procedures.  |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):   |                   |                  |
| <b><u>2. SLN Course Faculty?</u></b> If yes, please describe and include a current DHBC Faculty Biosketch Form (3/2021) as described in 16 CCR section 1107(b)(2)(E), and proof of current Educational Methodology for each faculty member.  |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):   |                   |                  |
| <b><u>3. SLN Course Facilities or Equipment?</u></b> If yes, please describe and include updated facility map and/or equipment list.   |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):   |                   |                  |
| <b><u>4. SLN Course Curriculum including syllabi, course hours, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules?</u></b> If yes, please describe and include a copy of the new curriculum and schedules. |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):   |                   |                  |



| <b>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</b>   | <b><u>YES</u></b> | <b><u>NO</u></b> |
|--|-------------------|------------------|
| <b>5. <u>SLN Course Student Attendee Applicant Form?</u></b> If yes, please describe and include updated form.                         |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation): |                   |                  |
| <br><br><br><br><br><br><br><br><br><br>   |                   |                  |
| <b>6. <u>SLN Course Certificate of Completion?</u></b> If yes, please describe and include updated certificate.                        |                   |                  |
| <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation): |                   |                  |
| <br><br><br><br><br><br><br><br><br><br>   |                   |                  |

**In utilizing this report form, please consult the regulations governing courses in Local Anesthesia, Nitrous Oxide, and Periodontal Soft Tissue Curettage in Title 16, section 1107 of the California Code of Regulations.**

**Certification:**

**I certify under the penalty of perjury under the laws of the State of California that the statements made in this biennial report are true and correct.**

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SLN Course Director

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, 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 Board of California (DHBC)** **FACULTY BIOSKETCH**

|                                       |                        |
|---------------------------------------|------------------------|
| <u>Faculty Name</u>                   | <u>Date</u>            |
| <u>Dental Hygiene Program</u>         | <u>Faculty Email</u>   |
| <u>Dental Hygiene Program Address</u> | <u>Faculty Phone #</u> |

### **ALL PROGRAM FACULTY: DHBC REQUIREMENTS**

Pursuant to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.1(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. The individual shall hold a baccalaureate 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: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

### **DEGREE REQUIREMENT**

| <u>Highest Degree Received</u> | <u>Institution Name and Address</u> | <u>Date Received (Month/Year)</u> |
|--------------------------------|-------------------------------------|-----------------------------------|
|                                |                                     |                                   |

### **LICENSURE REQUIREMENT (Begin with most current.)**

| <u>License</u> | <u>State</u> | <u>License Number</u> | <u>From (Year)</u> | <u>To (Year)</u> |
|----------------|--------------|-----------------------|--------------------|------------------|
|                |              |                       |                    |                  |
|                |              |                       |                    |                  |
|                |              |                       |                    |                  |

### **LICENSURE CE REQUIREMENTS<sup>1</sup>**

Pursuant to 16 CCR section 1017(a), as a condition of renewal, all licensees are required to complete continuing education as follows:

<sup>1</sup> Licensure requirements apply to Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions.

- Two (2) units of continuing education in Infection Control specific to California regulations as defined in 16 CCR section 1016(b)(1)(A).
- Two (2) units of continuing education in the California Dental Practice Act and its related regulations as defined in 16 CCR section 1016(b)(1)(B).
- A maximum of four (4) units of a course in Basic Life Support as specified in 16 CCR section 1016(b)(1)(C).

| <u>Course</u>                           | <u>Course Provider and Address</u> | <u>Completed<br/>(Month/Year)</u> |
|---|------------------------------------|-----------------------------------|
| <u>California Law</u>                   |                                    |                                   |
| <u>California<br/>Infection Control</u> |                                    |                                   |
| <u>BLS/CPR</u>                          |                                    |                                   |

**ALL PROGRAM FACULTY: DENTAL HYGIENE TEACHING EXPERIENCE**  
**(Previous 5 years, begin with most current.)**

| <u>Dental Hygiene Program Name and Address</u> | <u>Course</u> | <u>Term<br/>(e.g. Fall/2018)</u> |
|--|---------------|----------------------------------|
|  |               |                                  |
|  |               |                                  |
|  |               |                                  |
|  |               |                                  |

**ALL PROGRAM FACULTY: EDUCATIONAL METHODOLOGY COURSES**  
**(Last 2 years, begin with most current.)**

| <u>Course Title</u> | <u>Course Content and Provider</u> | <u>Month/Year</u> | <u>Hours</u> |
|---------------------|------------------------------------|-------------------|--------------|
|                     |                                    |                   |              |
|                     |                                    |                   |              |
|                     |                                    |                   |              |
|                     |                                    |                   |              |
|                     |                                    |                   |              |

**ALL PROGRAM FACULTY: CONTINUING EDUCATION COURSES**  
**(Last 4 years, begin with most current.)**  
**\*Do not submit CE Certificates, keep on file.**

| <u>Course Title</u> | <u>Course Content and Provider</u> | <u>Month/Year</u> | <u>Hours</u> |
|---------------------|------------------------------------|-------------------|--------------|
|                     |                                    |                   |              |
|                     |                                    |                   |              |
|                     |                                    |                   |              |



**DIRECT PATIENT CARE EXPERIENCE**  
**(Last 5 years, begin with most current.)**

| <b><u>Dental Practice Name and Address</u></b> | <b><u>City and State</u></b> | <b><u>From</u><br/><b><u>(Month/Year)</u></b></b> | <b><u>To</u><br/><b><u>(Month/Year)</u></b></b> |
|--|------------------------------|---|---|
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Program Faculty Signature Date

**I have reviewed the qualifications and listed coursework for the above faculty and attest that they have met the faculty requirements prescribed by Section 1105.1 in Title 16 of the California Code of Regulations.**

\_\_\_\_\_  
Program Director Signature Date

**(In completing this form, please consult the regulations governing Faculty of Educational Programs in Section 1105.1 in Title 16 of the California Code of Regulations.)**

## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021   |
| <b>TO</b>      | Dental Hygiene Board of California   |
| <b>FROM</b>    | Adina A. Pineschi-Petty DDS<br>Education, Legislative, and Regulatory Specialist   |
| <b>SUBJECT</b> | <b>FULL 12: Discussion and Possible Action on the Following Proposed Amended Regulatory Package Language: 16 CCR Section 1123. Dental Hygiene Clinical Examinations; Passing Scores.</b> |

## BACKGROUND

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1100 through 1144 of Title 16 of the California Code of Regulations. Since inception of the regulations, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

At the Board's November 21, 2020 Full Board WebEx Teleconference meeting, the regulatory proposal was presented to the Board for its review and approval to establish language for passing scores in clinical examinations. The Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

After consultation with Board counsel and the Office of Professional Examination Services at the Department of Consumer Affairs, substantive changes were made to the proposed language to provide for additional clarity as to the definition of criterion-referenced passing scores.

### Staff Recommendation:

Staff recommends to the Board to review the proposed amended language in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before

FULL 12: Memo - Proposed Regulatory Package 16 CCR Section 1123

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completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1123.

**Pros:** By approving staff's recommendation, the Board will provide for additional clarity to acceptable exam scores for acceptance by the Board for licensure of RDHs, RDHAPs, and RDHEFs.

**Cons:** If the Board does not approve the recommended language for to acceptable exam scores for acceptance by the Board for licensure of RDHs, RDHAPs, and RDHEFs, the regulatory package may not move forward.

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

Adopt Section 1123 of Title 16 of the California Code of Regulations (CCR) to read as follows:

### **§ 1123. Dental Hygiene Clinical Examinations; Passing ~~Rates~~ Scores.**

- (a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a criterion-referenced passing score in a clinical examination approved by the Dental Hygiene Board of California (Board) pursuant to Business and Professions Code section 1917, or any exam designated by the Board ~~to be as~~ acceptable in lieu of the approved clinical examinations, shall be considered ~~as having to have~~ passed the examination. The passing score on the clinical examination, or any exam designated by the Board to be acceptable in lieu of the approved clinical examinations, shall be determined by a criterion-referenced procedure performed by a qualified psychometrician and approved by the Board.
- (b) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a criterion-referenced passing score on each procedure in the examination pursuant to Business and Professions Code section 1918 shall be deemed to have passed the required examination. A registered dental hygienist who ~~has~~ passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination. The passing score on the clinical examination shall be determined by a criterion-referenced procedure performed by a qualified psychometrician and approved by the Board.
- (c) As used in this section, "criterion-referenced passing score" is a specified point in a distribution of scores at or above which candidates have achieved entry level competence."

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code.  
Reference: Sections 1917 and 1918, Business and Professions Code.





## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | March 20, 2021  |
| <b>TO</b>      | Dental Hygiene Board of California  |
| <b>FROM</b>    | Adina A. Pineschi-Petty DDS<br>Education, Legislative, and Regulatory Specialist        |
| <b>SUBJECT</b> | <b>FULL 13: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages</b> |

| Rulemaking File   | Board Approved Language | Package Assembly Progress | Formal DCA Review                                | DCA Director Review | Agency Review                                      | OAL Notice Filed   | OAL Final Filed                                | Effective Date |
|---|-------------------------|---------------------------|--|---------------------|--|--|--|----------------|
| <b>1135-1137</b><br>AB 2138   | X                       | Complete                  | 5-20-19  | 9-11-19             | 11-14-19   | 1-07-20  | 8-25-20  | 2-5-21         |
| <b>1115</b><br>Retired License  | X                       | Complete                  | 5-20-19  | 9-4-20              | 9-14-20<br>1/27/21<br>returned<br>1/26/21<br>edits |  |  |                |
| <b>1109</b><br>RDM/ITR  | X                       | Complete                  | 7-30-19  | 4-21-20             | 6-1-20   | 7-31-20<br>3-3-21<br>returned<br>3-3-21<br>edits             |  |                |
| <b>1107</b><br>SLN  | X                       | Complete                  | 9-26-19  | 4-21-20             | 5-13-20  | 8-14-20  | 1-4-21<br>Under<br>15-day<br>comment<br>period |                |
| <b>1103</b><br>Definitions  | X                       | Complete                  | 7-15-20  | 11-15-20            | 11-18-20   |  |  |                |
| <b>1104</b><br>Approval/<br>Continuation of<br>Approval of<br>New RDH<br>Programs | X                       | Complete                  | 7-15-20  | 11-15-20            | 11-19-20   | 1-4-21<br>3-3-21<br>Under<br>review for<br>final<br>approval |  |                |
| <b>1105</b><br>Requirements<br>for DHEPs  | X                       | Complete                  | 9-17-20<br>3-8-21<br>Returned<br>3-2-21<br>edits |                     |  |  |  |                |

| Rulemaking File   | Board Approved Language                              | Package Assembly Progress | Formal DCA Review  | DCA Director Review | Agency Review | OAL Notice Filed | OAL Final Filed | Effective Date |
|---|--|---------------------------|--|---------------------|---------------|------------------|-----------------|----------------|
| <b>1104.3</b><br>Inspections, Cite, Fine, and Probation for DHEPs | X  | Complete                  | 9-24-20<br>Under review  |                     |               |                  |                 |                |
| <b>1105.2</b><br>DHEP Required Curriculum                         | X  | Complete                  | 9-21-20<br>Under review  |                     |               |                  |                 |                |
| <b>1123</b><br>Clinical Passing Scores                            | X<br>Edited language to be approved by Board 3-20-21 | Complete                  | 1-6-21   |                     |               |                  |                 |                |
| <b>1138.1</b><br>Unprofessional Conduct                           | X  | Complete                  | 1-19-21<br>Under review  |                     |               |                  |                 |                |
| <b>1117</b><br>RDHAP/ Dentist Relationship                        | X  | Complete                  | 1-22-21<br>Under review  |                     |               |                  |                 |                |
| <b>1118</b><br>RDHAP STC & LA                                     | Working on Proposed Language                         |                           |  |                     |               |                  |                 |                |
| <b>1104.1</b><br>Process for Approval of New RDH Program          | X  | Complete                  | 4-7-20<br><b>*HELD</b><br>Need Stat. authority for RDHAP feasibility study |                     |               |                  |                 |                |
| <b>1116</b><br>Mobile Dental Hygiene Clinics                      | X  | Complete                  | 10-09-19<br><b>*HELD</b><br>Need Stat. authority for inspect.              |                     |               |                  |                 |                |

## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | March 20, 2021  |
| <b>TO</b>      | Dental Hygiene Board of California  |
| <b>FROM</b>    | Anthony Lum<br>Executive Officer  |
| <b>SUBJECT</b> | <b>FULL 14(a)(2): Discussion and Possible Action on Business and Professions Code section 1902.3: Special Permits</b> |

### BACKGROUND

At the November 22, 2019 Board meeting, the Board voted to have Special Permits issued under Business and Professions Code (BPC) section 1902.3 be valid for a maximum of five years, then terminate. In pursuing a legislative sponsor to carry the language and further research into this code section, it was discovered that in BPC section 1944(k), a Special Permit biennial renewal fee was already established for the Board to charge a renewal fee after two years. With the approved draft language indicating that the Special Permit is valid for five years, this odd number of years does not coincide with the biennial renewal fee (renewed after two years for an additional two years, then terminate = four years). The intent of this permit was to allow an out-of-state licensee to obtain a temporary teaching position in CA, so reducing it by one year should not substantially impact its use.

With time being short to get the draft language into legislation due to deadlines, I revised the Special Permit duration from five years to four to coincide with the existing Special Permit biennial renewal fee and would request the Board to approve this revision to the language after submission. Although not within my normal authority to make modifications to legislation, because of the very short deadline to submit draft language to the author's office, I thought it was in the best interest of the Board to revise it and request approval of the revision at our meeting.

### Staff Recommendation:

Staff recommends approval of the revision to BPC section 1902.3 to have the duration of a Special Permit issued by the Board reduced to four years instead of five.

**Pros:** The revision will allow the Special Permit duration of four years to coincide with its biennial renewal fee. The renewal will occur one time before the permit expires after four years.

**Cons:** The revision to the language decreases the Special Permit duration a full year.

FULL 14: Memo – Discussion and Possible Action on Business and Professions Code section 1902.3: Special Permits

Page 1 of 1

**Registered Dental Hygienist Licensed in Another State; Issuance of permit to practice; Teaching Position; Requirements**

A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if he or she has a special permit. A special permit shall remain operative for a period of five four years, after which time the permit shall lapse and terminate. The dental hygiene board may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits an application and satisfies all of the following eligibility requirements:

- (a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the dental hygiene board as a full-time or part-time professor, associate professor, assistant professor, faculty member, or instructor.
- (b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the dental hygiene board.
- (c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing his or her qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the dental hygiene board.
- (d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the hygiene board.
- (e) Paying an application fee, subject to a biennial renewal fee, as provided by section 1944.
- (f) Furnishing satisfactory evidence of having successfully completed a course in periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the Board is required to teach during clinical practice sessions.
- (g) An applicant for a special permit shall be subject to the fingerprint submission requirements as provided by section 1916.

## Legislative Bills of Interest Current as of 3/20/2021

| Legislation       | Topic  | Status  | DHBC Position  |
|-------------------|--|---|--|
| AB 29<br>(Cooper) | <p><b>State bodies: meetings.</b><br/>This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting.</p> <p>The bill would require those writings or materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or <b>at least 72 hours in advance of the meeting, whichever is earlier.</b> The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.</p> <p>Forty-eight (48) hours would be preferential. Seventy-two (72) hours (3 days) is a timeline for the most part that the DHBC can comply with. However, there are those instances where last minute revisions or requests for ADA compliance may not meet this time frame.</p> | <p>Introduced:<br/>12/10/2020</p> <p>1/11/2021-<br/>Referred to<br/>Assembly<br/>Committee on<br/>Governmental<br/>Organization</p>   | <p>Recommend:<br/><b>Oppose unless<br/>Amended</b></p> |
| AB 54<br>(Kiley)  | <p><b>COVID-19 emergency order violation: license revocation.</b><br/>This bill would prohibit the Department of Consumer Affairs, a board within the Department of Consumer Affairs, and the Department of Alcoholic Beverage Control <b>from revoking a license for failure to comply with any COVID-19 emergency orders unless the board or department can prove that lack of compliance resulted in transmission of COVID-19.</b><br/>This bill would declare that it is to take effect immediately as an urgency statute.</p>   | <p>Introduced:<br/>12/07/2020</p> <p>1/11/2021-<br/>Referred to<br/>Assembly<br/>Committees on<br/>Governmental<br/>Organization<br/>and Business &amp;<br/>Professions</p> | <p>Recommend:<br/><b>Oppose unless<br/>Amended</b></p> |

| Legislation       | Topic   | Status  | DHBC Position                                       |
|-------------------|---|---|---|
|                   | Citation and Fine should be considered for this issue rather than revocation IF the spread of COVID can be proven. Revocation should be the last resort of noncompliance.   |   |   |
| AB 107<br>(Salas) | <p><b>Licensure: veterans and military spouses</b></p> <p>This bill would expand the requirement to issue temporary licenses to include licenses issued by the the Dental Hygiene Board of California. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would further specify that an applicant seeking a temporary license submit a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license in the same area and scope of practice for which the applicant holds a license in another state, district, or territory of the United States.</p> <p>The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year. This bill would require boards not subject to the temporary licensing provisions described above to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as provided. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license, in the same area and scope of practice as a license</p> | <p>Introduced:<br/>12/16/2020</p> <p>3/1/2021-Re-referred to Assembly Committee on Business &amp; Professions</p> | <p>Recommend:<br/><b>Oppose, unless amended</b></p> |

| Legislation     | Topic   | Status | DHBC Position                              |
|-----------------|---|--------|--|
|                 | <p>issued by another state, district, or territory of the United States.</p> <p>The DHBC can comply to issue Temporary Licenses to military people and they would receive an expedited review. The short timeline of 30 days to issue the license as stated is not practical when considering existing workload and should parallel what is in law for other applicants of 90 days with an expedited review. Due to the tight timeline to issue the temporary license and that the applicant wouldn't be able to complete the expanded duties course, it would be a license indicating that they cannot perform the expanded duties as required for the actual CA dental hygiene license (unless the expanded course proof is submitted and completed). Staff would also need to increase outreach to notify dental stakeholders of the license without expanded functions so they are aware that these licensees can't provide these services. We already have a military icon and link on our website so we're in compliance.</p>       |        |  |
| AB 339<br>(Lee) | <p><b>State and local government: open meetings.</b> This bill would require all meetings, including gatherings using teleconference technology, to include an opportunity for all persons to attend via a call-in option or an internet-based service option that provides closed captioning services and requires both a call-in and an internet-based service option to be provided to the public. The bill would require all meetings to provide the public with an opportunity to comment on proposed legislation, as provided, and requires translation services to be provided for the 10 most-spoken languages, other than English, in California, and would require those persons commenting in a language other than English to have double the amount of time as those giving a comment in English, if time restrictions on public comment are utilized, except as specified. The bill would require instructions on how to attend the meeting to be posted at the time notice of the meeting is publicized, as specified.</p> |        | Recommend:<br><b>Oppose unless Amended</b> |



| Legislation | Topic   | Status | DHBC Position |
|-------------|---|--------|---------------|
|             | <p>This bill would require all meetings, as defined, to include an opportunity for all persons to attend via a call-in option or an internet-based service option that provides closed captioning services and requires both a call-in and an internet-based service option to be provided to the public. The bill would require instructions on how to attend the meeting via call-in or internet-based service to be posted online along with the meeting agenda in an easily accessible location at least 72 hours before all regular meetings and at least 24 hours before all special meetings. The bill would require all meetings to provide the public with an opportunity to address the legislative body remotely via call-in or internet-based service, as provided, and would require those persons commenting in a language other than English to have double the amount of time as those giving a comment in English, if time restrictions on public comment are utilized, except as specified.</p> <p>This bill would require legislative bodies of local agencies, and state bodies, as defined, to translate agendas and instructions for accessing the meeting to be translated into all languages for which 5% of the population in the area governed by the local agency, or state body's jurisdiction, are speakers. By imposing new duties on local governments with respect to meetings, this bill would impose a state-mandated local program.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.</p> <p>Logistically for our Board, and many other Boards, it would be very difficult to institute as well as could be cost prohibitive to provide</p> |        |               |



| Legislation        | Topic  | Status   | DHBC Position                              |
|--------------------|--|--|--|
|                    | translation services for meeting in 10 different languages due to our small budget.  |  |  |
| AB 526<br>(Wood)   | <b>Dentists: clinical laboratories: vaccines.</b><br>Would authorize a dentist, if the dentist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment of a dentist's continuing education requirements, as specified.  | Introduced:<br>2/10/2021<br><br>2/18/2021-<br>Referred to<br>Assembly<br>Committee on<br>Business and<br>Professions | Recommend:<br><b>Watch</b>                 |
| AB 646<br>(Low)    | <b>Department of Consumer Affairs: boards: expunged convictions.</b><br>This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would require a person in either case to pay a \$50 fee to the board, unless another amount is determined by the board to be necessary to cover the cost of administering the bill's provisions. | Introduced:<br>1/28/2021   | Recommend:<br><b>Watch</b>                 |
| AB 657<br>(Bonita) | <b>State civil service system: personal services contracts: professionals.</b><br>This bill would prohibit a state agency from entering into a contract with a professional, as  | Introduced:<br>1/11/2021   | Recommend:<br><b>Oppose unless Amended</b> |

| Legislation      | Topic  | Status   | DHBC Position                     |
|------------------|--|--|-----------------------------------|
|                  | <p>defined, for a period of more than 365 consecutive days or for a period of 365 nonconsecutive days in a 24-month period. The bill would define “professional,” for these provisions, to include, among others, a physician and surgeon, dentist, and clinical psychologist. The bill would require each state agency that has a contract with a professional pursuant to these provisions to prepare a monthly report to the exclusive bargaining representative for the professional, if the professional is represented, providing certain information, including the name and contact information of the professionals subject to a contract with the state agency, the details of the contract period for each professional, and the number of open professional positions available, as specified.</p> <p>This bill would also require a state agency that uses a personal services contract for an employee position for each state agency that has a budgetary allocation to provide the applicable employee organization that represents employees who provide the same or similar services with certain information, including, among other things, the expenditures for recruiting and advertising to fill positions for which contractors are hired, and the number of applications for personal services received in the most recent quarter of the fiscal year.</p> <p><b>This bill would limit and complicate the DHBC’s utilization of Subject Matter Experts during the course of business.</b></p> | 1/28/2021- Referred to Assembly Committees on Business & Professions and Military & Veterans Affairs |                                   |
| AB 733<br>(Chiu) | <p><b>Dental hygienists: registered dental hygienist in alternative practice.</b></p> <p>Would make a statement of legislative intent to enact legislation that would expand access to oral healthcare for children enrolled in Medi-Cal and pregnant people by allowing registered dental hygienists in alternative practice to partner with medical professionals in medical settings to provide fluoride treatments and oral</p>  | Introduced:<br>2/16/2021   | Recommendation:<br><b>Support</b> |

| Legislation              | Topic   | Status  | DHBC Position                |
|--------------------------|---|---|------------------------------|
|                          | health education and to coordinate care with dental providers and the dental care system.   |   |                              |
| AB 858<br>(Jones-Sawyer) | <b>Employment: health information technology: clinical practice guidelines: worker rights.</b><br>Current law establishes the Department of Consumer Affairs and establishes various boards within its jurisdiction, including those charged with the licensure and regulation of practice in the various healing arts. This bill would provide that the use of technology shall not limit a worker who is providing direct patient care from exercising independent clinical judgment in the assessment, evaluation, planning and implementation of care, nor from acting as a patient advocate.   | Introduced:<br>2/17/2021<br><br>2/25/2021-<br>Referred to<br>Assembly<br>Committees on<br>Labor &<br>Employment<br>and Health | Recommend:<br><b>Watch</b>   |
| AB 927<br>(Medina)       | <b>Public postsecondary education: community colleges: statewide baccalaureate degree pilot program.</b><br>Current law, until July 1, 2026, authorizes the Board of Governors of the California Community Colleges, in consultation with the California State University and the University of California, to establish a statewide baccalaureate degree pilot program. Current law requires that program to consist of a maximum of 15 community college districts, with one baccalaureate degree pilot program each. Would extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill would remove the requirements that the program consist of a maximum of 15 community college district programs and for a student to commence a program by the end of the 2022–23 academic year. The bill would require a community college district seeking approval to offer a baccalaureate degree program to provide evidence of unmet workforce needs to the Chancellor of the California Community Colleges, as provided. | Introduced:<br>2/17/2021<br><br>2/25/2021-<br>Referred to<br>Assembly<br>Committee on<br>Higher<br>Education                  | Recommend:<br><b>Watch</b>   |
| SB 534<br>(Jones)        | <b>Dental hygienists.</b><br>This bill, for the term commencing on January 1, 2022, would require specified members appointed by the Governor to each serve a term of 3 years, expiring January 1, 2025. The bill would delete the provision relating to the term   | Introduced:<br>2/17/2021<br><br>3/4/2021-<br>Amended in<br>Senate and Re-   | Recommend:<br><b>Support</b> |

| Legislation | Topic  | Status                         | DHBC Position |
|-------------|--|--------------------------------|---------------|
|             | <p>commencing on January 1, 2012. The bill would provide that, notwithstanding the 2 consecutive term limit, a member who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.</p> <p>This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.</p> <p>This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.</p> <p>This bill would require a new or existing educational program for registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions to comply with to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.</p> <p>This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a</p> | referred to Committee on Rules |               |

| Legislation            | Topic   | Status  | DHBC Position                       |
|------------------------|---|---|-------------------------------------|
|                        | <p>fact directly or indirectly related to the practice of dental hygiene.</p> <p>Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass an examination upon completion of training, or both.</p> <p>This bill would require the training to be in a remedial education course approved by the board.</p>   |   |                                     |
| SB 607<br>(Roth)       | <p><b>Dentistry: registered dental assistants in extended practice: clinical or practical examination.</b></p> <p>The Dental Practice Act provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Current law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Current law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination. This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.</p> | <p>Introduced:<br/>2/19/2021</p> <p>2/25/2021-<br/>Referred to<br/>Senate<br/>Committees on<br/>Business &amp;<br/>Professions and<br/>Economic<br/>Development</p> | <p>Recommend:<br/><b>Watch</b></p>  |
| SB 772<br>(Ochoa Bogh) | <p><b>Professions and vocations: citations: minor violations.</b></p> <p>Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.</p>  | <p>Introduced:<br/>2/19/2021</p> <p>3/3/2021-<br/>Referred to<br/>Senate<br/>Committees on<br/>Business,<br/>Professions and</p>                                    | <p>Recommend:<br/><b>Oppose</b></p> |

| Legislation | Topic  | Status               | DHBC Position |
|-------------|--|----------------------|---------------|
|             | <p>This bill would prohibit the assessment of an administrative fine for a minor violation and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.</p> <p>Investigations by the Board are often complicated and require many manhours. This bill would limit the DHBC's ability to recoup costs incurred by the Board during the course of investigations.</p> | Economic Development |               |

**ASSEMBLY BILL**

**No. 29**

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**Introduced by Assembly Member Cooper  
(Coauthor: Assembly Member Blanca Rubio)**

December 7, 2020

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An act to amend Section 11125 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 29, as introduced, Cooper. State bodies: meetings.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require those writings or materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which

those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 11125 of the Government Code is  
2 amended to read:

3 11125. (a) The state body shall provide notice of its meeting  
4 to any person who requests that notice in writing. Notice shall be  
5 given and also made available on the ~~Internet~~ *state body's internet*  
6 *website* at least 10 days in advance of the ~~meeting~~, *meeting* and  
7 shall include the name, address, and telephone number of any  
8 person who can provide further information ~~prior to~~ *before* the  
9 ~~meeting~~, *meeting* but need not include a list of witnesses expected  
10 to appear at the meeting. The written notice shall additionally  
11 include the address of the ~~Internet site~~ *internet website* where  
12 notices required by this article are made available.

13 (b) The notice of a meeting of a body that is a state body shall  
14 include a specific agenda for the meeting, containing a brief  
15 description of the items of business to be transacted or discussed  
16 in either open or closed session. A brief general description of an  
17 item generally need not exceed 20 words. A description of an item  
18 to be transacted or discussed in closed session shall include a  
19 citation of the specific statutory authority under which a closed  
20 session is being held. No item shall be added to the agenda  
21 subsequent to the provision of this notice, unless otherwise  
22 permitted by this article.

23 (c) (1) *A notice provided pursuant to subdivision (a) shall*  
24 *include all writings or materials provided for the noticed meeting*  
25 *to a member of the state body by the staff of a state agency, board,*  
26 *or commission, or another member of the state body that are in*  
27 *connection with a matter subject to discussion or consideration*  
28 *at the meeting.*

29 (2) *The writings or materials described in paragraph (1) shall*  
30 *be made available on the state body's internet website, and to any*  
31 *person who requests the writings or materials in writing, on the*  
32 *same day as the dissemination of the writings and materials to*



1 *members of the state body or at least 72 hours in advance of the*  
2 *meeting, whichever is earlier.*

3 *(3) A state body may not distribute or discuss writings or*  
4 *materials described in paragraph (1), or take action on an item*  
5 *to which those writings or materials pertain, at a meeting of the*  
6 *state body unless the state body has complied with this subdivision.*

7 ~~(e)~~

8 *(d) Notice of a meeting of a state body that complies with this*  
9 *section shall also constitute notice of a meeting of an advisory*  
10 *body of that state body, provided that the business to be discussed*  
11 *by the advisory body is covered by the notice of the meeting of*  
12 *the state body, provided that the specific time and place of the*  
13 *advisory body's meeting is announced during the open and public*  
14 *state body's meeting, and provided that the advisory body's*  
15 *meeting is conducted within a reasonable time of, and nearby, the*  
16 *meeting of the state body.*

17 ~~(d)~~

18 *(e) A person may request, and shall be provided, notice pursuant*  
19 *to subdivision (a) for all meetings of a state body or for a specific*  
20 *meeting or meetings. In addition, at the state body's discretion, a*  
21 *person may request, and may be provided, notice of only those*  
22 *meetings of a state body at which a particular subject or subjects*  
23 *specified in the request will be discussed.*

24 ~~(e)~~

25 *(f) A request for notice of more than one meeting of a state body*  
26 *shall be subject to the provisions of Section 14911.*

27 ~~(f)~~

28 *(g) The notice shall be made available in appropriate alternative*  
29 *formats, as required by Section 202 of the Americans with*  
30 *Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal*  
31 *rules and regulations adopted in implementation thereof, upon*  
32 *request by any person with a disability. The notice shall include*  
33 *information regarding how, to whom, and by when a request for*  
34 *any disability-related modification or accommodation, including*  
35 *auxiliary aids or services may be made by a person with a disability*  
36 *who requires these aids or services in order to participate in the*  
37 *public meeting.*

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**ASSEMBLY BILL**

**No. 54**

**Introduced by Assembly Member Kiley**  
(Coauthor: Senator Jones)

December 7, 2020

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An act to add Sections 464.5 and 24200.8 to the Business and Professions Code, relating to business, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 54, as introduced, Kiley. COVID-19 emergency order violation: license revocation.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides for the denial, suspension, and revocation of licenses for specified conduct.

Existing law, the Alcoholic Beverage Control Act, which is administered by the Department of Alcoholic Beverage Control, regulates the application, issuance, and suspension of alcoholic beverage licenses. The act provides the grounds upon which the department may suspend or revoke licenses.

This bill would prohibit the Department of Consumer Affairs, a board within the Department of Consumer Affairs, and the Department of Alcoholic Beverage Control from revoking a license for failure to comply with any COVID-19 emergency orders unless the board or department can prove that lack of compliance resulted in transmission of COVID-19.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 464.5 is added to the Business and  
2     Professions Code, to read:  
3     464.5. The department and any board shall not revoke a license  
4     for failure to comply with any COVID-19 emergency orders, unless  
5     the department or board can prove that lack of compliance resulted  
6     in the transmission of COVID-19.  
7     SEC. 2. Section 24200.8 is added to the Business and  
8     Professions Code, to read:  
9     24200.8. The Department of Alcoholic Beverage Control shall  
10    not revoke the license of any licensee for failure to comply with  
11    any COVID-19 emergency orders unless the department can prove  
12    that lack of compliance resulted in transmission of COVID-19.  
13    SEC. 3. This act is an urgency statute necessary for the  
14    immediate preservation of the public peace, health, or safety within  
15    the meaning of Article IV of the California Constitution and shall  
16    go into immediate effect. The facts constituting the necessity are:  
17    In order to protect businesses, including small businesses, which  
18    continue to make significant contributions to economic security,  
19    which helps ensure public safety, during these unprecedented times  
20    caused by the COVID-19 pandemic, as soon as possible, it is  
21    necessary for this act to take effect immediately

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AMENDED IN ASSEMBLY FEBRUARY 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

**ASSEMBLY BILL**

**No. 107**

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**Introduced by Assembly Member Salas**

December 16, 2020

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*An act to amend Sections 115.6 and 5132 of, and to add Section 115.7 to, the Business and Professions Code, and to add Section 95 to the Military and Veterans Code, relating to ~~professions and vocations~~, licensure, and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

AB 107, as amended, Salas. ~~Department of Consumer Affairs; boards; temporary licenses; Licensure; veterans and military spouses.~~

*(1) Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted*

*in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions.*

*This bill would require boards not subject to the temporary licensing provisions described above to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as provided. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license, in the same area and scope of practice as a license issued by another state, district, or territory of the United States. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation.*

*This bill would expand the requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would further specify that an applicant seeking a temporary license submit a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license in the same area and scope of practice for which the applicant holds a license in another state, district, or territory of the United States. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation. The bill would require a board to submit*

to the department for approval draft regulations necessary to administer these provisions by June 15, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year. The bill would make conforming changes.

(2) Existing law requires the Department of Veterans Affairs to develop a transition assistance program for veterans who have been discharged from the Armed Forces of the United States designed to assist them in successfully transitioning from military to civilian life in California. Existing law requires the program to include, among other topics, higher education benefits, vocational training assistance, small business resources and information, and housing information. Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency to, among other things, ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated. Existing law establishes the Commission on Teacher Credentialing to establish professional standards, assessments, and examinations for entry and advancement in the education profession. Existing law makes it unlawful for a person to engage in the business of, act in the capacity of, advertise as, or assume to act as a real estate broker or real estate salesperson without first obtaining a real estate license from the Department of Real Estate. Under existing law, the State Department of Public Health is responsible for issuing licenses for the operation of health facilities, clinics, and other facilities, as specified.

This bill would require the Department of Consumer Affairs, the Commission on Teacher Credentialing, the Department of Real Estate, and the State Department of Public Health to each place a prominently displayed military licensure icon or hyperlink on the home page of its internet website that is linked to information about each occupational board or program for licensure or certification that it administers along with additional information relating to the professional licensure of veterans, service members, and their spouses, as specified. The bill requires the Department of Veterans Affairs to have a prominently displayed military licensure icon or hyperlink at an appropriate location on its internet website that links to those websites. The bill would require

*an annual report to the Legislature containing specified information relating to the professional licensure of veterans, service members, and their spouses.*

*(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

~~Under existing law, the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.~~

~~This bill would express the intent of the Legislature to enact future legislation relating to temporary licenses within the Department of Consumer Affairs for military spouses.~~

Vote: majority. Appropriation: ~~no~~ yes. Fiscal committee: ~~no~~ yes. State-mandated local program: ~~no~~ yes.

*The people of the State of California do enact as follows:*

- 1     *SECTION 1. The Legislature finds and declares the following:*
- 2     *(a) If active duty military personnel, veterans, service members*
- 3     *separating from military service, and their spouses are able to*
- 4     *maintain careers through frequent moves and key transitions, they*
- 5     *are able to help support their families while providing critical*
- 6     *services to their communities. Yet, if a military spouse is*
- 7     *transferred to California, or a service member leaves the Armed*
- 8     *Forces of the United States and returns to or remains in California,*



1 *these professionals may face difficulty transporting their*  
2 *professional licenses obtained in another state.*

3 *(b) The process for transferring licenses for professional careers*  
4 *can be long, burdensome, redundant, and expensive and can*  
5 *prevent some military spouses, veterans, and separating service*  
6 *members from obtaining employment in their field.*

7 *(c) Removing barriers to license transfers for spouses of active*  
8 *duty service members, separating service members, and veterans*  
9 *would ease the burden of relocation and transition and provide*  
10 *vital stability to military families and the communities they serve.*

11 *(d) Prioritizing military spouses as part of state economic*  
12 *recovery efforts must be viewed proactively in a way that*  
13 *recognizes their preexisting challenge of substantially higher*  
14 *unemployment and underemployment than their civilian*  
15 *counterparts and with broader goals, such as bridging gender*  
16 *gaps in wage earning, reducing military and veteran financial*  
17 *insecurity, ensuring successful transitions into veteran life, and*  
18 *fostering successful community participation and sense of*  
19 *belonging.*

20 *SEC. 2. Section 115.6 of the Business and Professions Code*  
21 *is amended to read:*

22 115.6. (a) ~~A~~*Except as provided in subdivision (h), a board*  
23 *within the department shall, after appropriate investigation, issue*  
24 *the following eligible temporary licenses to an applicant*~~if the~~  
25 ~~applicant meets within 30 days of receiving the required~~  
26 *documentation pursuant to meeting the requirements set forth in*  
27 *subdivision (c):*

28 (1) Registered nurse license by the Board of Registered Nursing.

29 (2) Vocational nurse license issued by the Board of Vocational  
30 Nursing and Psychiatric Technicians of the State of California.

31 (3) Psychiatric technician license issued by the Board of  
32 Vocational Nursing and Psychiatric Technicians of the State of  
33 California.

34 (4) Speech-language pathologist license issued by the  
35 Speech-Language Pathology and Audiology and Hearing Aid  
36 Dispensers Board.

37 (5) Audiologist license issued by the Speech-Language  
38 Pathology and Audiology and Hearing Aid Dispensers Board.

39 (6) ~~Veterinarian license~~*All licenses* issued by the Veterinary  
40 Medical Board.



1 (7) All licenses issued by the Board for Professional Engineers,  
2 Land Surveyors, and Geologists.

3 (8) All licenses issued by the Medical Board of California.

4 (9) All licenses issued by the Podiatric Medical Board of  
5 California.

6 *(10) All licenses issued by the Dental Board of California.*

7 *(11) All licenses issued by the Dental Hygiene Board of*  
8 *California.*

9 *(12) All licenses issued by the California State Board of*  
10 *Pharmacy.*

11 *(13) All licenses issued by the State Board of Barbering and*  
12 *Cosmetology.*

13 *(14) All licenses issued by the Board of Psychology.*

14 *(15) All licenses issued by the California Board of Occupational*  
15 *Therapy.*

16 *(16) All licenses issued by the Physical Therapy Board of*  
17 *California.*

18 *(17) All licenses issued by the California Board of Accountancy.*  
19 *Revenues from fees for temporary licenses issued under this*  
20 *paragraph shall be credited to the Accountancy Fund in*  
21 *accordance with Section 5132.*

22 (b) The board may conduct an investigation of an applicant for  
23 purposes of denying or revoking a temporary license issued  
24 pursuant to this section. This investigation may include a criminal  
25 background check.

26 (c) An applicant seeking a temporary license pursuant to this  
27 section shall meet the following requirements:

28 (1) The applicant shall supply evidence satisfactory to the board  
29 that the applicant is married to, or in a domestic partnership or  
30 other legal union with, an active duty member of the Armed Forces  
31 of the United States who is assigned to a duty station in this state  
32 under official active duty military orders.

33 (2) The applicant shall hold a current, active, and unrestricted  
34 license that confers upon the applicant the authority to practice,  
35 in another state, district, or territory of the United States, the  
36 profession or vocation for which the applicant seeks a temporary  
37 license from the board.

38 (3) The applicant shall submit an application to the board that  
39 shall include a signed affidavit attesting to the fact that the  
40 applicant meets all of the requirements for the temporary license

1 *license, in the same area and scope of practice issued in the other*  
2 *state, district, or territory of the United States, as described in*  
3 *paragraph (2), and that the information submitted in the application*  
4 *is accurate, to the best of the applicant's knowledge. The*  
5 *application shall also include written verification from the*  
6 *applicant's original licensing jurisdiction stating that the applicant's*  
7 *license is in good standing in that jurisdiction.*

8 (4) The applicant shall not have committed an act in any  
9 jurisdiction that would have constituted grounds for denial,  
10 suspension, or revocation of the license under this code at the time  
11 the act was committed. A violation of this paragraph may be  
12 grounds for the denial or revocation of a temporary license issued  
13 by the board.

14 (5) The applicant shall not have been disciplined by a licensing  
15 entity in another jurisdiction and shall not be the subject of an  
16 unresolved complaint, review procedure, or disciplinary proceeding  
17 conducted by a licensing entity in another jurisdiction.

18 (6) The applicant shall, upon request by a board, furnish a full  
19 set of fingerprints for purposes of conducting a criminal  
20 background check.

21 ~~(d) A board may adopt regulations necessary to administer this~~  
22 ~~section.~~

23 ~~(e)~~

24 (d) A temporary license issued pursuant to this section may be  
25 immediately terminated upon a finding that the temporary  
26 licenseholder failed to meet any of the requirements described in  
27 subdivision (c) or provided substantively inaccurate information  
28 that would affect the person's eligibility for temporary licensure.  
29 Upon termination of the temporary license, the board shall issue  
30 a notice of termination that shall require the temporary  
31 licenseholder to immediately cease the practice of the licensed  
32 profession upon receipt.

33 ~~(f)~~

34 (e) An applicant seeking a temporary license as a civil engineer,  
35 geotechnical engineer, structural engineer, land surveyor,  
36 professional geologist, professional geophysicist, certified  
37 engineering geologist, or certified hydrogeologist pursuant to this  
38 section shall successfully pass the appropriate California-specific  
39 examination or examinations required for licensure in those

1 respective professions by the Board for Professional Engineers,  
2 Land Surveyors, and Geologists.

3 ~~(g)~~

4 (f) A temporary license issued pursuant to this section shall  
5 expire 12 months after issuance, upon issuance of an expedited  
6 license pursuant to Section 115.5, *a license by endorsement*, or  
7 upon denial of the application for expedited licensure by the board,  
8 whichever occurs first.

9 (g) *A board shall submit to the department for approval draft*  
10 *regulations necessary to administer this section by June 15, 2022.*  
11 *These regulations shall be adopted pursuant to the Administrative*  
12 *Procedure Act (Chapter 3.5 (commencing with Section 11340) of*  
13 *Part 1 of Division 3 of Title 2 of the Government Code).*

14 (h) *This section shall not apply to a board that has a process*  
15 *in place by which an out-of-state licensed applicant in good*  
16 *standing who is married to, or in a domestic partnership or other*  
17 *legal union with, an active duty member of the Armed Forces of*  
18 *the United States is able to receive expedited, temporary*  
19 *authorization to practice while meeting state-specific requirements*  
20 *for a period of at least one year.*

21 SEC. 3. *Section 115.7 is added to the Business and Professions*  
22 *Code, to read:*

23 115.7. (a) *A board not specified in subdivision (a) of Section*  
24 *115.6 shall, after appropriate investigation, issue a license to an*  
25 *applicant if the applicant meets all of the following requirements:*

26 (1) *The applicant shall supply evidence satisfactory to the board*  
27 *that the applicant is an honorably discharged veteran of the Armed*  
28 *Forces of the United States or is married to, or in a domestic*  
29 *partnership or other legal union with, an active duty member of*  
30 *the Armed Forces of the United States who is assigned to a duty*  
31 *station in this state under official active duty military orders.*

32 (2) *The applicant shall hold a current, active, and unrestricted*  
33 *license that confers upon the applicant the authority to practice,*  
34 *in another state, district, or territory of the United States, the*  
35 *profession or vocation for which the applicant seeks a license from*  
36 *the board.*

37 (3) *The applicant shall submit an application to the board that*  
38 *shall include a signed affidavit attesting to the fact that the*  
39 *applicant meets all of the requirements for the license, in the same*  
40 *area and scope of practice as issued in the other state, district, or*

territory of the United States described in paragraph (2), and that the information submitted in the application is accurate, to the best of the applicant's knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(b) A board may adopt regulations necessary to administer this section.

SEC. 4. Section 5132 of the Business and Professions Code is amended to read:

5132. (a) All moneys received by the board under this chapter from any source and for any purpose *and from a temporary license issued under Section 115.6* shall be accounted for and reported monthly by the board to the Controller and at the same time the moneys shall be remitted to the State Treasury to the credit of the Accountancy Fund.

~~The~~

(b) The secretary-treasurer of the board shall, from time to time, but not less than once each fiscal year, prepare or have prepared on ~~his or her~~ *their* behalf, a financial report of the Accountancy Fund that contains information that the board determines is necessary for the purposes for which the board was established.

~~The~~

(c) The report of the Accountancy Fund, which shall be published pursuant to Section 5008, shall include the revenues and the related costs from examination, initial licensing, license

1 renewal, citation and fine authority, and cost recovery from  
2 enforcement actions and case settlements.

3 *SEC. 5. Section 95 is added to the Military and Veterans Code,*  
4 *to read:*

5 *95. (a) The Department of Veterans Affairs shall place a*  
6 *prominently displayed military licensure icon or hyperlink on its*  
7 *internet website, in an appropriate location pertaining to licensure*  
8 *and employment opportunities for veterans, service members, and*  
9 *spouses, that links to the internet websites identified in this section.*

10 *(b) The Department of Consumer Affairs, the Commission on*  
11 *Teacher Credentialing, the Department of Real Estate, and the*  
12 *State Department of Public Health shall place a prominently*  
13 *displayed military licensure icon or hyperlink on the home page*  
14 *of their internet websites, linked to information for each*  
15 *occupational board or program for licensure or certification that*  
16 *it administers. In addition to general licensure or certificate*  
17 *information, the following information shall be displayed:*

18 *(1) Each licensing agency's process for expediting applications*  
19 *for service members, veterans, and spouses, including the average*  
20 *processing times for expedited applications and the number of*  
21 *expedited applications requested in the calendar year.*

22 *(2) The availability of temporary or provisional licensure,*  
23 *specific requirements needed to obtain a temporary or provisional*  
24 *license, and how long the provisional or temporary license is valid.*

25 *(c) (1) The Department of Consumer Affairs shall establish a*  
26 *specific gateway aligned with the existing "Board and Bureau*  
27 *Military Contact Information," "Expedited Licensure," and*  
28 *"Renewal Fee Waivers" gateways on their Military Member*  
29 *Resources page, including a list of all boards that provide*  
30 *temporary or provisional licensure, with hyperlinks linking to each*  
31 *board's military licensure data.*

32 *(2) The Department of Consumer Affairs shall establish a*  
33 *"Licensure by Endorsement" section on its internet website listing*  
34 *all boards that offer an option for licensure by endorsement,*  
35 *accompanied by a hyperlink to each board's military licensure*  
36 *data.*

37 *(d) The Department of Consumer Affairs, the Commission on*  
38 *Teacher Credentialing, the Department of Real Estate, and the*  
39 *State Department of Public Health shall compile information on*  
40 *military, veteran, and spouse licensure into an annual report for*

1 *the Legislature, which shall be submitted in conformance with*  
2 *Section 9795 of the Government Code. The report shall include*  
3 *all of the following:*

4 *(1) The number of applications for a license submitted by active*  
5 *duty service members, separating service members, veterans, or*  
6 *military spouses per calendar year.*

7 *(2) The number of licenses issued and denied, including reason*  
8 *for denial, to active duty service members, separating service*  
9 *members, veterans, and military spouses per calendar year.*

10 *(3) The number of licenses of active duty service members,*  
11 *separating service members, veterans, or military spouses that*  
12 *were suspended or revoked per calendar year.*

13 *(4) The number of applications for waived renewal fees received*  
14 *from active duty service members and military spouses per*  
15 *calendar year.*

16 *(5) The number of fee waivers issued to active duty service*  
17 *members and military spouses per calendar year.*

18 *(6) The average length of time between application and issuance*  
19 *of licenses for active duty service members, separating service*  
20 *members, veterans, or military spouses per board and occupation.*

21 *SEC. 6. No reimbursement is required by this act pursuant to*  
22 *Section 6 of Article XIII B of the California Constitution because*  
23 *the only costs that may be incurred by a local agency or school*  
24 *district will be incurred because this act creates a new crime or*  
25 *infraction, eliminates a crime or infraction, or changes the penalty*  
26 *for a crime or infraction, within the meaning of Section 17556 of*  
27 *the Government Code, or changes the definition of a crime within*  
28 *the meaning of Section 6 of Article XIII B of the California*  
29 *Constitution.*

30 ~~SECTION 1. It is the intent of the Legislature to enact future~~  
31 ~~legislation relating to temporary licenses within the Department~~  
32 ~~of Consumer Affairs for military spouses.~~

O

**ASSEMBLY BILL**

**No. 339**

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**Introduced by Assembly Members Lee and Cristina Garcia**

January 28, 2021

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An act to amend Sections 9027, 54953, 54954.2, 54954.3, 11122.5, 11123, 11125.7 of, and to add Sections 9027.1 and 9028.1 to, the Government Code, relating to state and local government.

LEGISLATIVE COUNSEL'S DIGEST

AB 339, as introduced, Lee. State and local government: open meetings.

Existing law requires all meetings, as defined, of a house of the Legislature or a committee thereof to be open and public, and requires all persons to be permitted to attend the meetings, except as specified.

This bill would require all meetings, including gatherings using teleconference technology, to include an opportunity for all persons to attend via a call-in option or an internet-based service option that provides closed captioning services and requires both a call-in and an internet-based service option to be provided to the public. The bill would require all meetings to provide the public with an opportunity to comment on proposed legislation, as provided, and requires translation services to be provided for the 10 most-spoken languages, other than English, in California, and would require those persons commenting in a language other than English to have double the amount of time as those giving a comment in English, if time restrictions on public comment are utilized, except as specified. The bill would require instructions on how to attend the meeting to be posted at the time notice of the meeting is publicized, as specified.



Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate.

This bill would require all meetings to include an opportunity for all persons to attend via a call-in option or an internet-based service option that provides closed captioning services and requires both a call-in and an internet-based service option to be provided to the public. The bill would require, even in the case of a declared state or local emergency, teleconferenced meetings to include an in-person public comment opportunity. The bill would require all meetings to provide the public with an opportunity to address the legislative body remotely via call-in or internet-based service, as provided, and would require instructions on how to attend the meeting to be posted at the time notice of the meeting is publicized, as specified. The bill would also require the legislative bodies of the local agency to employ a sufficient amount of qualified bilingual persons to provide translation during the meeting in the language of a non-English-speaking person, in jurisdictions which govern a substantial number of non-English-speaking people, as defined.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The Act requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

This bill would require all meetings, as defined, to include an opportunity for all persons to attend via a call-in option or an internet-based service option that provides closed captioning services and requires both a call-in and an internet-based service option to be provided to the public. The bill would require instructions on how to attend the meeting via call-in or internet-based service to be posted online along with the meeting agenda in an easily accessible location at least 72 hours before all regular meetings and at least 24 hours before all special meetings. The bill would require all meetings to provide the public with an opportunity to address the legislative body remotely via call-in or internet-based service, as provided, and would require those persons commenting in a language other than English to have double the amount of time as those giving a comment in English, if time restrictions on public comment are utilized, except as specified.

Existing law, the Dymally-Alatorre Bilingual Services Act, requires any materials explaining services available to the public to be translated



into any non-English language spoken by a substantial number of the public, as defined, served by the agency, and requires every state and local agency serving a substantial number of non-English-speaking people, as defined, to employ a sufficient number of qualified bilingual persons in public contact positions or as interpreters to ensure provision of information and services in the language of the non-English-speaking person.

This bill would require legislative bodies of local agencies, and state bodies, as defined, to translate agendas and instructions for accessing the meeting to be translated into all languages for which 5% of the population in the area governed by the local agency, or state body's jurisdiction, are speakers.

By imposing new duties on local governments with respect to meetings, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 9027 of the Government Code is amended
- 2 to read:
- 3 9027. Except as otherwise provided in this article, all meetings
- 4 of a house of the Legislature or a committee thereof shall be open
- 5 and public, and all persons shall be permitted to attend the
- 6 meetings. *Additionally, all meetings shall include an opportunity*
- 7 *for all persons to attend via a call-in option or an internet-based*
- 8 *service option that provides closed captioning services. Both a*
- 9 *call-in and an internet-based service option shall be provided to*

1 *the public.* As used in this article, “meeting” means a gathering of  
2 a quorum of the members of a house or committee in one ~~place~~  
3 *place, including a gathering using teleconference technology,* for  
4 the purpose of discussing legislative or other official matters within  
5 the jurisdiction of the house or committee. As used in this article,  
6 “committee” includes a standing committee, joint committee,  
7 conference committee, subcommittee, select committee, special  
8 committee, research committee, or any similar body.

9 SEC. 2. Section 9027.1 is added to the Government Code, to  
10 read:

11 9027.1. All meetings shall provide the public with an  
12 opportunity to comment on proposed legislation, either in person  
13 or remotely via call-in or internet-based service, consistent with  
14 requirements in Section 9027. Persons commenting in person shall  
15 not have more time or in any other way be prioritized over persons  
16 commenting remotely via call-in or internet-based service.  
17 Translation services shall be provided for the 10 most-spoken  
18 languages, other than English, in California. If there are time  
19 restrictions on public comment, persons giving a public comment  
20 in a language other than English shall have double the amount of  
21 time as those giving a comment in English to allow for translation,  
22 unless simultaneous translation equipment is available.

23 SEC. 3. Section 9028.1 is added to the Government Code, to  
24 read:

25 9028.1. Instructions on how to attend the meeting via call-in  
26 or internet-based service shall be posted online in an easily  
27 accessible location at the time the meeting is scheduled and notice  
28 of the meeting is published. The posted instructions shall include  
29 translations into the 10 most-spoken languages, other than English,  
30 in California, and shall list a hotline that members of the public  
31 can call for assistance, with assistance in the 10 most-spoken  
32 languages provided.

33 SEC. 4. Section 54953 of the Government Code is amended  
34 to read:

35 54953. (a) All meetings of the legislative body of a local  
36 agency shall be open and public, and all persons shall be permitted  
37 to attend any meeting of the legislative body of a local agency,  
38 except as otherwise provided in this chapter. *Additionally, all*  
39 *meetings shall include an opportunity for all persons to attend via*  
40 *a call-in option or an internet-based service option that provides*

1 *closed-captioning services. Both a call-in and an internet-based*  
2 *service option shall be provided to the public.*

3 (b) (1) Notwithstanding any other provision of law, the  
4 legislative body of a local agency may use teleconferencing for  
5 the benefit of the public and the legislative body of a local agency  
6 in connection with any meeting or proceeding authorized by law.  
7 The teleconferenced meeting or proceeding shall comply with all  
8 requirements of this chapter and all otherwise applicable provisions  
9 of law relating to a specific type of meeting or proceeding.

10 (2) Teleconferencing, as authorized by this section, may be used  
11 *by members of the legislative body* for all purposes in connection  
12 with any meeting within the subject matter jurisdiction of the  
13 legislative body. All votes taken during a teleconferenced meeting  
14 shall be by rollcall.

15 (3) If the legislative body of a local agency elects to use  
16 teleconferencing, *other than what is required by subdivision (a),*  
17 it shall post agendas at all teleconference locations and conduct  
18 teleconference meetings in a manner that protects the statutory  
19 and constitutional rights of the parties or the public appearing  
20 before the legislative body of a local agency. Each teleconference  
21 location shall be identified in the notice and agenda of the meeting  
22 or proceeding, and each teleconference location shall be accessible  
23 to the public. During the teleconference, at least a quorum of the  
24 members of the legislative body shall participate from locations  
25 within the boundaries of the territory over which the local agency  
26 exercises jurisdiction, except as provided in subdivision (d). The  
27 agenda shall provide an opportunity for members of the public to  
28 address the legislative body directly pursuant to Section 54954.3  
29 at each teleconference location.

30 (4) For the purposes of this section, “teleconference” means a  
31 meeting of a legislative body, the members of which are in different  
32 locations, connected by electronic means, through either audio or  
33 video, or both. Nothing in this section shall prohibit a local agency  
34 from providing the public with additional teleconference locations.

35 (5) *Notwithstanding any laws that prohibit in-person government*  
36 *meetings in the case of a declared state of emergency, including*  
37 *a public health emergency, teleconferenced meetings shall include*  
38 *an in-person public comment opportunity, wherein members of*  
39 *the public can report to a designated site to give public comment*  
40 *in person.*

1 (c) (1) No legislative body shall take action by secret ballot,  
2 whether preliminary or final.

3 (2) The legislative body of a local agency shall publicly report  
4 any action taken and the vote or abstention on that action of each  
5 member present for the action.

6 (3) Prior to taking final action, the legislative body shall orally  
7 report a summary of a recommendation for a final action on the  
8 salaries, salary schedules, or compensation paid in the form of  
9 fringe benefits of a local agency executive, as defined in  
10 subdivision (d) of Section 3511.1, during the open meeting in  
11 which the final action is to be taken. This paragraph shall not affect  
12 the public's right under the California Public Records Act (Chapter  
13 3.5 (commencing with Section 6250) of Division 7 of Title 1) to  
14 inspect or copy records created or received in the process of  
15 developing the recommendation.

16 (d) (1) Notwithstanding the provisions relating to a quorum in  
17 paragraph (3) of subdivision (b), if a health authority conducts a  
18 teleconference meeting, members who are outside the jurisdiction  
19 of the authority may be counted toward the establishment of a  
20 quorum when participating in the teleconference if at least 50  
21 percent of the number of members that would establish a quorum  
22 are present within the boundaries of the territory over which the  
23 authority exercises jurisdiction, and the health authority provides  
24 a teleconference number, and associated access codes, if any, that  
25 allows any person to call in to participate in the meeting and the  
26 number and access codes are identified in the notice and agenda  
27 of the meeting.

28 (2) Nothing in this subdivision shall be construed as  
29 discouraging health authority members from regularly meeting at  
30 a common physical site within the jurisdiction of the authority or  
31 from using teleconference locations within or near the jurisdiction  
32 of the authority. A teleconference meeting for which a quorum is  
33 established pursuant to this subdivision shall be subject to all other  
34 requirements of this section.

35 (3) For purposes of this subdivision, a health authority means  
36 any entity created pursuant to Sections 14018.7, 14087.31,  
37 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare  
38 and Institutions Code, any joint powers authority created pursuant  
39 to Article 1 (commencing with Section 6500) of Chapter 5 of  
40 Division 7 for the purpose of contracting pursuant to Section

1 14087.3 of the Welfare and Institutions Code, and any advisory  
2 committee to a county sponsored health plan licensed pursuant to  
3 Chapter 2.2 (commencing with Section 1340) of Division 2 of the  
4 Health and Safety Code if the advisory committee has 12 or more  
5 members.

6 SEC. 5. Section 54954.2 of the Government Code is amended  
7 to read:

8 54954.2. (a) (1) At least 72 hours before a regular meeting,  
9 the legislative body of the local agency, or its designee, shall post  
10 an agenda containing a brief general description of each item of  
11 business to be transacted or discussed at the meeting, including  
12 items to be discussed in closed session. A brief general description  
13 of an item generally need not exceed 20 words. The agenda shall  
14 specify the time and location of the regular meeting and shall be  
15 posted in a location that is freely accessible to members of the  
16 public and on the local agency's ~~Internet Web site~~, *internet website*,  
17 if the local agency has one. If requested, the agenda shall be made  
18 available in appropriate alternative formats to persons with a  
19 disability, as required by Section 202 of the Americans with  
20 Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal  
21 rules and regulations adopted in implementation thereof. The  
22 agenda shall include information regarding how, to whom, and  
23 when a request for disability-related modification or  
24 accommodation, including auxiliary aids or services, may be made  
25 by a person with a disability who requires a modification or  
26 accommodation in order to participate in the public meeting. *In*  
27 *compliance with the Dymally-Alatorre Bilingual Services Act*  
28 *(Chapter 17.5 (commencing with Section 7290) of Division 7 of*  
29 *Title 1), agendas and instructions for accessing the meeting,*  
30 *whether teleconferenced or in person, shall be translated into all*  
31 *languages for which 5 percent of the population in the area*  
32 *governed by the local agency is a speaker.*

33 (2) For a meeting occurring on and after January 1, 2019, of a  
34 legislative body of a city, county, city and county, special district,  
35 school district, or political subdivision established by the state that  
36 has an ~~Internet Web site~~, *internet website*, the following provisions  
37 shall apply:

38 (A) An online posting of an agenda shall be posted on the  
39 primary ~~Internet Web site~~ *internet website* homepage of a city,  
40 county, city and county, special district, school district, or political

1 subdivision established by the state that is accessible through a  
2 prominent, direct link to the current agenda. The direct link to the  
3 agenda shall not be in a contextual menu; however, a link in  
4 addition to the direct link to the agenda may be accessible through  
5 a contextual menu.

6 (B) An online posting of an agenda including, but not limited  
7 to, an agenda posted in an integrated agenda management platform,  
8 shall be posted in an open format that meets all of the following  
9 requirements:

10 (i) Retrievable, downloadable, indexable, and electronically  
11 searchable by commonly used Internet search applications.

12 (ii) Platform independent and machine readable.

13 (iii) Available to the public free of charge and without any  
14 restriction that would impede the reuse or redistribution of the  
15 agenda.

16 (C) A legislative body of a city, county, city and county, special  
17 district, school district, or political subdivision established by the  
18 state that has an ~~Internet Web site~~ *internet website* and an integrated  
19 agenda management platform shall not be required to comply with  
20 subparagraph (A) if all of the following are met:

21 (i) A direct link to the integrated agenda management platform  
22 shall be posted on the primary ~~Internet Web site~~ *internet website*  
23 homepage of a city, county, city and county, special district, school  
24 district, or political subdivision established by the state. The direct  
25 link to the integrated agenda management platform shall not be in  
26 a contextual menu. When a person clicks on the direct link to the  
27 integrated agenda management platform, the direct link shall take  
28 the person directly to an ~~Internet Web site~~ *internet website* with  
29 the agendas of the legislative body of a city, county, city and  
30 county, special district, school district, or political subdivision  
31 established by the state.

32 (ii) The integrated agenda management platform may contain  
33 the prior agendas of a legislative body of a city, county, city and  
34 county, special district, school district, or political subdivision  
35 established by the state for all meetings occurring on or after  
36 January 1, 2019.

37 (iii) The current agenda of the legislative body of a city, county,  
38 city and county, special district, school district, or political  
39 subdivision established by the state shall be the first agenda  
40 available at the top of the integrated agenda management platform.

1 (iv) All agendas posted in the integrated agenda management  
2 platform shall comply with the requirements in clauses (i), (ii),  
3 and (iii) of subparagraph (B).

4 (D) For the purposes of this paragraph, both of the following  
5 definitions shall apply:

6 (i) “Integrated agenda management platform” means an ~~Internet~~  
7 ~~Web site~~ *internet website* of a city, county, city and county, special  
8 district, school district, or political subdivision established by the  
9 state dedicated to providing the entirety of the agenda information  
10 for the legislative body of the city, county, city and county, special  
11 district, school district, or political subdivision established by the  
12 state to the public.

13 (ii) “Legislative body” has the same meaning as that term is  
14 used in subdivision (a) of Section 54952.

15 (E) The provisions of this paragraph shall not apply to a political  
16 subdivision of a local agency that was established by the legislative  
17 body of the city, county, city and county, special district, school  
18 district, or political subdivision established by the state.

19 (3) No action or discussion shall be undertaken on any item not  
20 appearing on the posted agenda, except that members of a  
21 legislative body or its staff may briefly respond to statements made  
22 or questions posed by persons exercising their public testimony  
23 rights under Section 54954.3. In addition, on their own initiative  
24 or in response to questions posed by the public, a member of a  
25 legislative body or its staff may ask a question for clarification,  
26 make a brief announcement, or make a brief report on ~~his or her~~  
27 *the member’s* own activities. Furthermore, a member of a  
28 legislative body, or the body itself, subject to rules or procedures  
29 of the legislative body, may provide a reference to staff or other  
30 resources for factual information, request staff to report back to  
31 the body at a subsequent meeting concerning any matter, or take  
32 action to direct staff to place a matter of business on a future  
33 agenda.

34 (b) Notwithstanding subdivision (a), the legislative body may  
35 take action on items of business not appearing on the posted agenda  
36 under any of the conditions stated below. Prior to discussing any  
37 item pursuant to this subdivision, the legislative body shall publicly  
38 identify the item.



1 (1) Upon a determination by a majority vote of the legislative  
2 body that an emergency situation exists, as defined in Section  
3 54956.5.

4 (2) Upon a determination by a two-thirds vote of the members  
5 of the legislative body present at the meeting, or, if less than  
6 two-thirds of the members are present, a unanimous vote of those  
7 members present, that there is a need to take immediate action and  
8 that the need for action came to the attention of the local agency  
9 subsequent to the agenda being posted as specified in subdivision  
10 (a).

11 (3) The item was posted pursuant to subdivision (a) for a prior  
12 meeting of the legislative body occurring not more than five  
13 calendar days prior to the date action is taken on the item, and at  
14 the prior meeting the item was continued to the meeting at which  
15 action is being taken.

16 (c) This section is necessary to implement and reasonably within  
17 the scope of paragraph (1) of subdivision (b) of Section 3 of Article  
18 I of the California Constitution.

19 (d) For purposes of subdivision (a), the requirement that the  
20 agenda be posted on the local agency's ~~Internet Web site~~, *internet*  
21 *website*, if the local agency has one, shall only apply to a legislative  
22 body that meets either of the following standards:

23 (1) A legislative body as that term is defined by subdivision (a)  
24 of Section 54952.

25 (2) A legislative body as that term is defined by subdivision (b)  
26 of Section 54952, if the members of the legislative body are  
27 compensated for their appearance, and if one or more of the  
28 members of the legislative body are also members of a legislative  
29 body as that term is defined by subdivision (a) of Section 54952.

30 SEC. 6. Section 54954.3 of the Government Code is amended  
31 to read:

32 54954.3. (a) Every agenda for regular meetings shall provide  
33 an opportunity for members of the public to directly address the  
34 legislative body on any item of interest to the public, before or  
35 during the legislative body's consideration of the item, that is  
36 within the subject matter jurisdiction of the legislative body,  
37 provided that no action shall be taken on any item not appearing  
38 on the agenda unless the action is otherwise authorized by  
39 subdivision (b) of Section 54954.2. *All meetings must also provide*  
40 *the public with an opportunity to address the legislative body*



1 *remotely via call-in and internet-based service, consistent with*  
2 *requirements in Section 54953. Persons commenting in person*  
3 *shall not have more time or in any other way be prioritized over*  
4 *persons commenting remotely via call-in or internet-based service.*  
5 *Instructions on how to attend the meeting via call-in or*  
6 *internet-based service shall be posted online along with the meeting*  
7 *agenda in an easily accessible location.* However, the agenda need  
8 not provide an opportunity for members of the public to address  
9 the legislative body on any item that has already been considered  
10 by a committee, composed exclusively of members of the  
11 legislative body, at a public meeting wherein all interested members  
12 of the public were afforded the opportunity to address the  
13 committee on the item, before or during the committee's  
14 consideration of the item, unless the item has been substantially  
15 changed since the committee heard the item, as determined by the  
16 legislative body. Every notice for a special meeting shall provide  
17 an opportunity for members of the public to directly address the  
18 legislative body concerning any item that has been described in  
19 the notice for the meeting before or during consideration of that  
20 item.

21 (b) (1) The legislative body of a local agency may adopt  
22 reasonable regulations to ensure that the intent of subdivision (a)  
23 is carried out, including, but not limited to, regulations limiting  
24 the total amount of time allocated for public testimony on particular  
25 issues and for each individual speaker.

26 (2) Notwithstanding paragraph (1), when the legislative body  
27 of a local agency limits time for public comment, the legislative  
28 body of a local agency shall provide at least twice the allotted time  
29 to a member of the public who utilizes a translator to ensure that  
30 non-English speakers receive the same opportunity to directly  
31 address the legislative body of a local agency.

32 (3) Paragraph (2) shall not apply if the legislative body of a  
33 local agency utilizes simultaneous translation equipment in a  
34 manner that allows the legislative body of a local agency to hear  
35 the translated public testimony simultaneously.

36 (c) The legislative body of a local agency shall not prohibit  
37 public criticism of the policies, procedures, programs, or services  
38 of the agency, or of the acts or omissions of the legislative body.  
39 Nothing in this subdivision shall confer any privilege or protection  
40 for expression beyond that otherwise provided by law.

1     (d) *Legislative bodies of local agencies shall employ a sufficient*  
2 *amount of qualified bilingual persons to provide translation during*  
3 *the meeting in the language of the non-English-speaking person,*  
4 *in jurisdictions which govern a substantial number of*  
5 *non-English-speaking people. “Non-English-speaking people” is*  
6 *defined as members of a group who either do not speak English,*  
7 *or who are unable to effectively communicate in English because*  
8 *it is not their native language, and who comprise 5 percent or*  
9 *more of the people served by the statewide or any local office or*  
10 *facility of a state agency.*

11     SEC. 7. Section 11122.5 of the Government Code is amended  
12 to read:

13     11122.5. (a) As used in this article, “meeting” includes any  
14 congregation of a majority of the members of a state ~~body~~ body,  
15 including a virtual congregation using teleconference technology,  
16 at the same time and place to hear, discuss, or deliberate upon any  
17 item that is within the subject matter jurisdiction of the state body  
18 to which it pertains.

19     (b) (1) A majority of the members of a state body shall not,  
20 outside of a meeting authorized by this chapter, use a series of  
21 communications of any kind, directly or through intermediaries,  
22 to discuss, deliberate, or take action on any item of business that  
23 is within the subject matter of the state body.

24     (2) Paragraph (1) shall not be construed to prevent an employee  
25 or official of a state agency from engaging in separate  
26 conversations or communications outside of a meeting authorized  
27 by this chapter with members of a legislative body in order to  
28 answer questions or provide information regarding a matter that  
29 is within the subject matter jurisdiction of the state agency, if that  
30 person does not communicate to members of the legislative body  
31 the comments or position of any other member or members of the  
32 legislative body.

33     (c) The prohibitions of this article do not apply to any of the  
34 following:

35     (1) Individual contacts or conversations between a member of  
36 a state body and any other person that do not violate subdivision  
37 (b).

38     (2) (A) The attendance of a majority of the members of a state  
39 body at a conference or similar gathering open to the public that  
40 involves a discussion of issues of general interest to the public or

1 to public agencies of the type represented by the state body, if a  
2 majority of the members do not discuss among themselves, other  
3 than as part of the scheduled program, business of a specified  
4 nature that is within the subject matter jurisdiction of the state  
5 body.

6 (B) Subparagraph (A) does not allow members of the public  
7 free admission to a conference or similar gathering at which the  
8 organizers have required other participants or registrants to pay  
9 fees or charges as a condition of attendance.

10 (3) The attendance of a majority of the members of a state body  
11 at an open and publicized meeting organized to address a topic of  
12 state concern by a person or organization other than the state body,  
13 if a majority of the members do not discuss among themselves,  
14 other than as part of the scheduled program, business of a specific  
15 nature that is within the subject matter jurisdiction of the state  
16 body.

17 (4) The attendance of a majority of the members of a state body  
18 at an open and noticed meeting of another state body or of a  
19 legislative body of a local agency as defined by Section 54951, if  
20 a majority of the members do not discuss among themselves, other  
21 than as part of the scheduled meeting, business of a specific nature  
22 that is within the subject matter jurisdiction of the other state body.

23 (5) The attendance of a majority of the members of a state body  
24 at a purely social or ceremonial occasion, if a majority of the  
25 members do not discuss among themselves business of a specific  
26 nature that is within the subject matter jurisdiction of the state  
27 body.

28 (6) The attendance of a majority of the members of a state body  
29 at an open and noticed meeting of a standing committee of that  
30 body, if the members of the state body who are not members of  
31 the standing committee attend only as observers.

32 SEC. 8. Section 11123 of the Government Code is amended  
33 to read:

34 11123. (a) All meetings of a state body shall be open and  
35 public and all persons shall be permitted to attend any meeting of  
36 a state body except as otherwise provided in this article.  
37 *Additionally, all meetings shall include an opportunity for all*  
38 *persons to attend via a call-in option or an internet-based service*  
39 *option that provides closed captioning services. Both a call-in and*  
40 *an internet-based service option shall be provided to the public.*

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, *other than what is required by subdivision (a) and such that all members of the body that are present at the meeting are teleconferencing into the meeting*, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the ~~meeting~~. *meeting to ensure that members of the public are able to give public comment in person. This location must be publicly accessible and able to accommodate a reasonable amount of people, given the circumstances.*

(2) For the purposes of this subdivision, “teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. ~~This~~ *While this section requires that both an call-in and internet-based service are available to the public to join all open meetings that are held in-person, this section does*

1 not prohibit a state body from providing members of the public  
2 with additional locations in *or opportunities* by which the public  
3 may observe or address the state body by electronic means, through  
4 either audio or both audio and video.

5 (c) *Instructions on how to attend the meeting via call-in or*  
6 *internet-based service shall be posted online along with the meeting*  
7 *agenda in an easily accessible location at least 72 hours before*  
8 *all regular meetings and at least 24 hours before all special*  
9 *meetings. In compliance with the Dymally-Alatorre Bilingual*  
10 *Services Act(Chapter 17.5 (commencing with Section 7290) of*  
11 *Division 7 of Title 1), the posted instructions shall also be*  
12 *translated into all languages of which 5 percent of the population*  
13 *of the state body's jurisdiction speaks.*

14 (e)

15 (d) The state body shall publicly report any action taken and  
16 the vote or abstention on that action of each member present for  
17 the action.

18 SEC. 9. Section 11125.7 of the Government Code is amended  
19 to read:

20 11125.7. (a) Except as otherwise provided in this section, the  
21 state body shall provide an opportunity for members of the public  
22 to directly address the state body on each agenda item before or  
23 during the state body's discussion or consideration of the item.  
24 This section is not applicable if the agenda item has already been  
25 considered by a committee composed exclusively of members of  
26 the state body at a public meeting where interested members of  
27 the public were afforded the opportunity to address the committee  
28 on the item, before or during the committee's consideration of the  
29 item, unless the item has been substantially changed since the  
30 committee heard the item, as determined by the state body. Every  
31 notice for a special meeting at which action is proposed to be taken  
32 on an item shall provide an opportunity for members of the public  
33 to directly address the state body concerning that item prior to  
34 action on the item. In addition, the notice requirement of Section  
35 11125 shall not preclude the acceptance of testimony at meetings,  
36 other than emergency meetings, from members of the public if no  
37 action is taken by the state body at the same meeting on matters  
38 brought before the body by members of the public.

39 (b) *In compliance with subdivision (a) of Section 11123, public*  
40 *comment shall be made available for those attending any meeting*

1 *via call-in or internet-based service option. Persons commenting*  
2 *in person shall not have more time or in any other way be*  
3 *prioritized over persons commenting remotely via call-in or*  
4 *internet-based service.*

5 ~~(b)~~

6 (c) The state body may adopt reasonable regulations to ensure  
7 that the intent of subdivision (a) is carried out, including, but not  
8 limited to, regulations limiting the total amount of time allocated  
9 for public comment on particular issues and for each individual  
10 speaker.

11 ~~(e)~~

12 (d) (1) Notwithstanding subdivision (b), when a state body  
13 limits time for public comment the state body shall provide at least  
14 twice the allotted time to a member of the public who utilizes a  
15 translator to ensure that non-English speakers receive the same  
16 opportunity to directly address the state body. *In compliance with*  
17 *the Dymally-Alatorre Bilingual Services Act (Chapter 17.5*  
18 *(commencing with Section 7290) of Division 7 of Title 1),*  
19 *translation services shall be provided for all languages of which*  
20 *5 percent of the population of the state body's jurisdiction speaks.*  
21 *Should there be a limit on speaking time, persons commenting in*  
22 *another language shall be given twice as much time as those*  
23 *commenting in English in order to accommodate time for*  
24 *translation services. This is not required when simultaneous*  
25 *translation services are available.*

26 (2) Paragraph (1) shall not apply if the state body utilizes  
27 simultaneous translation equipment in a manner that allows the  
28 state body to hear the translated public testimony simultaneously.

29 ~~(d)~~

30 (e) The state body shall not prohibit public criticism of the  
31 policies, programs, or services of the state body, or of the acts or  
32 omissions of the state body. Nothing in this subdivision shall confer  
33 any privilege or protection for expression beyond that otherwise  
34 provided by law.

35 ~~(e)~~

36 (f) This section is not applicable to closed sessions held pursuant  
37 to Section 11126.

38 ~~(f)~~

39 (g) This section is not applicable to decisions regarding  
40 proceedings held pursuant to Chapter 5 (commencing with Section

1 11500), relating to administrative adjudication, or to the conduct  
2 of those proceedings.

3 ~~(g)~~

4 ~~(h)~~ This section is not applicable to hearings conducted by the  
5 California Victim Compensation Board pursuant to Sections 13963  
6 and 13963.1.

7 ~~(h)~~

8 ~~(i)~~ This section is not applicable to agenda items that involve  
9 decisions of the Public Utilities Commission regarding adjudicatory  
10 hearings held pursuant to Chapter 9 (commencing with Section  
11 1701) of Part 1 of Division 1 of the Public Utilities Code. For all  
12 other agenda items, the commission shall provide members of the  
13 public, other than those who have already participated in the  
14 proceedings underlying the agenda item, an opportunity to directly  
15 address the commission before or during the commission's  
16 consideration of the item.

17 SEC. 10. No reimbursement is required by this act pursuant to  
18 Section 6 of Article XIII B of the California Constitution because  
19 the only costs that may be incurred by a local agency or school  
20 district under this act would result from a legislative mandate that  
21 is within the scope of paragraph (7) of subdivision (b) of Section  
22 3 of Article I of the California Constitution.

23 SEC. 11. The Legislature finds and declares that Sections 4,  
24 5, and 6 of this act, which amend Section 54953, 54954.2, and  
25 54954.3 of the Government Code, further, within the meaning of  
26 paragraph (7) of subdivision (b) of Section 3 of Article I of the  
27 California Constitution, the purposes of that constitutional section  
28 as it relates to the right of public access to the meetings of local  
29 public bodies or the writings of local public officials and local  
30 agencies. Pursuant to paragraph (7) of subdivision (b) of Section  
31 3 of Article I of the California Constitution, the Legislature makes  
32 the following findings:

33 The provisions of the act allow for greater public access through  
34 requiring specified entities to provide a call-in and internet-based  
35 service and instructions on how to access these options to the public  
36 for specified meetings and allow for greater accommodations for  
37 non-English speakers attending the meetings.

O



**ASSEMBLY BILL**

**No. 526**

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**Introduced by Assembly Member Wood**

February 10, 2021

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An act to amend Section 1209 of, and to add Sections 1625.6 and 1645.2 to, the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 526, as introduced, Wood. Dentists: clinical laboratories: vaccines.

Existing law, the Dental Practice Act, provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California. Existing law defines dentistry as the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures, and provides that diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Existing law provides that a person practices dentistry if the person performs various specified acts.

This bill would additionally authorize a dentist, if the dentist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease



Control and Prevention toward the fulfillment of a dentist's continuing education requirements, as specified.

Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Existing law requires a clinical laboratory test or examination classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 to be performed under the overall operation and administration of a laboratory director, which is defined to include certain licensees.

This bill would expand the definition of "laboratory director" to include a duly licensed dentist serving as the director of a laboratory that performs only authorized clinical laboratory tests, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1209 of the Business and Professions
- 2 Code is amended to read:
- 3 1209. (a) As used in this chapter, "laboratory director" means
- 4 any person who is any of the following:
- 5 (1) A duly licensed physician and surgeon.
- 6 (2) Only for purposes of a clinical laboratory test or examination
- 7 classified as waived, is any of the following:
- 8 (A) A duly licensed clinical laboratory scientist.
- 9 (B) A duly licensed limited clinical laboratory scientist.
- 10 (C) A duly licensed naturopathic doctor.
- 11 (D) A duly licensed optometrist serving as the director of a
- 12 laboratory that only performs clinical laboratory tests authorized
- 13 in paragraph (10) of subdivision (d) of Section 3041.
- 14 (E) *A duly licensed dentist serving as the director of a laboratory*
- 15 *that performs only clinical laboratory tests authorized under*
- 16 *Section 1625.*
- 17 (3) Licensed to direct a clinical laboratory under this chapter.
- 18 (b) (1) A person defined in paragraph (1) or (3) of subdivision
- 19 (a) who is identified as the CLIA laboratory director of a laboratory
- 20 that performs clinical laboratory tests classified as moderate or
- 21 high complexity shall also meet the laboratory director

1 qualifications under CLIA for the type and complexity of tests  
2 being offered by the laboratory.

3 (2) As used in this subdivision, “CLIA laboratory director”  
4 means the person identified as the laboratory director on the CLIA  
5 certificate issued to the laboratory by the federal Centers for  
6 Medicare and Medicaid Services (CMS).

7 (c) The laboratory director, if qualified under CLIA, may  
8 perform the duties of the technical consultant, technical supervisor,  
9 clinical consultant, general supervisor, and testing personnel, or  
10 delegate these responsibilities to persons qualified under CLIA.  
11 If the laboratory director reapportions performance of those  
12 responsibilities or duties, ~~he or she~~ *they* shall remain responsible  
13 for ensuring that all those duties and responsibilities are properly  
14 performed.

15 (d) (1) The laboratory director is responsible for the overall  
16 operation and administration of the clinical laboratory, including  
17 administering the technical and scientific operation of a clinical  
18 laboratory, the selection and supervision of procedures, the  
19 reporting of results, and active participation in its operations to  
20 the extent necessary to ensure compliance with this act and CLIA.  
21 ~~He or she~~ *They* shall be responsible for the proper performance of  
22 all laboratory work of all subordinates and shall employ a sufficient  
23 number of laboratory personnel with the appropriate education  
24 and either experience or training to provide appropriate  
25 consultation, properly supervise and accurately perform tests, and  
26 report test results in accordance with the personnel qualifications,  
27 duties, and responsibilities described in CLIA and this chapter.

28 (2) Where a point-of-care laboratory testing device is utilized  
29 and provides results for more than one analyte, the testing  
30 personnel may perform and report the results of all tests ordered  
31 for each analyte for which ~~he or she has~~ *they have* been found by  
32 the laboratory director to be competent to perform and report.

33 (e) As part of the overall operation and administration, the  
34 laboratory director of a registered laboratory shall document the  
35 adequacy of the qualifications (educational background, training,  
36 and experience) of the personnel directing and supervising the  
37 laboratory and performing the laboratory test procedures and  
38 examinations. In determining the adequacy of qualifications, the  
39 laboratory director shall comply with any regulations adopted by  
40 the department that specify the minimum qualifications for

1 personnel, in addition to any CLIA requirements relative to the  
2 education or training of personnel.

3 (f) As part of the overall operation and administration, the  
4 laboratory director of a licensed laboratory shall do all of the  
5 following:

6 (1) Ensure that all personnel, prior to testing biological  
7 specimens, have the appropriate education and experience, receive  
8 the appropriate training for the type and complexity of the services  
9 offered, and have demonstrated that they can perform all testing  
10 operations reliably to provide and report accurate results. In  
11 determining the adequacy of qualifications, the laboratory director  
12 shall comply with any regulations adopted by the department that  
13 specify the minimum qualifications for, and the type of procedures  
14 that may be performed by, personnel in addition to any CLIA  
15 requirements relative to the education or training of personnel.  
16 Any regulations adopted pursuant to this section that specify the  
17 type of procedure that may be performed by testing personnel shall  
18 be based on the skills, knowledge, and tasks required to perform  
19 the type of procedure in question.

20 (2) Ensure that policies and procedures are established for  
21 monitoring individuals who conduct preanalytical, analytical, and  
22 postanalytical phases of testing to ensure that they are competent  
23 and maintain their competency to process biological specimens,  
24 perform test procedures, and report test results promptly and  
25 proficiently, and, whenever necessary, identify needs for remedial  
26 training or continuing education to improve skills.

27 (3) Specify in writing the responsibilities and duties of each  
28 individual engaged in the performance of the preanalytic, analytic,  
29 and postanalytic phases of clinical laboratory tests or examinations,  
30 including which clinical laboratory tests or examinations the  
31 individual is authorized to perform, whether supervision is required  
32 for the individual to perform specimen processing, test  
33 performance, or results reporting, and whether consultant,  
34 supervisor, or director review is required prior to the individual  
35 reporting patient test results.

36 (g) The competency and performance of staff of a licensed  
37 laboratory shall be evaluated and documented by the laboratory  
38 director, or by a person who qualifies as a technical consultant or  
39 a technical supervisor under CLIA depending on the type and  
40 complexity of tests being offered by the laboratory.

1 (1) The procedures for evaluating the competency of the staff  
2 shall include, but are not limited to, all of the following:

3 (A) Direct observations of routine patient test performance,  
4 including patient preparation, if applicable, and specimen handling,  
5 processing, and testing.

6 (B) Monitoring the recording and reporting of test results.

7 (C) Review of intermediate test results or worksheets, quality  
8 control records, proficiency testing results, and preventive  
9 maintenance records.

10 (D) Direct observation of performance of instrument  
11 maintenance and function checks.

12 (E) Assessment of test performance through testing previously  
13 analyzed specimens, internal blind testing samples, or external  
14 proficiency testing samples.

15 (F) Assessment of problem solving skills.

16 (2) Evaluation and documentation of staff competency and  
17 performance shall occur at least semiannually during the first year  
18 an individual tests biological specimens. Thereafter, evaluations  
19 shall be performed at least annually unless test methodology or  
20 instrumentation changes, in which case, prior to reporting patient  
21 test results, the individual's performance shall be reevaluated to  
22 include the use of the new test methodology or instrumentation.

23 (h) The laboratory director of each clinical laboratory of an  
24 acute care hospital shall be a physician and surgeon who is a  
25 qualified pathologist, except as follows:

26 (1) If a qualified pathologist is not available, a physician and  
27 surgeon or a clinical laboratory bioanalyst qualified as a laboratory  
28 director under subdivision (a) may direct the laboratory. However,  
29 a qualified pathologist shall be available for consultation at suitable  
30 intervals to ensure high-quality service.

31 (2) If there are two or more clinical laboratories of an acute care  
32 hospital, those additional clinical laboratories that are limited to  
33 the performance of blood gas analysis, blood electrolyte analysis,  
34 or both, may be directed by a physician and surgeon qualified as  
35 a laboratory director under subdivision (a), irrespective of whether  
36 a pathologist is available.

37 As used in this subdivision, a qualified pathologist is a physician  
38 and surgeon certified or eligible for certification in clinical or  
39 anatomical pathology by the American Board of Pathology or the  
40 American Osteopathic Board of Pathology.

1 (i) Subdivision (h) does not apply to any director of a clinical  
2 laboratory of an acute care hospital acting in that capacity on or  
3 before January 1, 1988.

4 (j) A laboratory director may serve as the director of up to the  
5 maximum number of laboratories stipulated by CLIA, as defined  
6 under Section 1202.5.

7 SEC. 2. Section 1625.6 is added to the Business and Professions  
8 Code, to read:

9 1625.6. (a) In addition to the actions authorized under Section  
10 1625, a dentist may independently prescribe and administer  
11 influenza and COVID-19 vaccines approved or authorized by the  
12 United States Food and Drug Administration in compliance with  
13 the individual federal Advisory Committee on Immunization  
14 Practices (ACIP) influenza and COVID-19 vaccine  
15 recommendations, and published by the federal Centers for Disease  
16 Control and Prevention (CDC) to persons 3 years of age or older.

17 (b) In order to prescribe and administer a vaccine described in  
18 subdivision (a), a dentist shall do all of the following:

19 (1) Complete an immunization training program biannually that  
20 is either offered by the federal Centers for Disease Control and  
21 Prevention or taken through a registered provider approved by the  
22 board that, at a minimum, includes vaccine administration,  
23 prevention and management of adverse reactions, and maintenance  
24 of vaccine records.

25 (2) Comply with all state and federal recordkeeping and  
26 reporting requirements, including providing documentation to the  
27 patient's primary care provider, if applicable, and entering in the  
28 information in the appropriate immunization registry designated  
29 by the Immunization Branch of the State Department of Public  
30 Health.

31 (3) If a patient does not have a physician, the dentist shall advise  
32 the patient to consult with an appropriate health care provider.

33 (c) The board may adopt regulations to implement this section.  
34 The adoption, amendment, repeal, or readoption of a regulation  
35 authorized by this section is deemed to address an emergency, for  
36 purposes of Sections 11346.1 and 11349.6 of the Government  
37 Code, and the board is hereby exempted for this purpose from the  
38 requirements of subdivision (b) of Section 11346.1 of the  
39 Government Code. For purposes of subdivision (e) of Section  
40 11346.1 of the Government Code, the 180-day period, as applicable

1 to the effective period of an emergency regulatory action and  
2 submission of specified materials to the Office of Administrative  
3 Law, is hereby extended to 240 days.

4 SEC. 3. Section 1645.2 is added to the Business and Professions  
5 Code, to read:

6 1645.2. Any vaccine training program provided through the  
7 federal Centers for Disease Control and Prevention that was  
8 completed by a licensed dentist pursuant to the Department of  
9 Consumer Affairs public health emergency order DCA-20-104  
10 and Section 1625.6 shall count toward the fulfillment of the  
11 continuing education requirements governed by Section 1645.

12 SEC. 4. This act is an urgency statute necessary for the  
13 immediate preservation of the public peace, health, or safety within  
14 the meaning of Article IV of the California Constitution and shall  
15 go into immediate effect. The facts constituting the necessity are:

16 In order to address the public health need to provide as many  
17 points of care for the administration of testing and vaccines for  
18 influenza and COVID-19 in order to test and vaccinate the greatest  
19 amount of people at the fastest rate possible and as soon as  
20 possible, it is necessary that this act take effect immediately.

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**ASSEMBLY BILL**

**No. 646**

**Introduced by Assembly Member Low**  
(Coauthor: Senator Roth)

February 12, 2021

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An act to add Section 493.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 646, as introduced, Low. Department of Consumer Affairs: boards: expunged convictions.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of

the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would require a person in either case to pay a \$50 fee to the board, unless another amount is determined by the board to be necessary to cover the cost of administering the bill's provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 493.5 is added to the Business and  
2     Professions Code, to read:  
3     493.5. (a) A board within the department that has posted on  
4     its internet website that a person's license was revoked because  
5     the person was convicted of a crime, upon receiving from the  
6     person a certified copy of an expungement order granted pursuant  
7     to Section 1203.4 of the Penal Code for the underlying offense,  
8     shall, within 90 days of receiving the expungement order, unless  
9     it is otherwise prohibited by law, or by other terms or conditions,  
10    do either of the following:  
11    (1) If the person reapplies for licensure or has been relicensed,  
12    post notification of the expungement order and the date thereof on  
13    its internet website.  
14    (2) If the person is not currently licensed and does not reapply  
15    for licensure, remove the initial posting on its internet website that  
16    the person's license was revoked and information previously posted  
17    regarding arrests, charges, and convictions.  
18    (b) A person described in subdivision (a) shall pay to the board  
19    a fee in the amount of fifty dollars (\$50), unless another amount  
20    is determined by the board to be necessary to cover the  
21    administrative cost, ensuring that the amount does not exceed the  
22    reasonable cost of administering this section. The fee shall be  
23    deposited by the board into the appropriate fund and shall be  
24    available only upon appropriation by the Legislature.  
25    (c) For purposes of this section, "board" means an entity listed  
26    in Section 101.



- 1 (d) If any provision in this section conflicts with Section 2027,
- 2 Section 2027 shall prevail.

O

**ASSEMBLY BILL**

**No. 657**

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**Introduced by Assembly Member Bonta**

February 12, 2021

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An act to add Section 19136 to the Government Code, relating to state employment.

LEGISLATIVE COUNSEL’S DIGEST

AB 657, as introduced, Bonta. State civil service system: personal services contracts: professionals.

Existing law, the State Civil Service Act, establishes standards for the use of personal services contracts by state agencies and authorizes personal services contracts when prescribed conditions are met, including, among others, when the contracting agency demonstrates that the proposed contract will result in actual overall cost savings to the state, as specified.

This bill would prohibit a state agency from entering into a contract with a professional, as defined, for a period of more than 365 consecutive days or for a period of 365 nonconsecutive days in a 24-month period. The bill would define “professional,” for these provisions, to include, among others, a physician and surgeon, dentist, and clinical psychologist. The bill would require each state agency that has a contract with a professional pursuant to these provisions to prepare a monthly report to the exclusive bargaining representative for the professional, if the professional is represented, providing certain information, including the name and contact information of the professionals subject to a contract with the state agency, the details of the contract period for each professional, and the number of open professional positions available, as specified.

This bill would also require a state agency that uses a personal services contract for an employee position for each state agency that has a budgetary allocation to provide the applicable employee organization that represents employees who provide the same or similar services with certain information, including, among other things, the expenditures for recruiting and advertising to fill positions for which contractors are hired, and the number of applications for personal services received in the most recent quarter of the fiscal year.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 19136 is added to the Government Code,  
2     to read:  
3     19136. (a) Notwithstanding Section 19130 or any other law,  
4     a professional, as defined in subdivision (b), who has a personal  
5     services contract with any state agency, shall not be under contract  
6     with the state agency for a time period that exceeds either of the  
7     following:  
8     (1) Three hundred sixty-five consecutive days to the state  
9     agency.  
10    (2) Three hundred sixty-five nonconsecutive days in a 24-month  
11    period.  
12    (b) For purposes of this section, “professional” means any of  
13    the following:  
14    (1) A physician and surgeon licensed by the Medical Board of  
15    California or the Osteopathic Medical Board of California.  
16    (2) A dentist licensed by the Dental Board of California.  
17    (3) A clinical psychologist licensed by the Board of Psychology.  
18    (4) A clinical social worker licensed by the Board of Behavioral  
19    Sciences.  
20    (5) A pharmacist licensed by the California State Board of  
21    Pharmacy.  
22    (c) Each state agency that has a contract with a professional  
23    pursuant to this section shall prepare a monthly report to the  
24    exclusive bargaining representative for the professional, if the  
25    professional is represented. The monthly report shall include all  
26    of the following information:

1 (1) The names and contact information of the professionals  
2 subject to a contract with the state agency.

3 (2) The details of the contract period for each professional,  
4 including, but not limited to, their hourly rate, beginning and end  
5 date, and the number of days worked pursuant to their current  
6 contract.

7 (3) The number of “open” professional positions for the state  
8 agency and the number of “contract” professional positions. For  
9 purposes of this paragraph, “open” means a position authorized in  
10 the budget for the state agency.

11 (d) If a state agency uses a personal services contract for an  
12 employee position for which the agency has a budgetary allocation,  
13 the agency shall provide to the applicable employee organization  
14 that represents employees who provide the same or similar services  
15 the following information:

16 (1) The expenditures for recruiting and advertising in the most  
17 recent quarter of the fiscal year to fill positions for which  
18 contractors are hired.

19 (2) The number of applications for personal services contracts  
20 received in the most recent quarter of the fiscal year.

21 (3) The number of applicants interviewed for personal services  
22 contracts received in the most recent quarter of the fiscal year.

23 (4) The number of applicants rejected for personal services  
24 contracts received in the most recent quarter of the fiscal year.

O

**ASSEMBLY BILL**

**No. 733**

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**Introduced by Assembly Member Chiu**

February 16, 2021

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An act to add Section 1925.5 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 733, as introduced, Chiu. Dental hygienists: registered dental hygienist in alternative practice.

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Board of California within the Department of Consumer Affairs.

Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, in specified clinics, or in a professional corporation. Existing law further authorizes a registered dental hygienist in alternative practice to perform certain additional duties and functions in prescribed settings.

This bill would make a statement of legislative intent to enact legislation that would expand access to oral healthcare for children enrolled in Medi-Cal and pregnant people by allowing registered dental hygienists in alternative practice to partner with medical professionals in medical settings to provide fluoride treatments and oral health

education and to coordinate care with dental providers and the dental care system.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1925.5 is added to the Business and  
2 Professions Code, to read:  
3 1925.5. (a) The Legislature finds and declares the following:  
4 (1) An increasing number of studies support integrating dental  
5 care and medical care as a means to improve health outcomes and  
6 lower the cost of care.  
7 (2) In 2017, the National Association of Dental Plans released  
8 an analysis showing that providing a preventive dental service,  
9 defined as a prophylaxis, examination, fluoride treatment or sealant,  
10 to adult Medicaid recipients was associated with a 36 to 67 percent  
11 decrease in medical costs for patients with seven chronic  
12 conditions, with savings totaling almost \$100 million in 2014.  
13 (3) Tooth decay and disease are associated with pregnancy risks,  
14 diabetes, and respiratory and heart disease. Only 42 percent of  
15 pregnant individuals seek a dental visit, yet maternal gum disease  
16 is a significant factor in preterm birth or low birthweight.  
17 (4) In the calendar year 2019, only 51 percent of children 1 to  
18 20 years of age in the Medi-Cal program received dental care,  
19 however 84 percent of the same group visited a physician.  
20 (b) It is the intent of the Legislature to enact in subsequent  
21 amendments legislation that would expand access to oral healthcare  
22 for children enrolled in Medi-Cal and pregnant people by allowing  
23 registered dental hygienists in alternative practice to partner with  
24 medical professionals in medical settings to provide fluoride  
25 treatments and oral health education and to coordinate care with  
26 dental providers and the dental care system.

O

**ASSEMBLY BILL**

**No. 858**

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**Introduced by Assembly Member Jones-Sawyer  
(Principal coauthor: Assembly Member Carrillo)**

February 17, 2021

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An act to add Article 2.7 (commencing with Section 2820) to Chapter 2 of Division 3 of the Labor Code, relating to employment.

LEGISLATIVE COUNSEL'S DIGEST

AB 858, as introduced, Jones-Sawyer. Employment: health information technology: clinical practice guidelines: worker rights.

Existing law establishes the Labor Commissioner and sets forth its powers and duties, including investigation of employee complaints. Existing law establishes the State Department of Public health and sets forth its powers and duties relating to the licensure and regulation of health facilities, as defined. Existing law establishes the Department of Consumer Affairs and establishes various boards within its jurisdiction, including those charged with the licensure and regulation of practice in the various healing arts.

This bill would provide that the use of technology shall not limit a worker who is providing direct patient care from exercising independent clinical judgment in the assessment, evaluation, planning and implementation of care, nor from acting as a patient advocate. The bill would define “technology” for these purposes to mean scientific hardware or software including algorithms derived from the use of health care related data, used to achieve a medical or nursing care objective at a health facility.

This bill would authorize each worker who provides direct patient care at a health facility to be free to override health information

technology and clinical practice guidelines if, in their professional judgment, and in accordance with their scope of practice, it is in the best interest of the patient to do so. The bill would require each employer to notify all workers who provide direct patient care, and if subject to a collective bargaining agreement, their representatives, before implementing new information technology that materially affects the jobs of the workers or their patients.

This bill would prohibit an employer from retaliating or otherwise discriminating against a worker providing direct patient care who requests to override health information technology and clinical practice guidelines or discusses these issues with other employees or supervisors. The bill would authorize a worker who is subject to retaliation to file a complaint with the Labor Commissioner against an employer who has retaliated or discriminated against the employee.

This bill would require each employer to ensure that appropriate education or training be provided to workers providing direct patient care for purposes of educating or training those workers on how to utilize the new technology and to understand its limitations. The bill would require health facilities to provide opportunities for workers providing direct patient care in the affected clinical areas to participate in the design, building, and validation process for new technology impacting patient care delivery consistent with certain criteria, as provided.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. (a) It is the intent of the Legislature that health
- 2     information technology, clinical practice guidelines, or algorithms
- 3     shall not limit the effective exercise of, or be a substitute for, the
- 4     professional judgment of workers providing direct patient care.
- 5     This is crucial to protect millions of patients' safety in interacting
- 6     with a deeply flawed medical technological system, that among
- 7     many issues, has shown their commercial algorithms exhibit
- 8     significant racial bias.
- 9     (b) It is also the intent of the Legislature that new technology
- 10    will continue to permit the exercise of professional clinical
- 11    judgment in providing patient care and patient advocacy by workers
- 12    providing direct patient care. Clinical technology is intended to



1 complement, not diminish, skills, judgment, and decisionmaking.  
2 Professional judgment, not algorithms, shall determine the care  
3 needed by patient populations or individuals.

4 SEC. 2. Article 2.7 (commencing with Section 2820) is added  
5 to Chapter 2 of Division 3 of the Labor Code, to read:

6  
7 Article 2.7. Health Information Technology: Worker Rights  
8

9 2820. (a) For purposes of this article, “technology” means  
10 scientific hardware or software including algorithms derived from  
11 the use of health care-related data, used to achieve a medical or  
12 nursing care objective at a health facility.

13 (b) Notwithstanding any law, use of technology shall not limit  
14 a worker who is providing direct patient care from exercising  
15 independent clinical judgment in assessment, evaluation, planning  
16 and implementation of care, nor from acting as a patient advocate.  
17 New technology shall not be used to replace the worker’s role in  
18 delivery of care to patients.

19 (c) Each worker who provides direct patient care shall be free  
20 to override health information technology and clinical practice  
21 guidelines if, in their professional judgment, and in accordance  
22 with their scope of practice, it is in the best interest of the patient  
23 to do so.

24 (d) An employer shall not retaliate or otherwise discriminate  
25 against a worker providing direct patient care who requests to  
26 override, or who discusses with other employees or supervisors  
27 about overriding, health information technology and clinical  
28 practice guidelines. A worker who is subject to retaliation or  
29 discrimination has the right under this article to file a complaint  
30 with the Labor Commissioner against an employer who retaliates  
31 or discriminates against the employee.

32 (e) Each employer shall notify all workers who provide direct  
33 patient care and, if subject to a collective bargaining agreement,  
34 their representatives prior to implementing new information  
35 technology that materially affects the job of the workers or their  
36 patients.

37 (f) (1) Each employer shall ensure that appropriate education  
38 or training is provided to its workers that provide direct patient  
39 care for purposes of educating or training those workers on how  
40 to utilize the new technology and to understand its limitations.

1 (2) The worker's patient care assignment shall be taken into  
2 consideration when determining the appropriate method for training  
3 on new technology.

4 (g) Health facilities shall provide opportunities for workers  
5 providing direct patient care in the affected clinical areas to  
6 participate in the design, building, and validation process for new  
7 technology impacting patient care delivery, consistent with the  
8 following:

9 (1) Representatives of a health facilities professional practice  
10 committee shall be entitled to recommend measures to improve  
11 the delivery of safe, therapeutic, equitable, and effective care in  
12 conjunction with the use of new technology. Representatives of a  
13 health facilities professional practice committee shall also be  
14 entitled to participate in the selection, design, building, and  
15 validation processes whenever new technology affecting the  
16 delivery of medical or nursing care is being considered.

17 (2) When sharing technology, employers shall protect patient's  
18 private medical information in accordance with the federal Health  
19 Insurance Portability and Accountability Act of 1996 (Public Law  
20 104-191), known as HIPAA, and all other applicable privacy laws.

O

**ASSEMBLY BILL****No. 927****Introduced by Assembly Member Medina**

February 17, 2021

An act to amend Sections 78040, 78041, and 78042 of, to amend the heading of Article 3 (commencing with Section 78040) of Chapter 1 of Part 48 of Division 7 of Title 3 of, and to repeal and add Section 78043 of, the Education Code, relating to public postsecondary education.

## LEGISLATIVE COUNSEL'S DIGEST

AB 927, as introduced, Medina. Public postsecondary education: community colleges: statewide baccalaureate degree pilot program.

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law requires the board of governors to appoint a chief executive officer, to be known as the Chancellor of the California Community Colleges. Existing law, until July 1, 2026, authorizes the board of governors, in consultation with the California State University and the University of California, to establish a statewide baccalaureate degree pilot program. Existing law requires that program to consist of a maximum of 15 community college districts, with one baccalaureate degree pilot program each. Existing law requires those pilot programs to commence no later than the 2017–18 academic year, and requires students participating in those programs to commence the program by the beginning of the 2022–23 academic year. Existing law requires the governing board of a community college district seeking authorization to offer a pilot program to submit certain items for review

by the chancellor and approval by the board of governors, including documentation of unmet workforce needs specifically related to the proposed pilot program.

This bill would extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill would remove the requirements that the program consist of a maximum of 15 community college district programs and for a student to commence a program by the end of the 2022–23 academic year. The bill would require a community college district seeking approval to offer a baccalaureate degree program to provide evidence of unmet workforce needs to the Chancellor of the California Community Colleges, as provided. The bill would require, as part of the application and review process, the chancellor to ensure that a district is provided with a minimum of 90 days to develop curriculum and compile application materials, and that a minimum of 30 days is taken to validate the submitted information and access the workforce value of the proposed degree, as specified. The bill would require the chancellor to consult with and seek feedback from the California State University and the University of California on proposed baccalaureate degrees, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The heading of Article 3 (commencing with  
2 Section 78040) of Chapter 1 of Part 48 of Division 7 of Title 3 of  
3 the Education Code is amended to read:

4  
5 Article 3. Baccalaureate Degree ~~Pilot~~ Program  
6

7 SEC. 2. Section 78040 of the Education Code is amended to  
8 read:

9 78040. For purposes of this article, “district” means any  
10 community college district identified by the Chancellor of the  
11 California Community Colleges as participating in the statewide  
12 baccalaureate degree ~~pilot~~ program. ~~Each participating district~~  
13 ~~may establish one baccalaureate degree pilot program pursuant to~~  
14 ~~Section 78041.~~

15 SEC. 3. Section 78041 of the Education Code is amended to  
16 read:

1 78041. Notwithstanding Section 66010.4, and commencing  
2 January 1, 2015, the Board of Governors of the California  
3 Community Colleges, in consultation with the California State  
4 University and the University of California, may authorize the  
5 establishment of district baccalaureate degree ~~pilot~~ programs that  
6 meet all of the eligibility requirements set forth in Section 78042.  
7 ~~A district pilot program established pursuant to this article shall~~  
8 ~~commence no later than the 2017–18 academic year. A student~~  
9 ~~participating in a baccalaureate degree pilot program shall~~  
10 ~~commence his or her degree program by the beginning of the~~  
11 ~~2022–23 academic year. For purposes of this section, a pilot~~  
12 ~~program commences when the first class of students begins the~~  
13 ~~program. The statewide baccalaureate degree pilot program shall~~  
14 ~~consist of a maximum of 15 districts, with one baccalaureate degree~~  
15 ~~program each, to be determined by the Chancellor of the California~~  
16 ~~Community Colleges and approved by the Board of Governors of~~  
17 ~~the California Community Colleges.~~

18 SEC. 4. Section 78042 of the Education Code is amended to  
19 read:

20 78042. (a) A district shall seek approval to offer—a  
21 baccalaureate degree ~~program~~ *programs* through the appropriate  
22 accreditation body.

23 (b) When seeking approval from the Board of Governors of the  
24 California Community Colleges, a district shall maintain the  
25 primary mission of the California Community Colleges specified  
26 in paragraph (3) of subdivision (a) of Section 66010.4. The district,  
27 as part of the baccalaureate degree ~~pilot~~ program, shall have the  
28 additional mission to provide high-quality undergraduate education  
29 at an affordable price for students and the state.

30 (c) As a condition of eligibility for consideration to participate  
31 in the statewide baccalaureate degree ~~pilot~~ program, a district shall  
32 have a written policy that requires all potential students who wish  
33 to apply for a Board of Governors Fee Waiver pursuant to Section  
34 76300 to complete and submit either a Free Application for Federal  
35 Student Aid or a California Dream Act application in lieu of  
36 completing the Board of Governors Fee Waiver application.

37 (d) ~~A district shall not offer more than one district's~~  
38 ~~baccalaureate degree program, as determined by the governing~~  
39 ~~board of the district and approved by the Board of Governors of~~

1 the California Community Colleges, and *program shall be* subject  
2 to the following limitations:

3 (1) A district shall identify and document unmet workforce  
4 needs in the subject area of the baccalaureate degree to be offered  
5 and offer a baccalaureate degree at a campus in a subject area with  
6 unmet workforce needs in the local community or region of the  
7 district.

8 (2) A baccalaureate degree ~~pilot~~ program shall not offer a  
9 baccalaureate degree program or program curricula already offered  
10 by the California State University or the University of California.

11 (3) A district shall have the expertise, resources, and student  
12 interest to offer a quality baccalaureate degree in the chosen field  
13 of study.

14 ~~(4) A district shall not offer more than one baccalaureate degree~~  
15 ~~program within the district, which shall be limited to one campus~~  
16 ~~within the district.~~

17 ~~(5) A district shall notify a student who applies to the district's~~  
18 ~~baccalaureate degree pilot program that the student is required to~~  
19 ~~commence the student's baccalaureate degree by the beginning of~~  
20 ~~the 2022-23 academic year, as specified in Section 78041.~~

21 (e) A district shall maintain separate records for students who  
22 are enrolled in courses classified in the upper division and lower  
23 division of a baccalaureate degree program. A student shall be  
24 reported as a community college student for enrollment in a lower  
25 division course and as a baccalaureate degree program student for  
26 enrollment in an upper division course.

27 (f) A governing board of a district seeking authorization to offer  
28 a baccalaureate degree ~~pilot~~ program shall submit all of the  
29 following for review by the Chancellor of the California  
30 Community Colleges and approval by the Board of Governors of  
31 the California Community Colleges:

32 (1) Documentation of the district's written policy required by  
33 subdivision (c).

34 (2) The administrative plan for the baccalaureate degree ~~pilot~~  
35 program, including, but not limited to, the governing board of the  
36 district's funding plan for its specific district.

37 (3) A description of the baccalaureate degree ~~pilot~~ program's  
38 curriculum, faculty, and facilities.

39 (4) The enrollment projections for the baccalaureate degree ~~pilot~~  
40 program.

1 (5) Documentation regarding unmet workforce needs specifically  
2 related to the proposed baccalaureate degree-pilot program, and a  
3 written statement supporting the necessity of a four-year degree  
4 for that program. *The documentation regarding unmet workforce*  
5 *needs shall include all of the following:*

6 (A) *Evidence that the district consulted with regional employers*  
7 *and regional workforce development boards.*

8 (B) *Statewide and regional workforce data relevant to the*  
9 *proposed baccalaureate degree program.*

10 (C) *Evidence that the baccalaureate degree to be offered will*  
11 *help address unmet workforce needs. The evidence may include,*  
12 *but is not limited to, information showing the following:*

13 (i) *Employers are having difficulty filling positions that require*  
14 *a baccalaureate degree.*

15 (ii) *Employers are willing to pay baccalaureate degree holders*  
16 *more than those with a related associate degree or no*  
17 *postsecondary degree.*

18 (iii) *Employers have a preference for candidates with the*  
19 *proposed baccalaureate degree.*

20 (6) Documentation of consultation with the California State  
21 University and the University of California regarding collaborative  
22 approaches to meeting regional workforce needs.

23 (g) (1) ~~On or before March 31, 2015, the~~ *The* Board of  
24 Governors of the California Community Colleges shall develop,  
25 and adopt by regulation, a funding model for the support of the  
26 statewide baccalaureate degree-pilot program that is based on a  
27 calculation of the number of full-time equivalent students enrolled  
28 in all district-pilot *baccalaureate degree* programs.

29 (2) Funding for each full-time equivalent student shall be at a  
30 marginal cost calculation, as determined by the Board of Governors  
31 of the California Community Colleges, that shall not exceed the  
32 community college credit instruction marginal cost calculation for  
33 a full-time equivalent student, as determined pursuant to paragraph  
34 (2) of subdivision (d) of Section 84750.5.

35 (3) A student in a baccalaureate degree-pilot program authorized  
36 by this article shall not be charged fees higher than the mandatory  
37 systemwide fees charged for baccalaureate degree programs at the  
38 California State University.

(4) Fees for coursework in a baccalaureate degree ~~pilot~~ program shall be consistent with Article 1 (commencing with Section 76300) of Chapter 2 of Part 47.

(5) A district shall, in addition to the fees charged pursuant to paragraph (4), charge a fee for upper division coursework in a baccalaureate degree ~~pilot~~ program of eighty-four dollars (\$84) per unit.

~~(h) (1) The Legislative Analyst's Office shall conduct both an interim and a final statewide evaluation of the statewide baccalaureate degree pilot program implemented pursuant to this article.~~

~~(2) The results of the interim evaluation shall be reported as a progress report, in writing, to the Legislature and the Governor on or before July 1, 2018. The interim evaluation shall include, but is not limited to, all of the following:~~

~~(A) How many, and which specific, districts applied for a baccalaureate degree pilot program, and the baccalaureate degree pilot programs they applied for.~~

~~(B) Which potential four-year baccalaureate degrees were denied and why they were denied.~~

~~(C) Baccalaureate degree pilot program costs and the funding sources that were used to finance these programs.~~

~~(D) Current trends in workforce demands that require four-year degrees in the specific degree programs being offered through the statewide baccalaureate degree pilot program.~~

~~(E) Current completion rates, if available, for each cohort of students participating in a baccalaureate degree pilot program.~~

~~(F) Information on the impact of the baccalaureate degree pilot program on underserved and underprepared students.~~

~~(3) The results of the final evaluation shall be reported, in writing, to the Legislature and the Governor on or before February 1, 2020. The final evaluation shall include, but is not limited to, all of the following:~~

~~(A) The number of new district baccalaureate degree pilot programs implemented, including information identifying the number of new programs, applicants, admissions, enrollments, and degree recipients.~~

~~(B) The extent to which the baccalaureate degree pilot programs established under this article fulfill identified workforce needs for new baccalaureate degree programs, including statewide supply~~



1 and demand data that considers capacity at the California State  
2 University, the University of California, and in California's  
3 independent colleges and universities.

4 (C) Information on the place of employment of students and  
5 the subsequent job placement of graduates.

6 (D) Baccalaureate degree program costs and the funding sources  
7 that were used to finance these programs, including a calculation  
8 of cost per degree awarded.

9 (E) The costs of the baccalaureate degree programs to students,  
10 the amount of financial aid offered, and student debt levels of  
11 graduates of the programs.

12 (F) Time-to-degree rates and completion rates for the  
13 baccalaureate degree pilot programs.

14 (G) The extent to which the programs established under this  
15 article are in compliance with the requirements of this article.

16 (H) Information on the impact of the baccalaureate degree pilot  
17 program on underserved and underprepared students.

18 (I) Recommendations on whether and how the statewide  
19 baccalaureate degree pilot program can or should be extended and  
20 expanded.

21 (4) A district shall submit the information necessary to conduct  
22 the evaluations required by paragraph (1), as determined by the  
23 Legislative Analyst's Office, to the Chancellor of the California  
24 Community Colleges, who shall provide the information to the  
25 Legislative Analyst's Office upon request.

26 (5) A report to be submitted pursuant to paragraph (2) or (3)  
27 shall be submitted in compliance with Section 9795 of the  
28 Government Code.

29 (h) *The Chancellor of the California Community Colleges shall*  
30 *ensure both of the following for the application and review process*  
31 *for community college districts to participate in the baccalaureate*  
32 *degree program:*

33 (1) *A district is provided with no less than 90 days to develop*  
34 *its program curriculum and to compile and submit all necessary*  
35 *application materials pursuant to subdivision (f).*

36 (2) *The review process takes no less than 30 days from the*  
37 *receipt of a completed application to validate the information*  
38 *submitted and assess the workforce value of the proposed program.*

39 (i) (1) *The Chancellor of the California Community Colleges*  
40 *shall consult with and seek feedback from the California State*

1 *University and the University of California about proposed*  
2 *baccalaureate degree programs.*

3 *(2) Within three business days of receiving an application to*  
4 *participate in the baccalaureate degree program, the Chancellor*  
5 *of the California Community Colleges shall notify the California*  
6 *State University and the University of California.*

7 *(3) The California State University and the University of*  
8 *California may assess whether proposed baccalaureate degree*  
9 *programs are duplicative of existing baccalaureate programs*  
10 *offered by state universities, and may submit comments to the*  
11 *Chancellor of the California Community Colleges regarding*  
12 *proposed baccalaureate degree programs.*

13 *(4) The Chancellor of the California Community Colleges shall*  
14 *provide the California State University and the University of*  
15 *California no less than \_\_\_\_ days, to review, assess, and provide*  
16 *feedback pursuant to paragraph (3) for proposed baccalaureate*  
17 *degree programs.*

18 SEC. 5. Section 78043 of the Education Code is repealed.

19 ~~78043. This article shall become inoperative on July 1, 2026,~~  
20 ~~and as of January 1, 2027, is repealed, unless a later enacted statute~~  
21 ~~that is enacted before January 1, 2027, deletes or extends that date.~~

22 SEC. 6. Section 78043 is added to the Education Code, to read:

23 78043. Baccalaureate degree programs approved by the Board  
24 of Governors of the California Community Colleges pursuant to  
25 this article before January 1, 2022, may continue to operate.

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AMENDED IN SENATE MARCH 4, 2021

**SENATE BILL**

**No. 534**

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**Introduced by Senator Jones**

February 17, 2021

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An act to amend ~~Section 108~~ Sections 1902.3, 1903, 1917.1, 1941, 1950.5, and 1951 of the Business and Professions Code, relating to ~~professions and vocations~~: healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 534, as amended, Jones. ~~Department of Consumer Affairs. Dental hygienists.~~

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law requires the board to consist of 9 members and requires the Governor to appoint 7 members, as specified. Under existing law, members are appointed for a term of 4 years, except as otherwise specified for the term commencing on January 1, 2012. Existing law prohibits a person from serving as a member of the board for more than 2 consecutive terms and requires a vacancy to be filled by appointment to the unexpired term.

This bill, for the term commencing on January 1, 2022, would require specified members appointed by the Governor to each serve a term of 3 years, expiring January 1, 2025. The bill would delete the provision relating to the term commencing on January 1, 2012. The bill would provide that, notwithstanding the 2 consecutive term limit, a member who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.

(2) Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant.

Existing law permits a registered dental hygienist licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements, including furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the board, and is issued a special permit. Existing law requires an applicant for a special permit to pay an application fee, subject to a biennial renewal fee, as provided.

This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.

(3) Existing law requires the board to grant initial licensure as a registered dental hygienist to a person who satisfies specified requirements and authorizes the board to grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the board if the applicant submits specified documentation, including proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

(4) Existing law requires a new educational program for registered dental hygienists, as defined, to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.

This bill would require a new or existing educational program for registered dental hygienists, registered dental hygienists in alternative

*practice, or registered dental hygienists in extended functions to comply with the above-described requirements.*

*(5) Existing law authorizes the board to discipline, as specified, a licensee for unprofessional conduct and provides a nonexhaustive list of acts that constitute unprofessional conduct, including the willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.*

*This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.*

*(6) Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass an examination upon completion of training, or both.*

*This bill would require the training to be in a remedial education course approved by the board.*

~~Existing law establishes the Department of Consumer Affairs, which is comprised of boards that license and regulate various professions and vocations. Under existing law, each board within the department exists as a separate unit with specified functions.~~

~~This bill would make a nonsubstantive change to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 1902.3 of the Business and Professions
- 2     Code is amended to read:
- 3     1902.3. A registered dental hygienist licensed in another state
- 4     may teach in a dental hygiene college without being licensed in
- 5     this state if the person has a special permit. *A special permit shall*
- 6     *remain valid for a period of four years, subject to subdivision (g),*
- 7     *after which time the permit shall not be renewed.* The dental
- 8     hygiene board may issue a special permit to practice dental hygiene
- 9     in a discipline at a dental hygiene college in this state to any person
- 10    who submits an application and satisfies all of the following
- 11    eligibility requirements:
- 12    (a) Furnishing satisfactory evidence of having a pending contract
- 13    with a California dental hygiene college approved by the dental

1 hygiene board as a full-time or part-time professor, associate  
2 professor, assistant professor, faculty member, or instructor.

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

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

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

14 (e) *If teaching during clinical practice sessions, furnishing*  
15 *satisfactory evidence of having successfully completed a course*  
16 *in periodontal soft-tissue curettage, local anesthesia, and nitrous*  
17 *oxide-oxygen analgesia approved by the dental hygiene board.*

18 (f) *Complying with the fingerprint submission requirements as*  
19 *provided by Section 1916.*

20 ~~(e)~~

21 (g) Paying an application fee, subject to a biennial renewal fee,  
22 as provided by *subdivision (k)* of Section 1944.

23 SEC. 2. *Section 1903 of the Business and Professions Code is*  
24 *amended to read:*

25 1903. (a) (1) The dental hygiene board shall consist of nine  
26 members as follows:

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

28 (i) Two members shall be public members.

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

31 (iii) Four members shall be registered dental hygienists who  
32 hold current licenses in California. Of the registered dental  
33 hygienist members, one shall be licensed either in alternative  
34 practice or in extended functions, one shall be a dental hygiene  
35 educator, and two shall be registered dental hygienists. No public  
36 member shall have been licensed under this chapter within five  
37 years of the date of their appointment or have any current financial  
38 interest in a dental-related business.

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

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

3 (2) (A) The first appointment by the Senate Committee on  
4 Rules or the Speaker of the Assembly pursuant to this subdivision  
5 shall be made upon the expiration of the term of a public member  
6 that is scheduled to occur, or otherwise occurs, on or after January  
7 1, 2019.

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

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

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

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

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

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

24 (b) (1) Except as specified in paragraph (2), members of the  
25 dental hygiene board shall be appointed for a term of four years.  
26 Each member shall hold office until the appointment and  
27 qualification of the member's successor or until one year shall  
28 have lapsed since the expiration of the term for which the member  
29 was appointed, whichever comes first.

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

36 *(2) For the term commencing on January 1, 2022, the general*  
37 *or public health dentist member and one of the registered dental*  
38 *hygienist members, other than the dental hygiene educator member*  
39 *or the registered dental hygienist member licensed in alternative*



1 *practice or in extended functions, shall each serve a term of three*  
2 *years, expiring January 1, 2025.*

3 *(3) No more than three members' terms shall expire in any given*  
4 *calendar year.*

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

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

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

14 (f) A vacancy in the dental hygiene board shall be filled by  
15 appointment to the unexpired term. *Notwithstanding subdivision*  
16 *(e), a member who is appointed to fill an unexpired term shall be*  
17 *eligible to serve two complete consecutive terms.*

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

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

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

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

31 *SEC. 3. Section 1917.1 of the Business and Professions Code*  
32 *is amended to read:*

33 1917.1. (a) The dental hygiene board may grant a license as  
34 a registered dental hygienist to an applicant who has not taken a  
35 clinical examination before the dental hygiene board, if the  
36 applicant submits all of the following to the dental hygiene board:

37 (1) A completed application form and all fees required by the  
38 dental hygiene board.



1 (2) Proof of a current license as a registered dental hygienist  
2 issued by another state that is not revoked, suspended, or otherwise  
3 restricted.

4 (3) Proof that the applicant has been in clinical practice as a  
5 registered dental hygienist or has been a full-time faculty member  
6 in an accredited dental hygiene education program for a minimum  
7 of 750 hours per year for at least five years immediately preceding  
8 the date of application under this section. The clinical practice  
9 requirement shall be deemed met if the applicant provides proof  
10 of at least three years of clinical practice and commits to  
11 completing the remaining two years of clinical practice by filing  
12 with the dental hygiene board a copy of a pending contract to  
13 practice dental hygiene in any of the following facilities:

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

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

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

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

23 (4) Satisfactory performance on a California law and ethics  
24 examination and any examination that may be required by the  
25 dental hygiene board.

26 (5) Proof that the applicant has not been subject to disciplinary  
27 action by any state in which the applicant is or has been previously  
28 issued any professional or vocational license. If the applicant has  
29 been subject to disciplinary action, the dental hygiene board shall  
30 review that action to determine if it warrants refusal to issue a  
31 license to the applicant.

32 (6) Proof of graduation from a school of dental hygiene  
33 accredited by the Commission on Dental Accreditation.

34 (7) Proof of satisfactory completion of the National Board  
35 Dental Hygiene Examination and of a state clinical examination,  
36 regional clinical licensure examination, or any other clinical dental  
37 hygiene examination approved by the dental hygiene board.

38 (8) Proof that the applicant has not failed the state clinical  
39 examination, the examination given by the Western Regional  
40 Examining Board, or any other clinical dental hygiene examination

1 approved by the dental hygiene board for licensure to practice  
2 dental hygiene under this chapter more than once or once within  
3 five years prior to the date of application for a license under this  
4 section.

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

10 (10) *Satisfactory evidence of having successfully completed a*  
11 *course or education and training in local anesthesia, nitrous*  
12 *oxide-oxygen analgesia, and periodontal soft-tissue curettage*  
13 *approved by the dental hygiene board.*

14 ~~(10)~~

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

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

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

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

27 (2) Any nonprofit clinics, public hospitals, and accredited dental  
28 hygiene education programs seeking to contract with licensees for  
29 dental hygiene service delivery or training purposes.

30 *SEC. 4. Section 1941 of the Business and Professions Code is*  
31 *amended to read:*

32 1941. (a) The dental hygiene board shall grant or renew  
33 approval of only those educational programs for a registered dental  
34 hygienist, a registered dental hygienist in alternative practice, or  
35 a registered dental hygienist in extended functions RDHs that  
36 continuously maintain a high-quality standard of instruction and,  
37 where appropriate, meet the minimum standards set by the  
38 Commission on Dental Accreditation of the American Dental  
39 Association or an equivalent body, as determined by the dental  
40 hygiene board.

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

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

(d) For purposes of this section, “*RDHs*” means *registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions*.

SEC. 5. Section 1950.5 of the Business and Professions Code is amended to read:

1950.5. Unprofessional conduct by a person licensed under this article is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene.
- (c) The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully.
- (d) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dental hygiene.
- (e) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which the person is licensed to practice, in

1 advertising or in any other manner indicating that the person is  
2 practicing or will practice dentistry, except the name specified in  
3 a valid permit issued pursuant to Section 1962.

4 (f) The practice of accepting or receiving any commission or  
5 the rebating in any form or manner of fees for professional services,  
6 radiographs, prescriptions, or other services or articles supplied to  
7 patients.

8 (g) The making use by the licensee or any agent of the licensee  
9 of any advertising statements of a character tending to deceive or  
10 mislead the public.

11 (h) The advertising of either professional superiority or the  
12 advertising of performance of professional services in a superior  
13 manner. This subdivision shall not prohibit advertising permitted  
14 by subdivision (h) of Section 651.

15 (i) The employing or the making use of solicitors.

16 (j) Advertising in violation of Section 651.

17 (k) Advertising to guarantee any dental hygiene service, or to  
18 perform any dental hygiene procedure painlessly. This subdivision  
19 shall not prohibit advertising permitted by Section 651.

20 (l) The violation of any of the provisions of this division.

21 (m) The permitting of any person to operate dental radiographic  
22 equipment who has not met the requirements to do so, as  
23 determined by the dental hygiene board.

24 (n) The clearly excessive administering of drugs or treatment,  
25 or the clearly excessive use of treatment procedures, or the clearly  
26 excessive use of treatment facilities, as determined by the  
27 customary practice and standards of the dental hygiene profession.

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

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

38 (p) Suspension or revocation of a license issued, or discipline  
39 imposed, by another state or territory on grounds that would be  
40 the basis of discipline in this state.

1 (q) The alteration of a patient's record with intent to deceive.

2 (r) Unsanitary or unsafe office conditions, as determined by the  
3 customary practice and standards of the dental hygiene profession.

4 (s) The abandonment of the patient by the licensee, without  
5 written notice to the patient that treatment is to be discontinued  
6 and before the patient has ample opportunity to secure the services  
7 of another registered dental hygienist, registered dental hygienist  
8 in alternative practice, or registered dental hygienist in extended  
9 functions and provided the health of the patient is not jeopardized.

10 (t) The willful misrepresentation of facts relating to a  
11 disciplinary action to the patients of a disciplined licensee.

12 (u) Use of fraud in the procurement of any license issued  
13 pursuant to this article.

14 (v) Any action or conduct that would have warranted the denial  
15 of the license.

16 (w) The aiding or abetting of a registered dental hygienist,  
17 registered dental hygienist in alternative practice, or registered  
18 dental hygienist in extended functions to practice dental hygiene  
19 in a negligent or incompetent manner.

20 (x) The failure to report to the dental hygiene board in writing  
21 within seven days any of the following: (1) the death of the  
22 licensee's patient during the performance of any dental hygiene  
23 procedure; (2) the discovery of the death of a patient whose death  
24 is related to a dental hygiene procedure performed by the licensee;  
25 or (3) except for a scheduled hospitalization, the removal to a  
26 hospital or emergency center for medical treatment for a period  
27 exceeding 24 hours of any patient as a result of dental or dental  
28 hygiene treatment. Upon receipt of a report pursuant to this  
29 subdivision, the dental hygiene board may conduct an inspection  
30 of the dental hygiene practice office if the dental hygiene board  
31 finds that it is necessary.

32 (y) A registered dental hygienist, registered dental hygienist in  
33 alternative practice, or registered dental hygienist in extended  
34 functions shall report to the dental hygiene board all deaths  
35 occurring in their practice with a copy sent to the dental board if  
36 the death occurred while working as an employee in a dental office.  
37 A dentist shall report to the dental board all deaths occurring in  
38 their practice with a copy sent to the dental hygiene board if the  
39 death was the result of treatment by a registered dental hygienist,

1 registered dental hygienist in alternative practice, or registered  
2 dental hygienist in extended functions.

3 (z) *Knowingly making a statement or signing a certificate or*  
4 *other document that falsely represents the existence or nonexistence*  
5 *of a fact directly or indirectly related to the practice of dental*  
6 *hygiene.*

7 SEC. 6. Section 1951 of the Business and Professions Code is  
8 amended to read:

9 1951. The dental hygiene board may discipline a licensee by  
10 placing the licensee on probation under various terms and  
11 conditions that may include, but are not limited to, the following:

12 (a) Requiring the licensee to obtain additional training *in a*  
13 *remedial education course approved by the dental hygiene board*  
14 *or pass an examination upon completion of training, training in a*  
15 *remedial education course approved by the dental hygiene board,*  
16 *or both. The examination may be a written or oral examination,*  
17 *or both, and may be a practical or clinical examination, or both,*  
18 *at the option of the dental hygiene board.*

19 (b) Requiring the licensee to submit to a complete diagnostic  
20 examination by one or more physicians appointed by the dental  
21 hygiene board, if warranted by the physical or mental condition  
22 of the licensee. If the dental hygiene board requires the licensee  
23 to submit to an examination, the dental hygiene board shall receive  
24 and consider any other report of a complete diagnostic examination  
25 given by one or more physicians of the licensee's choice.

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

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

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

33 SECTION 1. Section 108 of the Business and Professions Code  
34 is amended to read:

35 108. Each board within the department exists as a separate unit,  
36 and has the functions of setting standards, holding meetings, and  
37 setting dates thereof, preparing and conducting examinations,  
38 passing upon applicants, conducting investigations of violations  
39 of laws under its jurisdiction, issuing citations and holding hearings  
40 for the revocation of licenses, and the imposing of penalties

1 following those hearings, insofar as these powers are given by  
2 statute to each respective board.

O

**Introduced by Senator Roth**

February 18, 2021

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An act to amend Sections 1753, 1753.55, 1753.6 of, and to repeal Section 1753.4 of, the Business and Professions Code, relating to healing arts.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 607, as introduced, Roth. Dentistry: registered dental assistants in extended practice: clinical or practical examination.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1753 of the Business and Professions
- 2 Code is amended to read:



1 1753. (a) On and after January 1, 2010, the board may license  
2 as a registered dental assistant in extended functions a person who  
3 submits written evidence, satisfactory to the board, of all of the  
4 following eligibility requirements:

5 (1) Current licensure as a registered dental assistant or  
6 completion of the requirements for licensure as a registered dental  
7 assistant.

8 (2) Successful completion of a board-approved course in the  
9 application of pit and fissure sealants.

10 (3) Successful completion of either of the following:

11 (A) An extended functions postsecondary program approved  
12 by the board in all of the procedures specified in Section 1753.5.

13 (B) An extended functions postsecondary program approved  
14 by the board to teach the duties that registered dental assistants in  
15 extended functions were allowed to perform pursuant to board  
16 regulations prior to January 1, 2010, and a course approved by the  
17 board in the procedures specified in paragraphs (1), (2), (5), and  
18 (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

19 (4) Passage of a written examination ~~and a clinical or practical~~  
20 ~~examination~~ administered by the board. The board shall designate  
21 whether the written examination shall be administered by the board  
22 or by the board-approved extended functions program.

23 (b) A registered dental assistant in extended functions may apply  
24 for an orthodontic assistant permit or a dental sedation assistant  
25 permit, or both, by providing written evidence of the following:

26 (1) Successful completion of a board-approved orthodontic  
27 assistant or dental sedation assistant course, as applicable.

28 (2) Passage of a written examination administered by the board  
29 that shall encompass the knowledge, skills, and abilities necessary  
30 to competently perform the duties of the particular permit.

31 (c) A registered dental assistant in extended functions with  
32 permits in either orthodontic assisting or dental sedation assisting  
33 shall be referred to as an “RDAEF with orthodontic assistant  
34 permit,” or “RDAEF with dental sedation assistant permit,” as  
35 applicable. These terms shall be used for reference purposes only  
36 and do not create additional categories of licensure.

37 (d) Completion of the continuing education requirements  
38 established by the board pursuant to Section 1645 by a registered  
39 dental assistant in extended functions who also holds a permit as

1 an orthodontic assistant or dental sedation assistant shall fulfill the  
2 continuing education requirement for such permit or permits.

3 SEC. 2. Section 1753.4 of the Business and Professions Code  
4 is repealed.

5 ~~1753.4. On and after January 1, 2010, each applicant for~~  
6 ~~licensure as a registered dental assistant in extended functions shall~~  
7 ~~successfully complete an examination consisting of the procedures~~  
8 ~~described in subdivisions (a) and (b). On and after January 1, 2010,~~  
9 ~~each person who holds a current and active registered dental~~  
10 ~~assistant in extended functions license issued prior to January 1,~~  
11 ~~2010, who wishes to perform the duties specified in paragraphs~~  
12 ~~(1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section~~  
13 ~~1753.5, shall successfully complete an examination consisting of~~  
14 ~~the procedures described in subdivision (b). The specific procedures~~  
15 ~~shall be assigned by the board, after considering recommendations~~  
16 ~~of its Dental Assisting Council, and shall be graded by examiners~~  
17 ~~appointed by the board. Each applicant shall furnish the required~~  
18 ~~materials necessary to complete the examination.~~

19 ~~(a) Successful completion of the following two procedures on~~  
20 ~~a patient provided by the applicant. The prepared tooth, prior to~~  
21 ~~preparation, shall have had mesial and distal contact. The~~  
22 ~~preparation performed shall have margins at or below the free~~  
23 ~~gingival crest and shall be one of the following:  $\frac{7}{8}$  crown,  $\frac{3}{4}$~~   
24 ~~crown, or full crown, including porcelain fused to metal. Alginate~~  
25 ~~impression materials alone shall not be acceptable:~~

26 ~~(1) Cord retraction of gingiva for impression procedures.~~

27 ~~(2) Take a final impression for a permanent indirect restoration.~~

28 ~~(b) Successful completion of two of the following procedures~~  
29 ~~on a simulated patient head mounted in appropriate position and~~  
30 ~~accommodating an articulated typodont in an enclosed intraoral~~  
31 ~~environment, or mounted on a dental chair in a dental operator:~~

32 ~~(1) Place, condense, and carve an amalgam restoration.~~

33 ~~(2) Place and contour a nonmetallic direct restoration.~~

34 ~~(3) Polish and contour an existing amalgam restoration.~~

35 SEC. 3. Section 1753.55 of the Business and Professions Code  
36 is amended to read:

37 1753.55. (a) A registered dental assistant in extended functions  
38 is authorized to perform the additional duties as set forth in  
39 subdivision (b) pursuant to the order, control, and full professional

responsibility of a supervising dentist, if the licensee meets one of the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed prior to January 1, 2010, *and* has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section ~~1753.5~~, ~~and passed the examination as specified in Section 1753.4~~. 1753.5.

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

(A) In a dental office setting.

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

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

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

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

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

3 (c) The functions described in subdivision (b) may be performed  
4 by a registered dental assistant in extended functions only after  
5 completion of a program that includes training in performing those  
6 functions, or after providing evidence, satisfactory to the board,  
7 of having completed a board-approved course in those functions.

8 (d) No later than January 1, 2018, the board shall adopt  
9 regulations to establish requirements for courses of instruction for  
10 the procedures authorized to be performed by a registered dental  
11 assistant in extended functions pursuant to this section using the  
12 competency-based training protocols established by the Health  
13 Workforce Pilot Project (HWPP) No. 172 through the Office of  
14 Health Planning and Development. The board shall submit to the  
15 committee proposed regulatory language for the curriculum for  
16 the Interim Therapeutic Restoration to the committee for the  
17 purpose of promulgating regulations for registered dental hygienists  
18 and registered dental hygienists in alternative practice as described  
19 in Section 1910.5. The language submitted by the board shall  
20 mirror the instructional curriculum for the registered dental  
21 assistant in extended functions. Any subsequent amendments to  
22 the regulations that are promulgated by the board for the Interim  
23 Therapeutic Restoration curriculum shall be submitted to the  
24 committee.

25 (e) The board may issue a permit to a registered dental assistant  
26 in extended functions who files a completed application, including  
27 the fee, to provide the duties specified in this section after the board  
28 has determined the registered dental assistant in extended functions  
29 has completed the coursework required in subdivision (c).

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

31 SEC. 4. Section 1753.6 of the Business and Professions Code  
32 is amended to read:

33 1753.6. (a) Each person who holds a license as a registered  
34 dental assistant in extended functions on the operative date of this  
35 section may only perform those procedures that a registered dental  
36 assistant is allowed to perform as specified in and limited by  
37 Section 1752.4, and the procedures specified in paragraphs (1) to  
38 (6), inclusive, until ~~he or she~~ *the person* provides evidence of  
39 having completed a board-approved course in the additional  
40 procedures specified in paragraphs (1), (2), (5), and (7) to (11),

- 1 inclusive, of subdivision (b) of Section ~~1753.5~~, and an examination  
2 ~~as specified in Section 1753.4~~. 1753.5:
- 3 (1) Cord retraction of gingiva for impression procedures.
  - 4 (2) Take final impressions for permanent indirect restorations.
  - 5 (3) Formulate indirect patterns for endodontic post and core  
6 castings.
  - 7 (4) Fit trial endodontic filling points.
  - 8 (5) Apply pit and fissure sealants.
  - 9 (6) Remove excess cement from subgingival tooth surfaces with  
10 a hand instrument.
  - 11 (b) This section shall become operative on January 1, 2010.

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**Introduced by Senator Ochoa Bogh  
(Coauthor: Senator Borgeas)**

February 19, 2021

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An act to amend Section 125.9 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 772, as introduced, Ochoa Bogh. Professions and vocations: citations: minor violations.

Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 125.9 of the Business and Professions
- 2 Code is amended to read:
- 3 125.9. (a) Except with respect to persons regulated under
- 4 Chapter 11 (commencing with Section 7500), any board, bureau,
- 5 or commission within the department, the State Board of

1 Chiropractic Examiners, and the Osteopathic Medical Board of  
2 California, may establish, by regulation, a system for the issuance  
3 to a licensee of a citation which may contain an order of abatement  
4 or an order to pay an administrative fine assessed by the board,  
5 bureau, or commission where the licensee is in violation of the  
6 applicable licensing act or any regulation adopted pursuant thereto.

7 (b) The system shall contain the following provisions:

8 (1) Citations shall be in writing and shall describe with  
9 particularity the nature of the violation, including specific reference  
10 to the provision of law determined to have been violated.

11 (2) Whenever appropriate, the citation shall contain an order of  
12 abatement fixing a reasonable time for abatement of the violation.

13 (3) In no event shall the administrative fine assessed by the  
14 board, bureau, or commission exceed five thousand dollars (\$5,000)  
15 for each inspection or each investigation made with respect to the  
16 violation, or five thousand dollars (\$5,000) for each violation or  
17 count if the violation involves fraudulent billing submitted to an  
18 insurance company, the Medi-Cal program, or Medicare. In  
19 assessing a fine, the board, bureau, or commission shall give due  
20 consideration to the appropriateness of the amount of the fine with  
21 respect to factors such as the gravity of the violation, the good  
22 faith of the licensee, and the history of previous violations.

23 (4) A citation or fine assessment issued pursuant to a citation  
24 shall inform the licensee that if the licensee desires a hearing to  
25 contest the finding of a violation, that hearing shall be requested  
26 by written notice to the board, bureau, or commission within 30  
27 days of the date of issuance of the citation or assessment. If a  
28 hearing is not requested pursuant to this section, payment of any  
29 fine shall not constitute an admission of the violation charged.  
30 Hearings shall be held pursuant to Chapter 5 (commencing with  
31 Section 11500) of Part 1 of Division 3 of Title 2 of the Government  
32 Code.

33 (5) Failure of a licensee to pay a fine or comply with an order  
34 of abatement, or both, within 30 days of the date of assessment or  
35 order, unless the citation is being appealed, may result in  
36 disciplinary action being taken by the board, bureau, or  
37 commission. Where a citation is not contested and a fine is not  
38 paid, the full amount of the assessed fine shall be added to the fee  
39 for renewal of the license. A license shall not be renewed without  
40 payment of the renewal fee and fine.

1 (c) The system may contain the following provisions:

2 (1) A citation may be issued without the assessment of an  
3 administrative fine.

4 (2) Assessment of administrative fines may be limited to only  
5 particular violations of the applicable licensing act.

6 (d) Notwithstanding any other provision of law, if a fine is paid  
7 to satisfy an assessment based on the finding of a violation,  
8 payment of the fine and compliance with the order of abatement,  
9 if applicable, shall be represented as satisfactory resolution of the  
10 matter for purposes of public disclosure.

11 (e) Administrative fines collected pursuant to this section shall  
12 be deposited in the special fund of the particular board, bureau, or  
13 commission.

14 (f) *A licensee shall not be assessed an administrative fine for a*  
15 *violation of the applicable licensing act or any regulation adopted*  
16 *pursuant to the act if the violation is a minor violation. A violation*  
17 *shall be considered minor if all of the following conditions are*  
18 *satisfied:*

19 (1) *The violation did not pose a serious health or safety threat.*

20 (2) *There is no evidence that the violation was willful.*

21 (3) *The licensee was not on probation at the time of the*  
22 *violation.*

23 (4) *The licensee does not have a history of committing the*  
24 *violation.*

25 (5) *The licensee corrects the violation within 30 days from the*  
26 *date notice of the violation is sent to the licensee.*

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2021 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK

Revised 12-21-2020

DEADLINES

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

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

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

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

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

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- [Jan. 11](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 18](#) Martin Luther King, Jr. Day.
- [Jan. 22](#) Last day to submit **bill requests** to the Office of Legislative Counsel.

- [Feb. 15](#) Presidents’ Day
- [Feb. 19](#) Last day for bills to be **introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

- [Mar. 25](#) **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

- [Apr. 5](#) Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- [Apr. 30](#) Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

- [May 7](#) Last day for **policy committees** to hear and report to the Floor **non-fiscal** bills introduced in their house (J.R. 61(a)(3)).
- [May 14](#) Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- [May 21](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (a)(5)). Last day for **fiscal committees** to meet prior to June 7 (J.R. 61 (a)(6)).
- [May 31](#) Memorial Day.

\* Holiday schedule subject to final approval by Rules Committee

2021 TENTATIVE LEGISLATIVE CALENDAR  
COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK  
Revised 12-21-2020

| JUNE |                   |                    |                   |                   |                   |    |
|------|-------------------|--------------------|-------------------|-------------------|-------------------|----|
| S    | M                 | T                  | W                 | TH                | F                 | S  |
|      |                   | <a href="#">1</a>  | <a href="#">2</a> | <a href="#">3</a> | <a href="#">4</a> | 5  |
| 6    | <a href="#">7</a> | 8                  | 9                 | 10                | 11                | 12 |
| 13   | 14                | <a href="#">15</a> | 16                | 17                | 18                | 19 |
| 20   | 21                | 22                 | 23                | 24                | 25                | 26 |
| 27   | 28                | 29                 | 30                |                   |                   |    |

| JULY |    |    |                    |    |                    |    |
|------|----|----|--------------------|----|--------------------|----|
| S    | M  | T  | W                  | TH | F                  | S  |
|      |    |    |                    | 1  | <a href="#">2</a>  | 3  |
| 4    | 5  | 6  | 7                  | 8  | 9                  | 10 |
| 11   | 12 | 13 | <a href="#">14</a> | 15 | <a href="#">16</a> | 17 |
| 18   | 19 | 20 | 21                 | 22 | 23                 | 24 |
| 25   | 26 | 27 | 28                 | 29 | 30                 | 31 |

| AUGUST |                    |                    |    |    |                    |    |
|--------|--------------------|--------------------|----|----|--------------------|----|
| S      | M                  | T                  | W  | TH | F                  | S  |
| 1      | 2                  | 3                  | 4  | 5  | 6                  | 7  |
| 8      | 9                  | 10                 | 11 | 12 | 13                 | 14 |
| 15     | <a href="#">16</a> | 17                 | 18 | 19 | 20                 | 21 |
| 22     | 23                 | 24                 | 25 | 26 | <a href="#">27</a> | 28 |
| 29     | <a href="#">30</a> | <a href="#">31</a> |    |    |                    |    |

| SEPTEMBER |                   |                   |                   |                   |                    |    |
|-----------|-------------------|-------------------|-------------------|-------------------|--------------------|----|
| S         | M                 | T                 | W                 | TH                | F                  | S  |
|           |                   |                   | <a href="#">1</a> | <a href="#">2</a> | <a href="#">3</a>  | 4  |
| 5         | <a href="#">6</a> | <a href="#">7</a> | <a href="#">8</a> | <a href="#">9</a> | <a href="#">10</a> | 11 |
| 12        | 13                | 14                | 15                | 16                | 17                 | 18 |
| 19        | 20                | 21                | 22                | 23                | 24                 | 25 |
| 26        | 27                | 28                | 29                | 30                |                    |    |

[June 1-4](#) **Floor Session Only.** No committee, other than Conference or Rules, may meet for any purpose (J.R. 61(a)(7)).

[June 4](#) Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

[June 7](#) Committee meetings may resume (J.R. 61(a)(9)).

[June 15](#) **Budget bill** must be passed by **midnight** (Art. IV, Sec. 12 (c)(3)).

[July 2](#) Independence Day observed.

[July 14](#) Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

[July 16](#) **Summer Recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

[Aug. 16](#) Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

[Aug. 27](#) Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(a)(11)).

[Aug. 30-Sept. 10](#) **Floor Session only.** No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)).

[Sept. 3](#) Last day to **amend** bills on the Floor (J.R. 61(a)(13)).

[Sept. 6](#) Labor Day.

[Sept. 10](#) Last day for **each house to pass bills** (J.R. 61(a)(14)).  
**Interim Study Recess** begins at end of this day's session (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

**2021**  
[Oct. 10](#) Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 10 and in the Governor's possession after Sept. 10 (Art. IV, Sec. 10(b)(1)).

**2022**  
[Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).

[Jan. 3](#) Legislature reconvenes (J.R. 51 (a)(4)).

\*\* Holiday schedule subject to final approval by Rules Committee

## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021   |
| <b>TO</b>      | Dental Hygiene Board of California   |
| <b>FROM</b>    | Adina A. Pineschi-Petty DDS<br>Education, Legislative, and Regulatory Specialist   |
| <b>SUBJECT</b> | <b>FULL 15: Dental Hygiene Educational Program Site Visit Update and Schedule.</b> |

1. Cypress College
  - a. Site visit generated as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On March 3, 2020 a site visit was conducted at the Cypress College campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See Cypress report.
2. Carrington College-San Jose
  - a. Focused site visit generated due to a complaint received.
  - b. On November 16, 2020 a site visit was conducted at the Carrington College-San Jose campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See Carrington College-San Jose report.
3. Carrington College-Sacramento
  - a. Focused site visit generated due to deficiencies discovered during the review of Major Change Report documentation submitted by Carrington College-Sacramento on December 14, 2020.
  - b. On February 10, 2021 a site visit was conducted at the Carrington College-Sacramento campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See Carrington College-Sacramento report.
4. Shasta College
  - a. Received notification on March 3, 2021 from the Commission on Dental Accreditation that as a result of action taken by the Commission at its February 11-12, 2021 meeting, Shasta has been notified of the Commission's "intent to withdraw accreditation" at its next scheduled meeting on August 5-6, 2021 if Shasta does not achieve compliance with accreditation standards by that date.
  - b. Site Visit scheduled for March 23, 2021.

5. Dental Hygiene Education Program of the Herman Ostrow School of Dentistry of the University of Southern California (USC)
  - a. Received notification from USC on February 17, 2021 of their intention to discontinue the Program as of the close of the 2020-2021 academic year.
  - b. Awaiting "Teach Out Report".

| <b>RDH Educational Program</b>         | <b>CODA Visit<br/>Previous/Next Scheduled</b> | <b>DHBC Visit</b>        |
|--|---|--------------------------|
| Cabrillo College                       | 2019 / 2027                                   | November 7, 2019         |
| Carrington - Sacramento                | 2013 / September 22-23, 2021                  | February 10, 2021        |
| Carrington - San Jose                  | 2013 / June 22-23, 2021                       | November 16, 2020        |
| Cerritos College                       | 2016 / 2024                                   | February 15, 2017        |
| Chabot College                         | 2015 / 2023                                   |                          |
| Concorde Career College-Garden Grove   | 2019 / 2027                                   | January 18, 2018         |
| Concorde Career College-San Bernardino | 2018 / 2026                                   | January 19, 2018         |
| Concorde Career College-San Diego      | 2013 / May 18-19, 2021                        | TBD                      |
| Cypress College                        | 2015 / 2023                                   | March 3, 2020            |
| Diablo Valley College                  | 2017 / 2025                                   | February 26, 2019        |
| Foothill College                       | 2018 / 2026                                   | October 18, 2018         |
| Fresno City College                    | 2013 / September 30-October 1, 2021           | TBD                      |
| Loma Linda University                  | 2016 / 2024                                   |                          |
| Moreno Valley College                  | 2019 / 2027                                   | May 30, 2017             |
| Oxnard College                         | 2013 / October 26-27, 2021                    | TBD                      |
| Pasadena City College                  | 2016 / 2024                                   |                          |
| Sacramento City College                | 2018 / 2026                                   | December 7, 2018         |
| San Joaquin Valley College - Ontario   | 2014 / 2022                                   | New PD 9-19 needs SV     |
| San Joaquin Valley College - Visalia   | 2019 / 2026                                   | November 14, 2019        |
| Santa Rosa Junior College              | 2015 / 2023                                   | New PD 2-20 needs SV     |
| Shasta College                         | 2015 / 2023                                   | March 23, 2021           |
| Southwestern College                   | 2015 / 2023                                   | New PD 10-20 needs SV    |
| Taft College                           | 2016 / 2024                                   | July 24, 2017            |
| University of Southern California      | 2015 / 2023                                   | Intention to Discontinue |
| University of the Pacific              | 2019 / 2022                                   | February 13, 2020        |
| West Coast University                  | 2017 / 2025                                   |                          |
| West Los Angeles College               | 2017 / 2025                                   | October 30, 2018         |

December 29, 2020

JoAnna Schilling, Ph.D.  
President  
Cypress College  
9200 Valley View Street  
Cypress, CA 90630

Dear Dr. Schilling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on March 3, 2020 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

The current status as to the remaining deficiencies are as follows:

## **1. Deficiency 2 - Program Director Assignment**

- a. Evidence of compliance due on July 5, 2020:
  - i. Cypress shall provide evidence of a "Dental Hygiene Program Director" position and responsibilities pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
  - ii. Evidence of compliance shall include, but not limited to, the formal DHEP Director signed contract and assignment schedule.
- b. Evidence provided by Cypress on July 5, 2020:
  - i. Cypress stated: "To address this deficiency and all requirements, Cypress College has created a new job description for the Dental Hygiene Program Director, in accordance with the CODA Standards and responsibilities pursuant to 16 CCR § 1105 (j); 16 CCR § 1105.1 (a); and CODA standards 3-2 and 3-4. This position begins July 2020 as a 100% reassigned fulltime director position, filled by the current faculty coordinator, and will go through the official board approvals in the academic year 2020-21 to finalize a permanent Program Director by July 2021."
  - ii. Cypress provided exhibit B and stated: "...details the new college and department-approved job description providing the authority to administer the educational program in accordance with CODA Standard 3-4 and sufficient administrative time for the Program Director to adequately address the needs and requirements of the Dental Hygiene Program."

- c. DHBC Determination:
  - i. **Not in compliance.**
  - ii. Cypress to provide evidence of an official, approved position for a permanent DHEP director, as well as provide notification to the DHBC of the assigned permanent DHEP director.
  - iii. Evidence of **full compliance** due on **July 30, 2021**.

## 2. Deficiency 3 – Faculty

- a. DHEP Faculty Lab Hours Deficiency
  - i. Evidence of compliance extension granted until **December 31, 2020**.
  - ii. Evidence of compliance shall include, but not limited to, the formal Collective Bargaining Agreement and faculty assignment schedules.
- b. Evidence provided by Cypress on December 21, 2020:
  - i. Cypress provided Exhibit A and stated: “On October 29, 2020, the DHEP faculty, represented by United Faculty, negotiated a new faculty lab hours agreement in order to be compliant with DHBC requirements. This new Memorandum of Understanding was agreed upon by all parties and will be in effect for the spring 2021 semester. This MOU is found under Exhibit A on page 8.”
- c. DHBC Determination
  - i. **In compliance.**
  - ii. Cypress provided evidence of faculty lab hours pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-5.

## 3. Deficiency 5 – Administrative Staffing

- a. Evidence of temporary administrative staffing compliance due on August 24, 2020:
  - i. Cypress to provide qualified institutional support personnel pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.
  - ii. Evidence of compliance shall include, but not limited to, assigned staff curriculum vitae (CV) and assignment schedule.
- b. Evidence of temporary administrative staffing compliance provided by Cypress on August 24, 2020:
  - i. Cypress provided Exhibits C1 – C3, the Dental Hygiene Services Assistant’s Schedule, and stated: “To address this deficiency, Cypress College DHEP has reorganized the Dental Hygiene Educational Program staffing to provide support and to ensure compliance with DHBC standards. The college has developed a new job description, the Dental Hygiene Services Assistant, and has shifted a current full-time employee to this role to meet the needs of the front office clinic duties. Due to the pandemic, the DHEP Clinic will not be open to the public and hours are Monday and Fridays 8am to 5pm. This employee will serve all days and hours the clinic is open this fall.”

- c. Evidence provided by Cypress on December 21, 2020:
  - i. Cypress provided the job posting and timeline for the Dental Hygiene Services Assistant and stated: "During the fall semester, the College's ability to hire a full time Dental Hygiene Services Assistant has been delayed due to the pandemic. This position has been posted and will close on December 22, 2020, and interviews will convene in early January with the intent to have this position hired and board approved at the January 26, 2021 board meeting. The temporary employee will continue to serve the DHEP until the new permanent position is hired. Due to the pandemic, the DHEP Clinic has not been open to the public.
- d. DHBC Determination:
  - i. **Temporary** administrative staffing **in compliance**.
  - ii. **Permanent** administrative staffing **not in compliance**.
    - 1. Extension granted until **March 1, 2021**.
  - iii. Cypress to continue to provide qualified institutional support personnel pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

#### 4. Deficiency 6 – Clinical Staffing and Infection Control Oversight

- a. Evidence of DHEP temporary clinical staffing compliance due on August 24, 2020:
  - i. Cypress to provide adequate oversight to sterilization and infection control processes pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), 16 CCR § 1105.2(d)(3)(A), in addition to CODA Standard 3-11, and CODA Standard 4-1.
  - ii. Evidence of compliance shall include, but not limited to, assigned staff curriculum vitae (CV) and assignment schedule.
- b. Evidence of temporary clinical staffing compliance provided by Cypress on August 24, 2020:
  - i. Cypress provided Exhibits D1 – D3 and stated: "To address this deficiency, Cypress College DHEP has reorganized the Dental Hygiene Educational Program staffing (see Exhibit C) and hired a temporary employee to provide support until a permanent employee can be hired. The college has also developed a new job description, the Dental Hygiene Clinical Technician, to meet the needs of the back-office sterilization and infection control clinic duties. Due to the pandemic, the DHEP Clinic will be closed to the public the entire fall semester and will only conduct clinic hours for students to work on pre-screened friends and family on Monday and Fridays 8am to 5pm. The Dental Hygiene Clinical Technician will be on duty all days and hours the clinic is open this fall."
- c. Evidence provided by Cypress on December 21, 2020:
  - i. Cypress provided the job posting and timeline for the Dental Hygiene Clinical Technician and stated: "During the fall semester, the College's ability to hire a full time Dental Hygiene Clinical Technician has been delayed due to the pandemic. This position has been posted and will close on December 22, 2020, and interviews will convene in early January with the intent to have this position hired and board approved at the January 26,



2021 board meeting. The temporary employee will continue to serve the DHEP until the new permanent position is hired. Due to the pandemic, the DHEP Clinic has not been open to the public.”

d. DHBC Determination

- i. **Temporary** clinical staffing **in compliance**.
- ii. **Permanent** clinical staffing **not in compliance**.
  1. Extension granted until **March 1, 2021**.
- iii. Cypress shall continue to provide clinical staff and adequate oversight to sterilization and infection control processes pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), 16 CCR § 1105.2(d)(3)(A), in addition to CODA Standard 3-11, and CODA Standard 4-1.

You will be required to provide evidence of compliance to the above remaining deficiencies **no later than the timelines provided above**.

If Cypress does not correct the above deficiencies **by the above dates**, Cypress may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Cypress DHEP graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Kendra Velasco R.D.H., M.S., Dental Hygiene Program Coordinator, Cypress College  
Rebecca R. Gomez M.S., M.A., RHIA, Health Science Division Dean, Cypress College





November 17, 2020

Mitch Charles  
President  
Carrington College – San Jose  
5883 Rue Ferrari Suite 125  
San Jose, CA 95138

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) received a complaint for the Carrington College – San Jose Dental Hygiene Program (Carrington SJ) and conducted a focused site visit on November 16, 2020. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

During the DHBC site visit, the following deficiencies of minimum dental hygiene educational program (DHEP) standards were discovered:

**1. Deficiency 1 - Program Director Assignment.**

a. Documentation:

- i. Immediate past Program Director Kim Clark overloaded with insufficient time devoted to administration of the DHEP.
  1. Term 1 and 3 Schedules.
  2. Ms. Clark is working 53 hours per week with approximately 30 hours devoted to teaching to accommodate the current cohort schedules due to acceptance of an additional cohort prior to graduating the delayed 2020 Senior cohort.
- ii. Current Program Director (as of November 16, 2020) overloaded with insufficient time devoted to administration of the DHEP.
  1. Term 1 and 3 Schedules.
  2. Ms. Doupnik is working 46 hours per week with 40 hours devoted to teaching to accommodate the current cohort schedules due to acceptance of an additional cohort prior to graduating the delayed 2020 Senior cohort.
- iii. Program director does not have the primary responsibility for all aspects of the program.
  1. Term 1, 2, 3, and 4 Schedules.
  2. Schedules of DHEP cohorts directed by upper administration and not by program director.

- iv. Program director does not have a formal contract.
  - 1. There is no formal contract or formal institutional policy which defines hours devoted to administrative, teaching, and supplemental responsibilities.
- b. Refer to
  - i. 16 CCR section 1105(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.
  - ii. 16 CCR section 1105.1(a)

“Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. 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.
  - iii. CODA Standard 3-2

The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
  - iv. CODA Standard 3-4

The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
- c. Determination
  - i. **Not in compliance.**
  - ii. The program director assignment must allow for sufficient administrative time to address the primary responsibility of the operation, supervision, evaluation and revision of the program.
  - iii. The program director must have the authority and responsibility to administer the educational program in accordance with CODA Standard 3-4.

- iv. Carrington SJ shall provide evidence of the Program Director's contract, schedule, and responsibilities pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.
- v. **Carrington SJ shall provide evidence of compliance by December 15, 2020.**

## **2. Deficiency 2 – Faculty.**

### **a. Documentation**

- i. Full time faculty are overloaded and working 40+ hours to accommodate the current cohort schedules due to acceptance of an additional cohort prior to graduating the delayed 2020 Senior cohort.
  - 1. Term 1 and 3 schedules.
  - 2. No time available to be devoted to class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.
  - 3. No formal contract or formal institutional policy which defines hours devoted to teaching load and supplemental responsibilities for full time faculty.
- ii. New faculty hires were not given an orientation prior to teaching.

### **b. Refer to**

- i. 16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
- ii. 16 CCR section 1105(k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
- iii. 16 CCR section 1105.1(c)  
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.

iv. CODA Standard 3-5

The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.

*Intent: Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.*

c. Determination

i. **Not in compliance.**

ii. Carrington SJ shall provide faculty, faculty scheduling, and faculty orientation pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.1(c), in addition to meeting CODA Standard 3-5.

iii. **Carrington shall provide evidence of compliance by December 15, 2020.**

**3. Deficiency 3 – Student Clinical Hours.**

a. Documentation

i. Term 1, 2, 3, and 4 Schedules.

ii. Freshman cohort receiving only four hours of preclinical experience per week.

1. Six hours per week is required.

iii. 2020 Senior cohort receiving (on average) only eight hours of patient contact per week.

1. 12 to 16 hours per week is required.

b. Refer to:

i. 16 CCR section 1105(b)

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 by the faculty. (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 Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article. (5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.

ii. CODA Standard 2-10

The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

*Intent:*

*Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.*

*The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of clinical practice time per week. In the final prelicensure year of the curriculum, each second-year student should be scheduled for at least twelve to sixteen hours of practice with patients per week in the dental hygiene clinic.*

c. Determination

i. **Not in compliance.**

ii. Carrington SJ to provide clinical and preclinical experience pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.

iii. **Carrington shall provide evidence of compliance by December 1, 2020.**

**4. Deficiency 4 – Student Scheduling.**

a. Documentation

i. Freshman and Junior cohort student schedules provided during enrollment and at the beginning of the semester were amended several times without sufficient notification nor provided formal “Term Schedule Adjustment Acknowledgement” agreements.

1. Many Junior cohort clinics rescheduled to evenings (5:00 P.M. until 8:30 P.M. and 6:00 P.M. until 10 P.M.) and Saturdays (8:00 A.M. until 5:00 P.M.) from previously agreed contract times of 8:00 A.M. until 5:00 P.M. from Monday through Thursday to accommodate the current cohort schedules due to acceptance of an additional cohort prior to graduating the delayed 2020 Senior cohort.
2. Due to rescheduling, students not provided sufficient time to devote to studying and outside commitments.

ii. One “Term Schedule Adjustment Acknowledgement” was provided to the 2020 Senior cohort projecting a graduation date of August 28, 2020 on April 22, 2020 (one week later than originally projected).

1. The 2020 Senior cohort is currently scheduled to graduate December 12, 2020.

2. No further "Term Schedule Adjustment Acknowledgement" was provided to the 2020 Senior cohort as to the further delay or other changes to their schedules.
  3. Due to rescheduling, students not provided sufficient time to devote to studying and outside commitments.
- b. Refer to:
- i. 16 CCR section 1105(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.
  - ii. CODA Standard 2-7  
Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.
- c. Determination
- i. **Not in compliance.**
  - ii. Carrington SJ to provide student content outlines with dates/schedules pursuant to 16 CCR section 1105(d), in addition to meeting CODA Standard 2-7.
  - iii. **Carrington SJ shall provide evidence of compliance by December 15, 2020.**

## 5. Deficiency 5 – Clinical Facilities.

- a. Documentation
- i. Clinical facilities provided are insufficient for the current number of students in the Carrington-SJ program.
    1. There are 24 clinical units present in the Carrington-SJ hygiene clinic and 30 students in each current cohort (90 students total).
      - a. Only 22 out of 24 units have a Homedics Total Clean 5 in 1 UV Room Purifier with HEPA Filtration.
      - b. Limited use of available units due to changing Coronavirus (COVID-19) pandemic restrictions provided by the Santa Clara County Public Health Department.
    2. Many Junior cohort clinics rescheduled to evenings (5:00 P.M. until 8:30 P.M. and 6:00 P.M. until 10 P.M.) and Saturdays (8:00 A.M. until 5:00 P.M.) from previously agreed contract times of 8:00 A.M. until 5:00 P.M. from Monday through Thursday to accommodate the current cohort schedules due to acceptance of an additional cohort prior to graduating the delayed 2020 Senior cohort.

- b. Refer to:
  - i. 16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. CODA Standard 2-5  
The number of students enrolled in the program must be proportionate to the resources available.
- c. Determination
  - i. **Not in compliance.**
  - ii. Carrington SJ to provide clinical facilities pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 2-5.
  - iii. **Carrington SJ shall provide evidence of compliance by December 1, 2020.**

## **6. Deficiency 6 – Radiology Resources.**

- a. Documentation
  - i. No panoramic machine for students to achieve competency in panoramic radiology.
- b. Refer to:
  - i. 16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. 16 CCR section 1105(d)(1)(K)  
(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  
(K) Radiography
  - iii. 16 CCR section 1014.1(e)(4)(J)  
(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence



in the various protocols used in the application of dental radiographic techniques.

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

(J) Supplemental techniques including the optional use of computerized digital radiography

iv. CODA Standard 2-18

Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

v. CODA Standard 4-4

Radiography facilities must be sufficient for student practice and the development of clinical competence. The radiography facilities must contain the following: a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located handwashing sinks; b) modern processing and/or scanning equipment; c) an area for mounting and viewing radiographs; d) documentation of compliance with applicable local, state and federal regulations. Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

c. Determination

i. **Not in compliance.**

ii. Carrington SJ to provide a panoramic machine for students to achieve competency in panoramic radiology techniques pursuant to 16 CCR section 1105(i), 16 CCR section 1105(d)(1)(K), 16 CCR section 1014.1(e)(4)(J), in addition to meeting CODA Standards 2-18 and 4-4.

iii. **Carrington SJ shall provide evidence of compliance by January 5, 2021.**

**7. Deficiency 7 – Administrative Staffing.**

a. Documentation:

- i. Assigned administrative assistant for Carrington SJ left two years ago and not replaced, resulting in a 33% reduction in staff.
- ii. Carrington SJ did not report reduction.



- b. Refer to:
  - i. 16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. 16 CCR section 1105(k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
  - iii. 16 CCR section 1105.3(a)(2)(D)  
(a) Each dental hygiene program holding a certificate of approval shall:  
(2) Notify the Committee within ten (10) days of any:  
(D) Programmatic reduction in program faculty or support staff of more than 10%.
  - iv. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- c. Determination
  - i. **Not in compliance.**
  - ii. Carrington SJ to provide qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.
  - iii. **Carrington SJ shall provide evidence of compliance by January 5, 2021.**

## **8. Deficiency 8 – Clinical Staffing and Infection Control Oversight**

- a. Documentation:
  - i. Deficient oversight of clinic office management processes.
    - 1. Clinic Manager not present during all clinics overseeing office and patient management.
      - a. Clinic Manager Schedule:
        - i. Monday through Friday 7:30 A.M. until 4:30 P.M.
      - b. Clinic Schedule:
        - i. Monday, Tuesday, Friday, and Saturday 8:00 A.M until 5:00 P.M.
        - ii. Wednesday and Thursday 8:00 A.M until 10:00 P.M.

2. Students overseeing office management processes unsupervised during times Clinic Manager not available.
- ii. Deficient oversight of sterilization and infection control processes.
    1. Sterilization Tech not present during all clinics overseeing sterilization and infection control processes.
      - a. Sterilization Tech Schedule:
        - i. Monday 8:00 A.M. until 5:00 P.M.
        - ii. Tuesday through Thursday 12:00 P.M. until 7:00 P.M.
      - b. Clinic Schedule:
        - i. Monday, Tuesday, Friday, and Saturday 8:00 A.M until 5:00 P.M.
        - ii. Wednesday and Thursday 8:00 A.M until 10:00 P.M.
    2. Students overseeing sterilization and infection control processes unsupervised during times Sterilization Tech not available.
- b. Refer to:
- i. 16 CCR § 1105 (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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
  - iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
  - iv. CODA Standard 3-12  
Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.
- c. Determination
- i. **Not in compliance.**
  - ii. Carrington SJ shall provide adequate oversight to clinical office management and sterilization and infection control processes pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standards 3-11 and 3-12.
  - iii. **Carrington SJ shall provide evidence of immediate compliance by November 24, 2020.**

**You will be required to provide evidence of compliance to the above deficiencies no later than the above dates.**

If Carrington SJ does not correct the above deficiencies by **the above dates**, Carrington SJ may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Carrington SJ DHEP graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California

Ravinder Dayal, Provost, Carrington College

Danielle Mills, Vice Provost, Carrington College

Jonathan Sherman, Senior Dean of Regulatory Affairs and Compliance/ALO Carrington College

Jennifer Doupnik, RDH, M.Ed. Program Director, Department of Dental Hygiene, Carrington-SJ

January 15, 2021

Mitch Charles  
President  
Carrington College – San Jose  
5883 Rue Ferrari Suite 125  
San Jose, CA 95138

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) received a complaint for the Carrington College – San Jose Dental Hygiene Program (Carrington SJ) and conducted a focused site visit on November 16, 2020. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On November 23, 2020, December 14, 2020, and December 17, 2020, Carrington SJ provided evidence of compliance for deficiencies reported in the November 17, 2020 DHBC Site Visit Report. Additionally, on December 17, 2020 the DHBC received notice that Carrington SJ voluntarily elected to postpone the start date for the April 26, 2021 cohort until August 23, 2021.

The results of the review are as follows:

**1. Deficiency 1 - Program Director Assignment.**

a. Evidence of compliance due on December 15, 2020:

Carrington SJ to provide evidence of the Program Director's contract, schedule, and responsibilities pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

b. Evidence provided by Carrington SJ on November 23, 2020:

"In order to allow for sufficient administrative time to address the primary responsibility of the operation, supervision, evaluation and revision of the program; the College has drafted and adopted a policy defining Dental Hygiene Program Director hours devoted to administrative, teaching, and supplemental responsibilities. Please see Appendix A-Policy defining DH PD responsibilities. Within this policy it is stated that the Program Director has the primary authority and responsibility for all aspects of the program including DHBC regulations as well as CODA Standards. For additional job duties and responsibilities, please refer to Appendix B-Program Director Job Description. To accompany Appendices A and B is a formal offer letter to the current Dental Hygiene Program Director, Jennifer Doupnik. Please see Appendix C-Offer Letter."

c. DHBC Determination:

i. **In compliance.**

- ii. Carrington SJ provided evidence of the Program Director's contract, schedule, and responsibilities pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

**2. Deficiency 2 – Faculty.**

a. Evidence of compliance due on December 15, 2020:

Carrington SJ to provide evidence of faculty, faculty scheduling, and faculty orientation pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.1(c), in addition to meeting CODA Standard 3-5.

b. Evidence provided by Carrington SJ on December 14, 2020:

- i. "The program performed an analysis of the current scheduling and identified some opportunities to increase efficiencies in scheduling faculty for instruction in the classroom, lab and dental hygiene clinic. In addition to student contact hours, the revised scheduling allows for class preparation, program development, student evaluation and counseling; as well as department meetings. Please see Appendix A-Instructor hours. For the didactic classroom, lab and Dental Hygiene Clinic; the staffing is sufficient to meet the dental hygiene program's stated purpose, goals and objectives. It should be noted that the program currently has sufficient faculty and staff to cover the program until April 2021. Recognizing the need for additional faculty members, the College posted 1 full-time and 3 part-time positions. At this time, the College has extended an offer letter to qualified candidates for one full-time and one part-time faculty member positions. The College is currently recruiting for the remaining part-time positions with the goal of having them filled expeditiously, allowing for adequate time to train and calibrate as required. Please see Appendix B-DH Program Term Schedules."
- ii. "At Carrington College, full-time staff employees are non-exempt hourly or exempt salaried employees who are regularly scheduled to work 30 or more hours per week. Full-time instructors are generally scheduled to work 30 - 50 hours per week, absent any extenuating circumstances. Part-time instructors are non-exempt hourly employees who work up to a 25 hours per week as assigned. Not all Part-time instructors will work up to 25 hours a week. Please see Appendix C-Full Time and Part Time Employee Classifications."

c. DHBC Determination:

i. **In compliance.**

- ii. Carrington SJ provided evidence of faculty, faculty scheduling, and faculty orientation pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.1(c), in addition to meeting CODA Standard 3-5.

**3. Deficiency 3 – Student Clinical Hours.**

a. Evidence of compliance due on December 1, 2020:

Carrington SJ to provide evidence of clinical and preclinical experience pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.

b. Evidence provided by Carrington SJ on December 14, 2020:

“Due to the escalation of the COVID-19 pandemic, and based on guidance provided by the Center for Disease Control (CDC), Department of Education (DOE), as well as federal and local agencies, the program had to make adjustments to the number of students, faculty and patients in the Dental Hygiene Clinic. As a result of the impact, for a period, the senior cohort had a reduction in the number of clinical hours they could perform resulting in the 8-hour/week deficiency. Currently, the program has developed a new schedule that will enable students to receive between 12 and 16 hours of patient contact clinical experience. Based on this updated schedule, the senior cohort will complete all required hours by 12/12/20. Please see Appendix D-Senior Cohort Clinical Schedule. On November 17th, the freshman cohort began working on 2 hours of asynchronous learning activities per week in addition to the already occurring 4 hours of synchronous pre-clinical education, fulfilling the six-hour per week requirement.”

c. Evidence provided by Carrington SJ on December 17, 2020:

“Please consider this letter official notification that Carrington College has voluntarily elected to postpone the next start date for the Dental Hygiene programs located at the Sacramento and San Jose, CA campuses, respectively.

The changes are as follows:

Sacramento: Planned start date of 1/4/2021 will be postponed until 4/26/2021.

San Jose: Planned start date of 4/26/2021 will be postponed until 8/23/2021.”

d. DHBC Determination:

i. **In compliance.**

- ii. Carrington SJ provided evidence of future clinical and preclinical experience hours pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.

#### **4. Deficiency 4 – Student Scheduling.**

- a. Evidence of compliance due on December 15, 2020:

Carrington SJ to provide student content outlines with dates/schedules pursuant to 16 CCR section 1105(d), in addition to meeting CODA Standard 2-7.

- b. Evidence provided by Carrington SJ on December 14, 2020:

- i. "Prior to the start of each term, students are provided with a schedule of courses which includes class start and end times for each day. The program will adhere to the schedule provided unless there are unforeseen events such as potential future impacts due to the COVID pandemic. If in the event this occurs, the college will provide written notification to students of any potential changes to the schedule."
- ii. The program has written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures within each course syllabus. Course syllabi also include the student learning outcomes, topics, assessment criteria and a week by week course summary that includes assignments and due dates. Please see Appendix D-San Jose DH Syllabi-Jan 2021 Term and Appendix E-San Jose DH Syllabi-April 2021."

- c. DHBC Determination:

- i. **In compliance.**
- ii. Carrington SJ to continue to provide student content outlines with dates/schedules pursuant to 16 CCR section 1105(d), in addition to meeting CODA Standard 2-7.

#### **5. Deficiency 5 – Clinical Facilities.**

- a. Evidence of compliance due on December 1, 2020:

Carrington SJ to provide clinical facilities pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 2-5.

- b. Evidence provided by Carrington SJ on November 23, 2020:

"Due to the escalation pandemic, Carrington College was forced to cease Dental Hygiene Clinic operations until it was deemed safe to resume operations in a limited capacity. Since that time the campus has slowly integrated scheduling and patient care back into the Dental Hygiene clinic on an incremental basis. In order to enable additional clinical units, the College has ordered eight (8) HoMedics Total Clean 5 in 1 UV Room Purifier with HEPA Filtration devices. This order is projected to be delivered the week of November 25th and will be installed shortly



thereafter providing a total of 30 clinical units. This increase in units will allow for greater efficiencies in the scheduling and will suffice for the student population in the program. Please see Appendix E-HoMedics Order Confirmation.”

- c. Evidence provided by Carrington SJ on December 17, 2020:

“Please consider this letter official notification that Carrington College has voluntarily elected to postpone the next start date for the Dental Hygiene programs located at the Sacramento and San Jose, CA campuses, respectively.

The changes are as follows:

Sacramento: Planned start date of 1/4/2021 will be postponed until 4/26/2021.

San Jose: Planned start date of 4/26/2021 will be postponed until 8/23/2021.”

- d. DHBC Determination:

i. **In compliance.**

- ii. Carrington SJ to continue to provide clinical facilities pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 2-5.

## **6. Deficiency 6 – Radiology Resources.**

- a. Evidence of compliance due on January 5, 2021:

Carrington SJ to provide a panoramic machine for students to achieve competency in panoramic radiology techniques pursuant to 16 CCR section 1105(i), 16 CCR section 1105(d)(1)(K), 16 CCR section 1014.1(e)(4)(J), in addition to meeting CODA Standards 2-18 and 4-4.

- b. Evidence provided by Carrington SJ on November 23, 2020:

“Pursuant to the noted deficiency for students to achieve competency in panoramic radiology, the College has placed an order for a ProOne Digital Panoramic Machine. The order was placed on 11/17/20 with the vendor Henry-Schein Dental, please see Appendix F-ProOne Digital Panoramic order.”

- c. DHBC Determination:

i. **Not in compliance.**

- ii. Carrington SJ to provide a panoramic machine for students to achieve competency in panoramic radiology techniques pursuant to 16 CCR section 1105(i), 16 CCR section 1105(d)(1)(K), 16 CCR section 1014.1(e)(4)(J), in addition to meeting CODA Standards 2-18 and 4-4.

- iii. **Carrington SJ shall provide evidence of compliance by January 31, 2021.**



## **7. Deficiency 7 – Administrative Staffing.**

- a. Evidence of compliance due on January 5, 2021:

Carrington SJ to provide qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.

- b. Evidence provided by Carrington SJ on November 23, 2020:

“The program addressed the administrative assistant requirement by opening a position the day after the site visit. On December 10th, the College extended an offer to a qualified full-time candidate for the position who has accepted and will start on December 28, 2020. In the meantime, the program has procured the assistance of the campus administrative assistant until the role has been filled. For the didactic classroom, lab and Dental Hygiene Clinic; the staffing is sufficient to meet the dental hygiene program’s stated purpose, goals and objectives. Please see Appendix B-DH Program Term Schedules.

- c. DHBC Determination:

**i. In compliance.**

- ii. Carrington SJ to continue to provide permanent, qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.

## **8. Deficiency 8 – Clinical Staffing and Infection Control Oversight**

- a. Evidence of immediate compliance due by November 24, 2020.

Carrington SJ shall provide adequate oversight to clinical office management and sterilization and infection control processes pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standards 3-11 and 3-12.

- b. Evidence provided by Carrington SJ on November 23, 2020:

“The program has taken corrective action to ensure that there is oversight of the office and patient management for the Dental Hygiene Clinic by better aligning the schedule of the Clinic Manager to match that of the clinic hours of operations. Please see Appendix G-Office Manager and Sterilization Tech Hours. The program has taken corrective action to ensure that there is oversight of sterilization and infection control processes during the Dental Hygiene Clinic operation. The schedule of the current sterilization technician has been adjusted to maximize clinic hour coverage. A position has been posted for another full-time sterilization technician. Until the posted position is filled, a fully qualified faculty member will oversee the sterilization and infection control processes during the hours that the current full-time sterilization technician is not scheduled.”

c. DHBC Determination:

- i. **Temporary** clinical staffing **in compliance**.
- ii. **Permanent** clinical staffing **not in compliance**.
- iii. Carrington SJ to provide permanent, qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.
- iv. **Carrington SJ shall provide evidence of permanent clinical staffing compliance by January 31, 2021.**

**You will be required to provide evidence of compliance to the above deficiencies no later than the timelines provided above.**

If Carrington SJ does not correct the above remaining deficiencies by **the above dates**, Carrington SJ may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Carrington SJ DHEP graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Ravinder Dayal, Provost, Carrington College  
Danielle Mills, Vice Provost, Carrington College  
Jonathan Sherman, Senior Dean of Regulatory Affairs and Compliance/ALO Carrington College  
Jennifer Doupnik, RDH, M.Ed. Program Director, Department of Dental Hygiene, Carrington-SJ

January 29, 2021

Mitch Charles  
President  
Carrington College – San Jose  
5883 Rue Ferrari Suite 125  
San Jose, CA 95138

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) received a complaint for the Carrington College – San Jose Dental Hygiene Program (Carrington SJ) and conducted a focused site visit on November 16, 2020. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On November 23, 2020, December 14, 2020, and December 17, 2020, Carrington SJ provided evidence of compliance for deficiencies reported in the November 17, 2020 DHBC Site Visit Report. Additionally, on December 17, 2020 the DHBC received notice that Carrington SJ voluntarily elected to postpone the start date for the April 26, 2021 cohort until August 23, 2021.

On January 28, 2021 and January 29, 2021 Carrington SJ provided evidence of compliance for the remaining deficiencies. The results of the review are as follows:

**1. Deficiency 6 – Radiology Resources.**

a. Evidence of compliance due on January 5, 2021:

Carrington SJ to provide a panoramic machine for students to achieve competency in panoramic radiology techniques pursuant to 16 CCR section 1105(i), 16 CCR section 1105(d)(1)(K), 16 CCR section 1014.1(e)(4)(J), in addition to meeting CODA Standards 2-18 and 4-4.

b. Evidence provided by Carrington SJ on November 23, 2020:

“Pursuant to the noted deficiency for students to achieve competency in panoramic radiology, the College has placed an order for a ProOne Digital Panoramic Machine. The order was placed on 11/17/20 with the vendor Henry-Schein Dental, please see Appendix F-ProOne Digital Panoramic order.”

c. Evidence provided by Carrington SJ on January 28, 2021:

“As previously mentioned, on 11/17/20, the College placed an order with Henry-Schein Dental for a ProOne Digital Panoramic Machine, please see Appendix A-

ProOne Digital Panoramic order. Installation of the digital panoramic machine began on 1/19/21 with electrical and IT work and was completed by the vendor Henry Schein on Friday 1/22/21, please see Appendix B ProOne Digital Panoramic Machine evidence of installation. The machine is fully operational. The program director and faculty for the San Jose Dental Hygiene program were trained on the safe use and operation of the new machine on January 27, 2021.”

d. DHBC Determination:

i. **In compliance.**

- ii. Carrington SJ provided evidence a panoramic machine for students to achieve competency in panoramic radiology techniques pursuant to 16 CCR section 1105(i), 16 CCR section 1105(d)(1)(K), 16 CCR section 1014.1(e)(4)(J), in addition to meeting CODA Standards 2-18 and 4-4.

**2. Deficiency 8 – Clinical Staffing and Infection Control Oversight**

a. Evidence of immediate compliance due by November 24, 2020.

Carrington SJ shall provide adequate oversight to clinical office management and sterilization and infection control processes pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standards 3-11 and 3-12.

b. Evidence provided by Carrington SJ on November 23, 2020:

“The program has taken corrective action to ensure that there is oversight of the office and patient management for the Dental Hygiene Clinic by better aligning the schedule of the Clinic Manager to match that of the clinic hours of operations. Please see Appendix G-Office Manager and Sterilization Tech Hours. The program has taken corrective action to ensure that there is oversight of sterilization and infection control processes during the Dental Hygiene Clinic operation. The schedule of the current sterilization technician has been adjusted to maximize clinic hour coverage. A position has been posted for another full-time sterilization technician. Until the posted position is filled, a fully qualified faculty member will oversee the sterilization and infection control processes during the hours that the current full-time sterilization technician is not scheduled.”

c. Evidence provided by Carrington SJ on January 28, 2021:

“Carrington College identified a qualified candidate and on December 16, 2020, extended an offer of employment for the position of Sterilization Technician. The candidate accepted the offer and started in the full-time roll December 29, 2020. Please see the fully executed offer letter under Appendix C-Offer Letter- Sterilization Technician. The program provides proper oversight of sterilization and infection control processes during the Dental Hygiene Clinic operation with the new Sterilization Technician, Ms. Jean Styczynski. Please see Appendix D- Office Manager and Sterilization Tech Hours.”

d. Evidence provided by Carrington SJ on January 29, 2021:

Resume of Jean M. Styczynski.

e. DHBC Determination:

i. **In compliance.**

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. The DHBC appreciates Carrington SJ's cooperation in this matter.

If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Ravinder Dayal, Provost, Carrington College  
Danielle Mills, Vice Provost, Carrington College  
Jonathan Sherman, Senior Dean of Regulatory Affairs and Compliance/ALO Carrington College  
Jennifer Doupnik, RDH, M.Ed. Program Director, Department of Dental Hygiene, Carrington-SJ

February 12, 2021

Mitch Charles  
President  
Carrington College – Sacramento  
8909 Folsom Blvd  
Sacramento, CA 95826

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) conducted a focused site visit on February 11, 2021 of the Carrington College-Sacramento Dental Hygiene Educational Program (Carrington-Sacramento). Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

During the DHBC site visit, the following deficiencies of minimum dental hygiene educational program (DHEP) standards were discovered:

## 1. Deficiency 1 – Admission/Prerequisites

### a. Documentation:

- i. Carrington-Sacramento provided admission files for Cohorts 22 and 23.
  1. Admission files not complete.
  2. Dental Hygiene Course Prerequisite form not available in all student files, therefore some students may have been ineligible for acceptance into DHEP.
  3. Many admission forms incomplete and/or missing.
- ii. Admission pages from Academic Catalog.
  1. Incorrect information provided to students.
  2. Pages 40 through 42 incorrectly references the California licensing agency as the Dental Hygiene Committee of California (DHCC) with incorrect website reference as [www.dhcc.ca.org](http://www.dhcc.ca.org).
  3. The Dental Hygiene Board of California (DHBC) is the correct licensing agency and the associated website is [www.dhbc.ca.org](http://www.dhbc.ca.org).

### b. Refer to:

#### i. **16 CCR Section 1105(f)**

- (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 the topic

areas of: (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 wet 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.

ii. **CODA Standard 2-3**

Admission of students must 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 must be utilized as criteria in selecting students who have the potential for successfully completing the 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

c. Determination

i. **Not in compliance.**

- ii. Carrington-Sacramento shall provide evidence of complete admission files for Cohorts 21, 22, and 23 pursuant to 16 CCR section 1105(f) in addition to meeting CODA Standards 2-3.
- iii. Carrington-Sacramento shall provide requested evidence by **March 12, 2021.**

**2. Deficiency 2 – Policies and Procedures: Schedule Adjustment Notification**

a. Documentation:

- i. Cohort 22 and Cohort 23 student schedules provided during enrollment were amended several times without sufficient notification nor provided formal “Term Schedule Adjustment Acknowledgement” agreements.

1. Term Schedules - Cohort 22

- a. Students notified four times of schedule changes, most with only one-week notice.
- b. Only signed one “Revised Graduation Date Acknowledgement” notification.



2. Term Schedules - Cohort 23
    - a. Students notified five times of schedule changes, most with only one-week notice.
    - b. Only signed one "Revised Graduation Date Acknowledgement" notification.
    - c. Not all students agreed to, or signed, the "Revised Graduation Date Acknowledgement" notification.
  - ii. Clinic times rescheduled to evenings (5:00 P.M. until 8:30 P.M. and 6:00 P.M. until 10 P.M.) and Saturdays (8:00 A.M. until 5:00 P.M.) from previously agreed contract times of 8:00 A.M. until 5:00 P.M. weekdays.
    1. Two-week notice given.
- b. Refer to:
- i. **16 CCR Section 1105(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.
  - ii. **CODA Standard 2-2**  
A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.
  - iii. **CODA Standard 2-7**  
Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.
- c. Determination:
- i. **Not in compliance.**
  - ii. Carrington-Sacramento shall provide evidence of schedule adjustment notifications pursuant to 16 CCR section 1105(f) in addition to meeting CODA Standards 2-2 and 2-7.
  - iii. Carrington-Sacramento shall provide requested evidence by **March 12, 2021.**

### 3. Deficiency 3 – Facilities, Technology, and Educational Support Services

- a. Documentation:
  - i. Facilities:
    1. Students required to be present all day at the facility but denied access to rest facilities during their lunch and break periods.



- ii. Technology:
  - 1. The current paperless documentation system (Dentrix) utilized by the clinic is obsolete and the application is no longer supported, thereby providing a daunting challenge maintaining access to patient files.
- iii. Educational Support Services:
  - 1. Program lacks a color printer for educational support materials.
    - a. Outlines provided to students are in black and white printing, presenting a challenge with detailed diagrams.
  - 2. Carrington College's website lacks a link to the DHEP providing access to the DHEP's clinic contact information, clinic hours, and clinical services.
    - a. Provides a barrier to patient access to the clinic and access to potential patients for the DHEP students.
- b. Refer to:
  - i. **16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. **CODA Standard 4-7**  
Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
- c. Determination:
  - i. **Not in compliance.**
  - ii. Carrington-Sacramento to provide facilities, technology, and support services pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 4-7.
  - iii. Carrington-Sacramento shall provide evidence of **immediate compliance for facility access by February 28, 2021.**
  - iv. Carrington-Sacramento shall provide evidence of current and supported paperless documentation system **technology by March 12, 2021.**
  - v. Carrington-Sacramento shall provide evidence of educational **support services by March 12, 2021.**

#### 4. Deficiency 4 – Faculty

a. Documentation:

- i. Several faculty missing evidence of completion of mandatory California coursework in California Law and Infection Control.

b. Refer to:

- i. **16 CCR section 1105.1(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. The individual shall hold a baccalaureate 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: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments. (1) 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: two (2) years' experience providing direct patient care as a registered dental hygienist or dentist; or one (1) academic year of dental or dental hygienist level clinical teaching experience. (2) Didactic teaching faculty shall possess the following minimum qualifications: Current knowledge of the specific subjects taught, which can be met by either: having completed twelve (12) hours of continuing education in the designated subject area; or 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.

- ii. **16 CCR section 1017(a)**

(a) As a condition of renewal, all licensees are required to complete continuing education as follows: (1) Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A). (2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in section 1016(b)(1)(B). (3) A maximum of four units of a course in Basic Life Support as specified in section 1016(b)(1)(C).

c. Determination:

- i. **Not in compliance.**

- ii. Carrington-Sacramento shall provide faculty continuing education requirement documentation pursuant 16 CCR section 1105.1(b) and 16 CCR section 1017(a).
- iii. Carrington shall provide evidence of compliance by **March 12, 2021.**

## 5. Deficiency 5– Program Instruction and Program Hours

- a. Documentation:
  - i. Term 1, 2, 3, and 4 Schedules.
  - ii. Students required to attend clinics rescheduled to evenings (5:00 P.M. until 8:30 P.M. and 6:00 P.M. until 10 P.M.) and Saturdays (8:00 A.M. until 5:00 P.M.) from previously agreed contract times of 8:00 A.M. until 5:00 P.M. from Monday through Thursday.
    - 1. Two-week notice to time schedule change.
    - 2. Due to rescheduling, students not provided sufficient time to devote to studying and outside commitments.
  - iii. Current term (January 4 – April 23, 2021)
    - 1. Cohort 22
      - a. 28 hours of clinic per week January 4, 2021 until March 29, 2021.
      - b. Graduation not scheduled until April 23, 2021.
        - i. Students not scheduled in coursework or in clinics from March 29, 2021 until April 23, 2021.
      - c. Carrington Sacramento condensed Term 4 from 16 weeks into 12 weeks.
    - 2. Cohort 23
      - a. Zero hours of clinic per week January 4, 2021 until March 4, 2021.
      - b. Eight hours of clinic per week March 4, 2021 until March 29, 2021.
      - c. 64 hours of clinic per week March 29, 2021 until April 23, 2021.
  - iv. Continuity of instruction interrupted
    - 1. Cohort 23 is not scheduled for full schedule of coursework or clinics for two months.
      - a. January 4, 2021 until March 29, 2021.
- b. Refer to:
  - i. **16 CCR section 1105(b)**

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 by the faculty. (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 Commission on Dental

Accreditation standards referenced in subsection (c) of section 1103 of this article. (5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.

ii. **CODA Standard 2-10**

The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

*Intent:*

*Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.*

*The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of clinical practice time per week. In the final prelicensure year of the curriculum, each second-year student should be scheduled for at least twelve to sixteen hours of practice with patients per week in the dental hygiene clinic.*

c. Determination:

- i. **Not in compliance.**
- ii. Carrington-Sacramento to provide evidence demonstrating two academic years of fulltime instruction and a minimum of 1,600 clock hours pursuant to 16 CCR section 1105(b).
- iii. Carrington-Sacramento to provide clinical and preclinical experience pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.
- iv. Carrington shall provide required evidence by **March 12, 2021.**

**6. Deficiency 6 – Clinical Staffing: Radiology**

a. Documentation:

- i. Radiology facility separate from main clinical facility.
  1. Students left unattended in area without faculty supervision.

b. Refer to:

i. **16 CCR Section 1105(b)(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 by the faculty. (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 Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article. (5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.

ii. **CODA Standard 3-5**

The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.

iii. **CODA Standard 3-6**

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

c. Determination:

i. **Not in compliance.**

- ii. Carrington-Sacramento shall provide evidence of student supervision pursuant to 16 CCR Section 1105(b)(1), as well as CODA Standards 3-5 and 3-6.
- iii. Carrington-Sacramento shall provide evidence of **immediate compliance by February 28, 2021.**

## 7. Deficiency 7 – Administrative Staffing

a. Documentation:

i. Administrative Staff reduction of 66%

1. DHBC was notified on December 14, 2020 of a 33% reduction of staff servicing the Carrington-Sacramento clinic, 19 days after CODA notification (November 25, 2020) and eight months after the reduction was made (April 14, 2020).
2. DHBC notified verbally on February 10, 2021 of an additional 33% reduction in program support staff.

ii. No permanent staff assigned to oversee the program's administrative needs.

1. Records that are the responsibility of the program's administrative support are not complete nor current.

- iii. No permanent staff assigned to oversee the clinic's administrative needs.
      - 1. Clinic front desk left unattended, clinic entrance unattended and exposed to entry by unauthorized personnel, and patient calls unanswered.
  - b. Refer to:
    - i. **16 CCR section 1105(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 approved accreditation standards referenced in subsection (c) of section 1103 of this article.
    - ii. **16 CCR section 1105(k)**  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
    - iii. **16 CCR section 1105.3(a)(2)(D)**  
(a) Each dental hygiene program holding a certificate of approval shall:  
(2) Notify the Committee within ten (10) days of any: (D) Programmatic reduction in program faculty or support staff of more than 10%.
    - iv. **CODA Standard 3-11**  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
  - c. Determination:
    - i. **Not in compliance.**
    - ii. Carrington-Sacramento to provide evidence of qualified, permanent, full-time institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.
    - iii. Carrington-Sacramento shall provide evidence of compliance by **March 12, 2021.**

## 8. Deficiency 8 – Clinical Facilities

- a. Documentation:
  - i. Sterilized instruments stored in open cubbies and exposed to aerosols.
  - ii. Emergency kit not readily available to clinic personnel.
  - iii. Main clinic door open providing access to unauthorized personnel and preventing aerosol containment.
  - iv. Several personnel lacking hairnet coverage.

b. Refer to:

i. **16 CCR Section 1105.2 (d)(3)(A)**

An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

ii. **16 CCR Section 1105.2(d)(3)(C)**

An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

iii. **16 CCR Section 1105.2(d)(3)(D)(xii)**

Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, Section 1005 of the California Code of Regulations

iv. **16 CCR Section 1005**

Minimum Standards for Infection Control (a) Definitions of terms used in this section: (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone. (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM). (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes. (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals. (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores. (7) "High-level disinfection" kills some, but not



necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination. (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms. (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE. (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following: (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead). (C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV): 1. Cell, tissue, or organ cultures from humans or experimental animals; 2. Blood, organs, or other tissues from experimental animals; or 3. Culture medium or other solutions. (13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). (b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA). (1) Standard precautions shall be practiced in the care of all patients. (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office. (3) A copy of this regulation shall be conspicuously posted in each dental office. Personal Protective Equipment: (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each



patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193). Hand Hygiene:(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves. Gloves:(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use. Needle and Sharps Safety:(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations. Sterilization and Disinfection: (10) All germicides must be used in accordance with intended use and label instructions. (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions. (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date

of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used. (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item. (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded. (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months. Irrigation: (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system. Facilities: (19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients. (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions. (21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds. (22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards. Lab Areas: (23) Splash shields and

equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination. (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. (c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

- v. **8 CCR 5193: Bloodborne Pathogens.**
  - vi. **CODA Standard 5-1**  
The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
  - vii. **Centers for Disease Control (CDC)  
Guidelines for Infection Control in Dental Health Care Settings – 2003.**
- c. Determination
- i. **Not in compliance.**
  - ii. Carrington-Sacramento shall provide evidence of infection control protocols pursuant to 16 CCR sections 1105.2 (d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), 1005, in addition to 8 CCR section 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.
  - iii. Carrington-Sacramento shall provide evidence of **immediate compliance by February 28, 2021 to deficiencies 8(ii), 8(iii), and 8(iv).**
  - iv. Carrington-Sacramento shall provide evidence of **immediate temporary compliance by February 28, 2021 to deficiency 8(i).**
  - v. Carrington-Sacramento shall provide evidence of **permanent compliance by March 12, 2021 to deficiency 8(i).**

**Carrington-Sacramento will be required to provide evidence of compliance to the above deficiencies no later than the above dates.**

If Carrington-Sacramento does not correct the above deficiencies by **the above dates**, Carrington-Sacramento may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Carrington-Sacramento DHEP graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Ravinder Dayal, Provost, Carrington College  
Danielle Mills, Vice Provost, Carrington College  
Jonathan Sherman, Senior Dean of Regulatory Affairs and Compliance/ALO Carrington College  
Marie Miranda, RDH, MBA, Program Director, Department of Dental Hygiene, Carrington-SJ

March 4, 2021

Mitch Charles  
President  
Carrington College – Sacramento  
8909 Folsom Blvd  
Sacramento, CA 95826

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) conducted a focused site visit on February 11, 2021 of the Carrington College-Sacramento Dental Hygiene Educational Program (Carrington-Sacramento). Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On February 27, 2021 Carrington-Sacramento provided evidence of compliance for deficiencies reported in the February 27, 2021 DHBC Site Visit Report.

The results of the review are as follows:

## 1. Deficiency 1 – Admission/Prerequisites

- a. Evidence of compliance due on March 12, 2021:
  - i. Admission pages from Academic Catalog.
    1. Incorrect information provided to students.
    2. Pages 40 through 42 incorrectly references the California licensing agency as the Dental Hygiene Committee of California (DHCC) with incorrect website reference as [www.dhcc.ca.org](http://www.dhcc.ca.org).
    3. The Dental Hygiene Board of California (DHBC) is the correct licensing agency and the associated website is [www.dhbc.ca.org](http://www.dhbc.ca.org).
- b. Carrington-Sacramento Response:
  - i. Stated: “Regarding Deficiency ii, the required updates in the Academic Catalog have been made and will be posted on Friday 2/26/21. Please see Appendix A-DHBC Updates in Carrington College Catalog.”
- c. DHBC Review
  - i. Catalog was corrected on all but one section which states:

“Licensing Requirements in California:  
In order to apply for licensure in California, graduates must submit copies of the following to the Dental Hygiene **Committee** of California”

- d. DHBC Determination
  - i. **Not in compliance.**
  - ii. Carrington-Sacramento shall provide requested correction evidence by **March 12, 2021.**

## **2. Deficiency 2 – Policies and Procedures: Schedule Adjustment Notification**

- a. Evidence of compliance due on March 12, 2021:
  - i. Cohort 22 and Cohort 23 student schedules provided during enrollment were amended several times without sufficient notification nor provided formal “Term Schedule Adjustment Acknowledgement” agreements.
- b. Carrington-Sacramento Response:
  - i. Stated: “Due to the escalation of the COVID-19 pandemic, and based on guidance provided by the Center for Disease Control (CDC), Department of Education (DOE), as well as federal and local agencies, the program had to make adjustments to the number of students, faculty and patients in the Dental Hygiene Clinic. As a result of the impact, there was a delay in starting the Spring 2020 term from May 4, 2020 to May 11, 2020. In addition, this change modified the projected graduation date for Cohort 22 to January 1, 2021 and Cohort 23 to August 13, 2021. Students were notified and sent a DocuSign via email. Please see a representative sample of what was sent and signed for Cohorts 22 and 23 in Exhibit C22 20.4 \_CC\_Term\_Schedule\_Adjustment\_Notice\_2020, Exhibit C22 Summary, Exhibit C23 20\_CC\_Term\_Schedule\_Adjustment\_Notice\_2020 and Exhibit C23 Summary. In addition, the Exhibit CX-DH Term Date DocuSign Notifications contains representative samples and lists all students were notified and the DocuSign complete.”
  - ii. During the May 11 to August 28, 2020 term, both faculty and students were admitted back on campus to continue clinical and lab education in small groups of 10. Students were provided a modified clinical and lab schedule on June 5, 2020 via email, to address a return to campus in small group settings on June 15, 2020. Cohort 22 completed the DH 21.1 Local Anesthesia lab portion that was in-progress when the campus closed on June 30, 2020. The students were notified via email on June 24, 2020 of the switch to DH 200 completion and a modified schedule starting July 6, 2020 was provided. On August 21 and 22, 2020 the students were provided the Term 2 and 4 schedules for courses starting on September 7-January 1, 2021 while they were on campus.”
  - iii. “Prior to the start of each term, students are provided with a schedule of courses which includes class start and end times for each day. The program will adhere to the schedule provided unless there are unforeseen events such as potential future impacts due to the COVID pandemic. If in the event this occurs, the college will provide written notification to students of any potential changes to the schedule.”
- c. DHBC Review:
  - i. Carrington-Sacramento provided evidence of the Term Schedule Adjustment Notice changing the start dates for Cohorts 22 and 23 from



May 4, 2020 to May 11, 2020 and changing their projected graduation date to January 1, 2021 and August 13, 2021, respectively.

- ii. No additional formal Term Schedule Adjustment Notices provided to Cohorts 22 or 23 with additional changes to their current projected graduation dates which are March 29, 2021 and December 10, 2021, respectively.
- iii. No evidence provided (other than narrative) that students were provided a modified clinical and lab schedule on June 5, 2020 via email, the switch to DH 200 completion and a modified schedule starting July 6, 2020 was provided via email on June 24, 2020, and that the students were provided the Term 2 and 4 schedules for courses starting on September 7- January 1, 2021 while they were on campus on August 21 and 22, 2020.

d. DHBC Determination:

i. **Not in compliance.**

- ii. Carrington-Sacramento shall provide formal schedule adjustment notifications to all students as to their current projected graduation dates of March 29, 2021 and December 10, 2021, respectively.
  - 1. Carrington-Sacramento shall provide requested correction evidence by **March 12, 2021.**
- iii. Carrington-Sacramento shall provide formal schedule adjustment notifications to all students in the future pursuant to 16 CCR section 1105(f) in addition to meeting CODA Standards 2-2 and 2-7.

### **3. Deficiency 3 – Facilities, Technology, and Educational Support Services**

a. Evidence of compliance for facility access due on February 28, 2021:

- i. Students required to be present all day at the facility but denied access to rest facilities during their lunch and break periods.

ii. Carrington-Sacramento Response:

- 1. Stated: "Students are provided restroom breaks when needed while on campus. The Carrington College is adhering to the guidance provided by the federal, state and local governance regarding risk avoidance, small group settings and infection control. In compliance with the Sacramento Department of Health order prohibiting gatherings during mealtimes, the students are to leave the campus from 12pm to 12:30pm for a meal break. This occurs between the morning and afternoon clinic sessions and allows maintenance time to collect trash and conduct high traffic area cleaning. During this time, controls are in place to prevent large gatherings which includes unsecure access to the restroom facilities. If a student wishes to access the restroom during this mealtime, they will be granted access. Meanwhile, students always have access to the restroom facilities during class or clinic time."

- iii. DHBC Review:
    - 1. Carrington-Sacramento provided a narrative assurance that students will have restroom facility access during student rest periods.
  - iv. DHBC Determination:
    - 1. **In compliance.**
    - 2. Carrington-Sacramento to continue to provide facility access pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 4-7.
- b. Evidence of current and supported paperless documentation system technology due on March 12, 2021.
- i. The current paperless documentation system (Dentrix) utilized by the clinic is obsolete and the application is no longer supported, thereby providing a daunting challenge maintaining access to patient files.
  - ii. Carrington-Sacramento Response:
    - 1. Stated: "Dentrix Ascend has been purchased from the vendor Henry Schein. The vendor is in the process of scheduling the multi-stage implementation of the software upgrade. Meanwhile, Henry Schein is providing the program with ongoing support until the installation is completed. Please see Appendix B-Henry Schein-Ascend Purchase Order and Agreement."
  - iii. DHBC Review:
    - 1. Carrington-Sacramento provided a Henry Schein Dentrix Ascend Purchase Order and Agreement for "SJVC Mission Oaks CAO Office".
    - 2. No implementation date provided.
  - iv. DHBC Determination:
    - 1. **Not in compliance.**
    - 2. Carrington-Sacramento shall provide implementation date evidence by **March 12, 2021.**
- c. Evidence of Educational Support Services (color printer access) due on March 12, 2021.
- i. Program lacks a color printer for educational support materials.
    - 1. Outlines provided to students are in black and white printing, presenting a challenge with detailed diagrams.
  - ii. Carrington-Sacramento Response:
    - 1. Stated: "The Dental Hygiene Department has a color printer. The site evaluators did not ask to see the color printer during their visit to the campus. Please see Appendix C-Color Printer Dental Hygiene. Students are issued a full-size iPad which provides them with access to our learning management system, Canvas. Color power points are accessible in the course shells found in Canvas. Students in Cohort 22 and 23 were provided power points and documentation



in color for all courses through our LMS Canvas. Please see Appendix D-Color PowerPoints for Cohort 22.”

iii. DHBC Review:

1. Carrington-Sacramento provided evidence of a color printer and evidence and a narrative that students are provided an ipad for use during the program along with access to full color power points

iv. DHBC Determination:

1. **In compliance.**
2. Carrington-Sacramento to continue to provide Educational Support Services (color printer access) pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 4-7.

d. Evidence of Educational Support Services (website link) due on March 12, 2021

- i. Carrington College’s website lacks a link to the DHEP providing access to the DHEP’s clinic contact information, clinic hours, and clinical services.

1. Provides a barrier to patient access to the clinic and access to potential patients for the DHEP students.

ii. Carrington-Sacramento Response:

1. Stated: “The Carrington College website now includes clinic contact information. Please see Appendix E-Dental Hygiene Clinic Web links.”

iii. DHBC Review:

1. Carrington-Sacramento provided evidence of clinic contact information on the Carrington-Sacramento website.

iv. DHBC Determination:

1. **In compliance.**
2. Carrington-Sacramento to continue to provide Educational Support Services (website link) pursuant to 16 CCR section 1105(i), in addition to meeting CODA Standard 4-7.

#### 4. Deficiency 4 – Faculty

a. Evidence of compliance due on March 12, 2021.

- i. Several faculty missing evidence of completion of mandatory California coursework in California Law and Infection Control.

b. Carrington-Sacramento Response:

- i. Stated: “All faculty have provided evidence of completing the mandated California Law and Infection Control continuing education courses. Please see Appendix F- Faculty CE Infection Control and CA Law for the 4 deficient faculty.”

c. DHBC Review:

- i. Mandatory California Infection Control courses still missing for two faculty members.

- d. DHBC Determination:
  - i. **Not in compliance.**
  - ii. Carrington-Sacramento shall provide faculty continuing education requirement documentation pursuant 16 CCR section 1105.1(b) and 16 CCR section 1017(a).
  - iii. Carrington shall provide evidence of compliance by **March 12, 2021.**

## **5. Deficiency 5– Program Instruction and Program Hours**

- a. Evidence of compliance due on March 12, 2021.
  - i. Carrington-Sacramento to provide evidence demonstrating two academic years of fulltime instruction and a minimum of 1,600 clock hours pursuant to 16 CCR section 1105(b).
  - ii. Carrington-Sacramento to provide clinical and preclinical experience pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.
- b. Carrington-Sacramento Response:
  - i. Stated: “Students in the dental hygiene program Cohort 22 and 23 have either completed or are scheduled to complete 1,611 clock hours of instruction. The students have or will attend 4 full terms of instruction. The program adheres to the Standard Plan of Study which includes 1,611 hours of instruction and 62 credit hours as located on page 37 of the Academic Catalog. An interruption of education term January 4 – April 23, 2021 was scheduled to allow cohort 22 to complete the interrupted DH 400 Advanced DH clinical care course and cohort 23 to complete DH21.1 Local Anesthesia and DH200 DH clinical care. Upon completion of DH 400, Cohort 22 will graduate. Upon completion of DH 21.1 and DH 200 Cohort 23 will be back on track to complete Term 3 and 4 as originally planned in the program. Please see the excel spreadsheet titled Exhibit: SAC DH CIIN attend 2.23.21 tabs 1 showing term course completions and scheduled courses.”
- c. DHBC Review:
  - i. Carrington-Sacramento provided evidence of academic years of fulltime instruction and a minimum of 1,600 clock hours.
  - ii. “Interruption of Education” term (January 4 – April 23, 2021) was provided to cohort 22 to complete the interrupted DH 400 Advanced DH clinical care course and cohort 23 to complete DH21.1 Local Anesthesia and DH200 DH clinical care.
    - 1. Cohort 23 was not scheduled for full schedule of coursework or clinics for two months (January 4, 2021 until March 29, 2021.)

- d. DHBC Determination:
  - i. **Item (i) in compliance.**
    - 1. Carrington-Sacramento to continue to provide evidence demonstrating two academic years of fulltime instruction and a minimum of 1,600 clock hours pursuant to 16 CCR section 1105(b).
  - ii. **Item (ii) not in compliance.**
    - 1. Carrington-Sacramento to provide clinical and preclinical experience henceforth pursuant to 16 CCR section 1105(b), in addition to meeting CODA Standard 2-10.

## **6. Deficiency 6 – Clinical Staffing: Radiology**

- a. Evidence of compliance due on February 28, 2021.
  - i. Carrington-Sacramento shall provide evidence of student supervision pursuant to 16 CCR Section 1105(b)(1), as well as CODA Standards 3-5 and 3-6.
    - 1. Radiology facility separate from main clinical facility.
    - 2. Students left unattended in area without faculty supervision.
- b. Carrington-Sacramento Response:
  - i. Stated: “The program takes radiographic safety and education very seriously and will adhere to the requirement for direct supervision of students during radiographic procedures. Therefore, a dental hygiene instructor has been added to the course schedule to provide supervision over students performing these procedures and started on 2/22/2021. Please see the excel spreadsheet titled Exhibit: SAC DH CIIN attend 2.23.21 tabs: 2, 3, 4 to show the permanent addition of an instructor assigned to radiology during clinic sessions.”
- c. DHBC Review:
  - i. Carrington-Sacramento provided evidence of the addition of an instructor permanently assigned to radiology during clinic sessions.
- d. DHBC Determination:
  - i. **In compliance.**
  - ii. Carrington-Sacramento shall continue to provide evidence of student supervision pursuant to 16 CCR Section 1105(b)(1), as well as CODA Standards 3-5 and 3-6.

## **7. Deficiency 7 – Administrative Staffing**

- a. Evidence of compliance due on March 12, 2021.
  - i. Carrington-Sacramento to provide evidence of qualified, permanent, full-time institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.
    - 1. No permanent staff assigned to oversee the program’s administrative needs.

- a. Records that are the responsibility of the program's administrative support are not complete nor current.
  - 2. No permanent staff assigned to oversee the clinic's administrative needs.
    - a. Clinic front desk left unattended, clinic entrance unattended and exposed to entry by unauthorized personnel, and patient calls unanswered.
- b. Carrington-Sacramento Response:
  - i. Stated: "Job requisitions for two administrative assistants were presented at the site visit. The College did not have a reduction of staff due to the elimination of said positions, instead this was due to turnover. The College has conducted an extensive search for qualified candidates and interviews are currently being conducted. Two potential candidates have been identified. In the meantime, two temporary assistants were hired. Brittany Bailey started January 25, 2020. Sunfield Lee started on February 11, 2021. Brittany Bailey's and Sunfield Lee's schedule was presented at the time of the site visit."
- c. DHBC Review:
  - i. Carrington-Sacramento provided evidence of temporary institutional support personnel.
- d. DHBC Determination:
  - i. **Temporary** administrative staffing **in compliance**.
  - ii. **Permanent** administrative staffing **not in compliance**.
  - iii. Carrington-Sacramento to provide evidence of qualified, permanent, full-time institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to meeting CODA Standard 3-11.
  - iv. Carrington-Sacramento shall provide evidence of permanent administrative staffing compliance by **May 1, 2021**.

## 8. Deficiency 8 – Clinical Facilities

- a. Evidence of compliance due on February 28, 2021 and March 12, 2021.
  - i. Sterilized instruments stored in open cubbies and exposed to aerosols.
  - ii. Emergency kit not readily available to clinic personnel.
  - iii. Main clinic door open providing access to unauthorized personnel and preventing aerosol containment.
  - iv. Several personnel lacking hairnet coverage.
- b. Carrington-Sacramento Response:
  - i. Stated: "Regarding ii. Sterilized instruments stored in open cubbies and exposed to aerosols. Sliding doors have been installed to enclose sterilized instruments. Supply products are now encased in storage containers or

- plastic. Additional shelving has been installed to store larger storage containers. Please see Appendix G- Sterilization improvements.”
- ii. “Regarding the Emergency kit not readily available to clinic personnel: The emergency kit is placed on the clean sterilization counter at the beginning of each clinic session and will remain available to clinic personnel at all times. Please see Appendix H- Emergency Kit Placement.”
  - iii. “Regarding the Main clinic door open providing access to unauthorized personnel and preventing aerosol containment: The clinic doors are closed during all clinic sessions to prevent unauthorized personnel to enter and to provide aerosol containment: Please see Appendix I- Clinic signage and PPE.”
  - iv. “Several personnel lacking hairnet coverage: Notice has been provided to all faculty, staff and students that hairnet coverage is required while in the clinic. Signage is posted at each clinic door as a daily reminder. Please see Appendix J- Clinic signage and PPE.”
- c. DHBC Review:
- i. Carrington-Sacramento provided photographic and narrative evidence of infection control protocols.
- d. DHBC Determination:
- i. **Item (i) not in compliance.**
    - 1. Centers for Disease Control (CDC) Guidelines for Infection Control in Dental Health Care Settings – 2003, page 25, section “Storage of Sterilized Items and Clean Dental Supplies”, states:
      - a. “The storage area should contain enclosed storage for sterile items and disposable (single-use) items (173).”
    - 2. Cabinets above sterilizers holding the disposable, single use items and equipment require door installation to enclose the cabinet contents.
  - ii. **Items (ii - iv) in compliance.**
  - iii. Carrington-Sacramento shall provide evidence of infection control protocols pursuant to 16 CCR sections 1105.2 (d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), 1005, in addition to 8 CCR section 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.
  - iv. Carrington-Sacramento shall provide evidence of permanent of infection control compliance for item (i) by **May 1, 2021**.

**Carrington-Sacramento will be required to provide evidence of compliance to the above remaining deficiencies no later than the above dates.**

If Carrington-Sacramento does not correct the above deficiencies by **the above dates**, Carrington-Sacramento may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Carrington-Sacramento DHEP graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Ravinder Dayal, Provost, Carrington College  
Danielle Mills, Vice Provost, Carrington College  
Jonathan Sherman, Senior Dean of Regulatory Affairs and Compliance/ALO Carrington College  
Marie Miranda, RDH, MBA, Program Director, Department of Dental Hygiene, Carrington-SJ



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 9, 2021                                      |
| <b>TO</b>      | Dental Hygiene Board of California                 |
| <b>FROM</b>    | Elizabeth Elias<br>Assistant Executive Officer     |
| <b>SUBJECT</b> | <b>FULL 16: Enforcement Program and Statistics</b> |

### STAFF UPDATE

The Enforcement Unit has experienced some considerable changes since the last Board meeting. The Enforcement Unit is comprised of a Special Investigator, Enforcement Analyst (AGPA), Citation and Fine Analyst (SSA), and Probation Monitor (SSA). At the end of December 2020, the Enforcement Unit's vacancy rate increased to 75% as both the Special Investigator and the Enforcement Analyst accepted promotional positions with other programs within the Department of Consumer Affairs. In anticipation of these vacancies, the Board quickly initiated the recruitment and hiring process. I am pleased to announce that we have filled each of the vacancies and their first day with the Board was March 15, 2021.

Matthew Gonzalez joins the Board as the Citation and Fine Analyst. He has recently held positions with the Employment Development Department and the Better Business Bureau where he used his skillset to research and analyze complex laws and regulations to review and respond to claimant inquiries and review approval of accreditation of pending applicants and businesses.

Marsha Boykin joins the Board as the Enforcement Analyst. Ms. Boykin comes from the Medical Board where she worked as a licensing analyst. Prior to her tenure at the Medical Board she worked with the Department of Motor Vehicles' Legal Office where she was responsible for working closely with the Attorney General's Office and arresting and court agencies.

We welcome back Albert Law who was the Board's former probation monitor. He has been appointed as the Special Investigator. He returns to us from the Board of Vocational Nursing and Psychiatric Technician where he analyzed and investigated complaints. In addition, he was a former probation counselor where he conducted investigations with the Solano County Probation Department.

Management would like to acknowledge Brittany Elliott, Probation Monitor, who has gone above and beyond assisting with tasks on other desks within the Enforcement Unit all while maintaining her own role and responsibilities. Her dedication and hard work have not gone unnoticed.

**Dental Hygiene Board of California**  
**Enforcement Statistics**  
**FY 20/21**

\*N/A = Data Not Available.

Board initiated complaints separated from the consumer complaints effective with the 11/30 data. Report data as of 2/28/2021.

| As Of | 7/30 | 8/31 | 9/30 | 10/31 | 11/30 | 12/31 | 1/31 | 2/28 | 3/31 | 4/30 | 5/31 | 6/30 |
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|

**Complaints Received**

|                            |            |           |           |           |           |           |           |           |  |  |  |  |
|----------------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|
| Consumer Complaints        | 114        | 75        | 10        | 30        | 5         | 10        | 7         | 9         |  |  |  |  |
| Board Initiated Complaints | *N/A       | *N/A      | *N/A      | *N/A      | 5         | 28        | 0         | 0         |  |  |  |  |
| Arrests/Convictions        | 3          | 5         | 4         | 2         | 3         | 5         | 1         | 4         |  |  |  |  |
| Applicants                 | 1          | 0         | 2         | 13        | 5         | 9         | 6         | 3         |  |  |  |  |
| <b>Totals</b>              | <b>118</b> | <b>80</b> | <b>16</b> | <b>45</b> | <b>18</b> | <b>52</b> | <b>14</b> | <b>16</b> |  |  |  |  |

**Complaint Case Type Received**

|                                       |      |      |      |      |   |    |   |   |  |  |  |  |
|---------------------------------------|------|------|------|------|---|----|---|---|--|--|--|--|
| Criminal Charges/Convictions          | *N/A | *N/A | *N/A | *N/A | 7 | 14 | 7 | 4 |  |  |  |  |
| Incompetence/Negligence               | *N/A | *N/A | *N/A | *N/A | 0 | 0  | 0 | 0 |  |  |  |  |
| Non-Jurisdictional                    | *N/A | *N/A | *N/A | *N/A | 3 | 2  | 0 | 0 |  |  |  |  |
| Sexual Misconduct                     | *N/A | *N/A | *N/A | *N/A | 0 | 1  | 1 | 0 |  |  |  |  |
| Substance Abuse - No criminal charges | *N/A | *N/A | *N/A | *N/A | 0 | 0  | 0 | 0 |  |  |  |  |
| Unprofessional Conduct                | *N/A | *N/A | *N/A | *N/A | 7 | 32 | 6 | 9 |  |  |  |  |
| Unlicensed                            | *N/A | *N/A | *N/A | *N/A | 1 | 0  | 0 | 0 |  |  |  |  |
| Unsafe/Unsanitary Conditions          | *N/A | *N/A | *N/A | *N/A | 0 | 2  | 0 | 0 |  |  |  |  |
| Other                                 | *N/A | *N/A | *N/A | *N/A | 0 | 1  | 0 | 0 |  |  |  |  |



| As Of   | 7/30      | 8/31      | 9/30      | 10/31     | 11/30     | 12/31     | 1/31     | 2/28      | 3/31 | 4/30 | 5/31 | 6/30 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|------|------|------|------|
| <b>Complaint Closures w/no additional Disciplinary or Administrative Action</b>                   |           |           |           |           |           |           |          |           |      |      |      |      |
| Application Approved  | 1         | 1         | 1         | 10        | 3         | 9         | 4        | 4         |      |      |      |      |
| Insufficient Evidence   | 1         | 1         | 2         | 1         | 0         | 2         | 0        | 4         |      |      |      |      |
| No Violation  | 5         | 3         | 2         | 4         | 4         | 2         | 0        | 3         |      |      |      |      |
| No Jurisdiction   | 6         | 5         | 5         | 3         | 3         | 4         | 0        | 4         |      |      |      |      |
| Other (includes, but not limited to redundant complaints and those awaiting criminal disposition) | 4         | 8         | 1         | 2         | 1         | 5         | 0        | 4         |      |      |      |      |
| <b>Totals</b>   | <b>17</b> | <b>18</b> | <b>11</b> | <b>20</b> | <b>11</b> | <b>22</b> | <b>4</b> | <b>19</b> |      |      |      |      |

## Investigations

### Open Investigations

|                      |             |             |             |             |            |            |            |            |  |  |  |  |
|----------------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|--|--|--|--|
| Desk Investigations  | *N/A        | *N/A        | *N/A        | *N/A        | 290        | 323        | 326        | 297        |  |  |  |  |
| Field Investigations | *N/A        | *N/A        | *N/A        | *N/A        | 36         | 41         | 43         | 47         |  |  |  |  |
| <b>Totals</b>        | <b>*N/A</b> | <b>*N/A</b> | <b>*N/A</b> | <b>*N/A</b> | <b>326</b> | <b>364</b> | <b>369</b> | <b>344</b> |  |  |  |  |

### Closed Investigations

|                      |           |           |           |           |           |           |          |           |  |  |  |  |
|----------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|--|--|--|--|
| Desk Investigations  | 15        | 18        | 13        | 17        | 10        | 20        | 8        | 21        |  |  |  |  |
| Field Investigations | 3         | 3         | 3         | 4         | 3         | 3         | 0        | 0         |  |  |  |  |
| <b>Totals</b>        | <b>18</b> | <b>21</b> | <b>16</b> | <b>21</b> | <b>13</b> | <b>23</b> | <b>8</b> | <b>21</b> |  |  |  |  |

## Case Aging for Investigations (Open Cases)

### Desk Investigations

|                      |      |      |      |      |      |      |     |     |  |  |  |  |
|----------------------|------|------|------|------|------|------|-----|-----|--|--|--|--|
| 0-6 months           | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 139 | 124 |  |  |  |  |
| 7-12 months          | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 181 | 167 |  |  |  |  |
| >1 yr - 1.5 years    | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 5   | 5   |  |  |  |  |
| >1.5 years - 2 years | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 1   | 1   |  |  |  |  |
| >2 years             | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 0   | 0   |  |  |  |  |

| As Of | 7/30 | 8/31 | 9/30 | 10/31 | 11/30 | 12/31 | 1/31 | 2/28 | 3/31 | 4/30 | 5/31 | 6/30 |
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|

#### Field Investigations

|                      |      |      |      |      |      |      |    |    |  |  |  |  |
|----------------------|------|------|------|------|------|------|----|----|--|--|--|--|
| 0-6 months           | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 18 | 18 |  |  |  |  |
| 7-12 months          | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 9  | 9  |  |  |  |  |
| >1 yr - 1.5 years    | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 8  | 8  |  |  |  |  |
| >1.5 years - 2 years | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 4  | 6  |  |  |  |  |
| >2 years             | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 4  | 6  |  |  |  |  |

#### Attorney General's Office (AG)

##### Discipline

|                           |   |   |   |   |   |   |   |   |  |  |  |  |
|---------------------------|---|---|---|---|---|---|---|---|--|--|--|--|
| Cases Transmitted to AG   | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Statement of Issues Filed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Accusations Filed         | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |  |  |  |  |
| Accusations Withdrawn     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Revocation                | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Surrender                 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Probation                 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |  |  |  |  |

##### Probation Subsequent Discipline

|  |   |   |   |   |   |   |   |   |  |  |  |  |
|--|---|---|---|---|---|---|---|---|--|--|--|--|
| Subsequent Case Transmitted to AG              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |  |  |  |  |
| Petition to Revoke Probation Filed             | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |  |  |  |  |
| Accusation/Petition to Revoked Probation Filed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Revoked  | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |  |  |  |  |
| Surrendered                                    | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Probation Extended                             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |

| As Of | 7/30 | 8/31 | 9/30 | 10/31 | 11/30 | 12/31 | 1/31 | 2/28 | 3/31 | 4/30 | 5/31 | 6/30 |
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|
|-------|------|------|------|-------|-------|-------|------|------|------|------|------|------|

### All AG Cases Pending Disciplinary Action

|        |      |      |      |      |      |      |    |    |  |  |  |  |
|--------|------|------|------|------|------|------|----|----|--|--|--|--|
| Totals | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 12 | 13 |  |  |  |  |
|--------|------|------|------|------|------|------|----|----|--|--|--|--|

### Case Aging for Pending AG Cases From Time of Transmittal

|                      |      |      |      |      |      |      |   |   |  |  |  |  |
|----------------------|------|------|------|------|------|------|---|---|--|--|--|--|
| 0-6 months           | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 0 | 0 |  |  |  |  |
| 7-12 months          | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 7 | 7 |  |  |  |  |
| >1 yr - 1.5 years    | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 5 | 6 |  |  |  |  |
| >1.5 years - 2 years | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 0 | 0 |  |  |  |  |
| >2 years             | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A | 0 | 0 |  |  |  |  |

### Citation/Fine

|                                  |            |   |   |   |   |   |   |   |  |  |  |  |
|----------------------------------|------------|---|---|---|---|---|---|---|--|--|--|--|
| Citations Issued                 | 3          | 3 | 8 | 2 | 0 | 0 | 1 | 0 |  |  |  |  |
| Citations Dismissed              | 0          | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| Total Amount Ordered<br>FY 20/21 | \$5,750.00 |   |   |   |   |   |   |   |  |  |  |  |

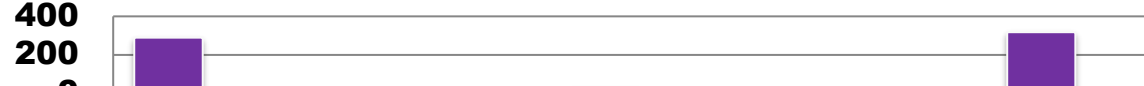
### Probation

|   |    |    |    |    |    |    |    |    |  |  |  |  |
|---|----|----|----|----|----|----|----|----|--|--|--|--|
| Active Probationers                           | 34 | 33 | 32 | 30 | 28 | 28 | 29 | 28 |  |  |  |  |
| Tolled Probationers                           | 3  | 3  | 3  | 3  | 3  | 4  | 4  | 4  |  |  |  |  |
| Biological Testing<br>Probationers            | 22 | 21 | 21 | 19 | 17 | 17 | 17 | 17 |  |  |  |  |
| Positive Drug Screen for<br>Banned Substances | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |  |  |  |  |
| Violations of Probation<br>Issued             | 0  | 2  | 2  | 2  | 2  | 1  | 3  | 1  |  |  |  |  |

# MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021                                       |
| <b>TO</b>      | Dental Hygiene Board of California                   |
| <b>FROM</b>    | Presented by Traci Napper, Licensing Program Analyst |
| <b>SUBJECT</b> | <b>Written Examination Statistics</b>                |

## RDH AND RDHAP WRITTEN LAW AND ETHICS EXAM (NOVEMBER 05, 2020 – FEBRUARY 10, 2021)

|                |  |                  |             |                  |              |
|----------------|--|------------------|-------------|------------------|--------------|
|                |  |                  |             |                  |              |
|                | <b>Pass</b>  | <b>Pass Rate</b> | <b>Fail</b> | <b>Fail Rate</b> | <b>Total</b> |
| ■ <b>RDH</b>   | <b>290</b>   | <b>91%</b>       | <b>28</b>   | <b>9%</b>        | <b>318</b>   |
| ■ <b>RDHAP</b> | <b>11</b>  | <b>92%</b>       | <b>1</b>    | <b>8%</b>        | <b>12</b>    |

| RDH WRITTEN LAW & ETHICS EXAMINATION                                   |                         |     |                   |     |       |     |
|--|-------------------------|-----|-------------------|-----|-------|-----|
| Date Range   | RDH Candidates Tested   |     | Pass              |     | Fail  |     |
| 11/05/2020 – 02/10/2021  | 318                     |     | 290               | 91% | 28    | 9%  |
| 04/01/2020- 11/04/2020   | 359                     |     | 323               | 90% | 36    | 10% |
| 11/01/2019 – 03/31/2020  | 233                     |     | 179               | 77% | 54    | 23% |
| RDHAP WRITTEN LAW & ETHICS EXAMINATION                                 |                         |     |                   |     |       |     |
| Date Range   | RDHAP Tested            |     | Pass              |     | Fail  |     |
| 11/05/2020 – 02/10/2021  | 12                      |     | 11                | 92% | 1     | 8%  |
| 04/01/2020 – 11/04/2020  | 27                      |     | 22                | 81% | 5     | 19% |
| 11/01/2019 – 03/31/2020  | 17                      |     | 11                | 65% | 6     | 35% |
| NUMBER OF ATTEMPTS FOR PASSAGE OF THE RDH OR RDHAP WRITTEN EXAMINATION |                         |     |                   |     |       |     |
| 11/05/2020 – 02/10/2021  | 1 <sup>st</sup> Attempt |     | Multiple Attempts |     | Total |     |
| • RDH  | 265                     |     | 25                |     | 290   |     |
| • RDHAP  | 9                       |     | 2                 |     | 11    |     |
| Total  | 274                     |     | 27                |     | 301   |     |
| NUMBER OF OUT-OF-STATE WRITTEN LAW & ETHICS EXAMINATION PARTICIPANTS   |                         |     |                   |     |       |     |
| 11/05/2020 – 02/10/2021  | Pass                    |     | Fail              |     | Total |     |
| • RDH  | 3                       | 75% | 1                 | 25% | 4     |     |
| • RDHAP  | 0                       | 0%  | 0                 | 0%  | 0     |     |
| OUT OF STATE ATTEMPTS  | 1 <sup>st</sup> Attempt |     | Multiple Attempts |     | Total |     |
| 11/05/2020 – 02/10/2021  |                         |     |                   |     |       |     |
| RDH  | 2                       |     | 1                 |     | 3     |     |
| RDHAP  | 0                       |     | 0                 |     | 0     |     |

## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021                             |
| <b>TO</b>      | Dental Hygiene Board of California         |
| <b>FROM</b>    | Presented by Traci Napper, Program Analyst |
| <b>SUBJECT</b> | Licensure Statistics                       |

### Overall DHBC Licensure Statistics (as of February 10, 2021)

| LICENSE STATUS  | LICENSE TYPE |       |       |     |        |
|---|--------------|-------|-------|-----|--------|
|   | RDH          | RDHAP | RDHEF | FNP | TOTAL  |
| <b>ACTIVE</b>   | 18,039       | 611   | 24    | 122 | 18,796 |
| <b>INACTIVE</b>   | 1,797        | 37    | 0     | 0   | 1,834  |
| <b>DELINQUENT</b>   | 3,622        | 118   | 5     | 82  | 3,827  |
| <b>LICENSED SUBTOTAL</b>  | 23,458       | 766   | 29    | 204 | 24,457 |
| <b>REVOKED</b>  | 38           | 1     | 0     | 0   | 39     |
| <b>DENIED</b>   |              |       |       |     |        |
| <b>VOLUNTARY SURRENDERED</b>  | 16           | 2     | 0     | 0   | 18     |
| <b>CANCELLED</b>  | 9,411        | 33    | 3     | 53  | 9,500  |
| <b>DECEASED</b>   | 219          | 2     | 0     | 0   | 221    |
| <b>RETIRED</b>  | 41           | 1     | 0     | 0   | 42     |
| <b>*COVID-19</b>  | 4            | 0     | 0     | 0   | 4      |
| <b>NON-LICENSED SUBTOTAL</b>  | 9,729        | 39    | 3     | 53  | 9,824  |
| <b>TOTAL POPULATION</b><br>(Licensed Subtotal plus Non-licensed Subtotal) | 33,187       | 805   | 32    | 257 | 34,281 |

#### LICENSE TYPES

Registered Dental Hygienist - **RDH**  
Registered Dental Hygienist in Alternative Practice - **RDHAP**  
Registered Dental Hygienist in Extended Function - **RDHEF**  
Fictitious Name Permit - **FNP**

#### LICENSE STATUS

**Active** – A license that has completed all renewal requirements.  
**Inactive** – Renewal fees paid and license placed on Inactive status.  
(Reasons include: not practicing, live scan or CE incomplete)  
**Delinquent** – Fees have not been paid for one or more renewal periods.  
**Revoked** – Disciplinary action taken; not licensed to practice in CA.  
**Denied** – License or application denied due to disciplinary action.  
**Voluntary Surrendered** – Surrendered license voluntarily due to disciplinary action.  
**Cancelled** – Result from nonpayment of renewal fees for five years after expiration.  
**\*COVID-19** – Corona Virus Pandemic



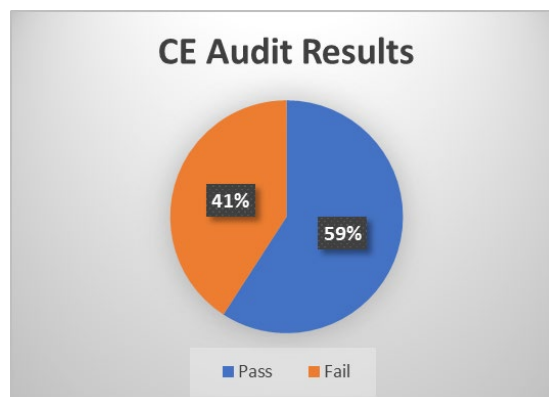
## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | March 20, 2021                                 |
| <b>TO</b>      | Dental Hygiene Board of California             |
| <b>FROM</b>    | Elizabeth Elias<br>Assistant Executive Officer |
| <b>SUBJECT</b> | <b>FULL 17: Continuing Education Audits</b>    |

### Continuing Education

The Board established a goal in the *DHCC's 2017-2021 Strategic Plan* to create and implement a continuing education (CE) compliance program to verify licensee's completion of the CE requirements for license renewal in order to protect the public. In an effort to accomplish that goal, in August of 2020 the Board hired a full-time dedicated CE Analyst. Since then, the CE Analyst has randomly contacted 334 licenses to begin the CE audit process. The CE Analyst completed 257 audits and the results of the audits completed to date identify a 41% failure rate.

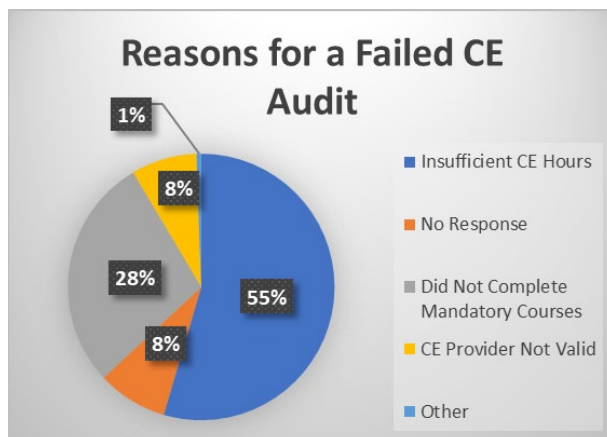
| Completed Continuing Education Audits |            |
|---------------------------------------|------------|
| Pass                                  | 152        |
| Fail                                  | 105        |
| <b>Total</b>                          | <b>257</b> |



The CE deficiencies identified in the failed audits include: insufficient CE Hours completed, failure to respond to the audit, failure to complete mandatory CE course(s), providing CE certificates of completion with invalid CE providers and other issues. Some licensees may have several deficiencies discovered through the audit.

The following chart shows a percentage of the types of deficiencies identified.

Licensees who fail a CE audit may be subject to an administrative citation and fine or disciplinary action which may result in but is not limited to probation or revocation of licensure.





**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 18**

**Future Agenda Items**



**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 19**

**Closed Session – Full Board**

**The Board may meet in closed session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3).**





**Saturday, March 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 20**

**Adjournment.**

**Due to technological limitations, adjournment will not be broadcast via WebEx. Adjournment will immediately follow Closed Session, and there will be no other items of business discussed.**