DHBC
Dental Hygiene
Board of California

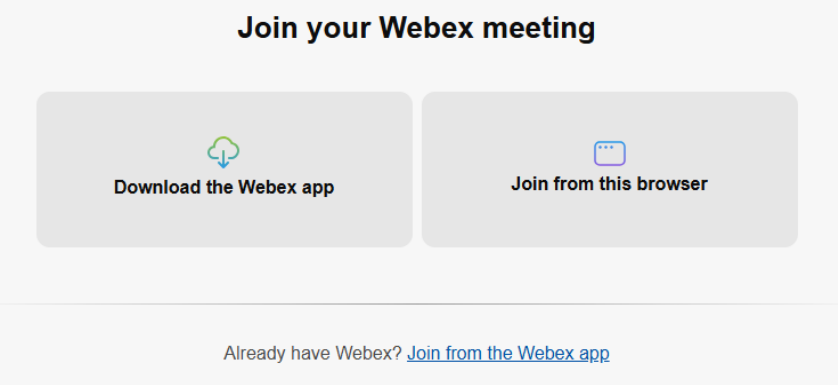
Friday, November 13, 2026
DHBC Board Meeting Materials
(Full Board and Committees)

Recommended: Join using the meeting link.

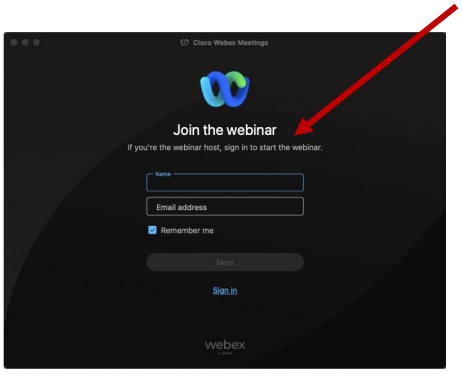
1. Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.

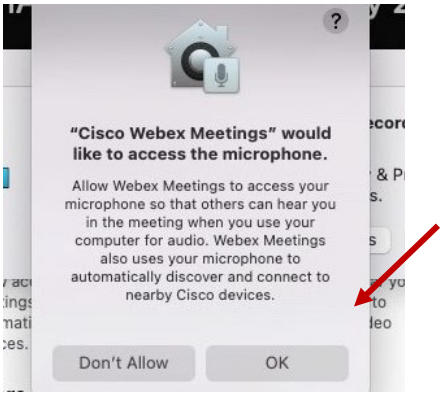
2. If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

   If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.



3. Enter your name and email address*. Click "Next."
   Accept any request for permission to use your microphone and/or camera.

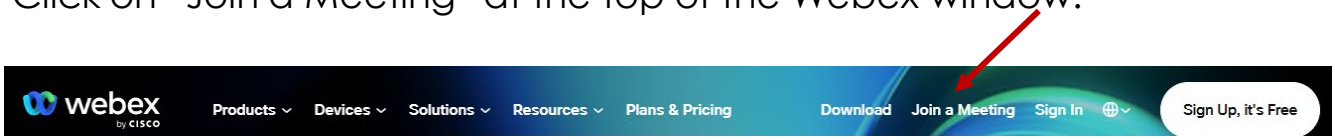




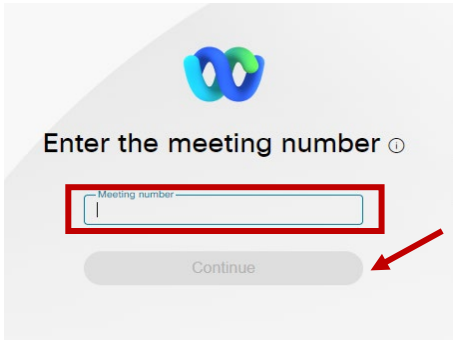
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

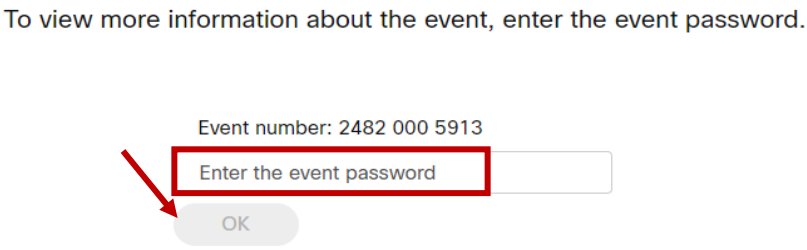
Alternative 1. Join from Webex.com

1 Click on "Join a Meeting" at the top of the Webex window.

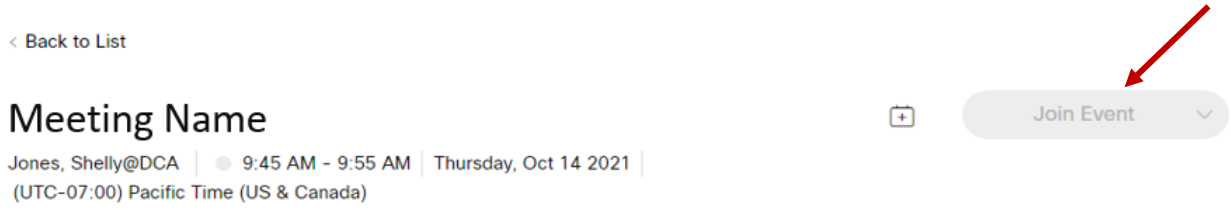


2 Enter the meeting/event number and click "Continue." Enter the event password and click "OK." This can be found in the meeting notice you received or on the meeting agenda.





3 The meeting information will be displayed. Click "Join Event."

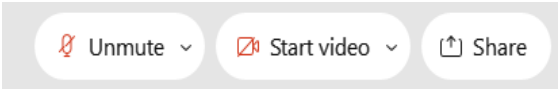


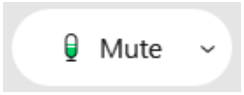
OR

Alternative 2. Connect via Telephone

You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.





Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone. Only panelists will be offered starting their video camera.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)

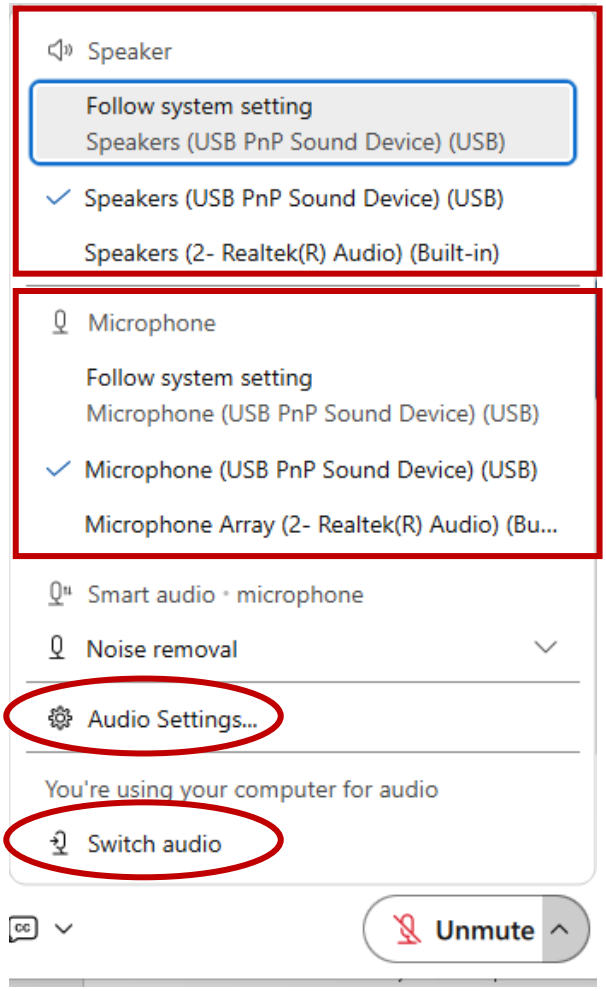
- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

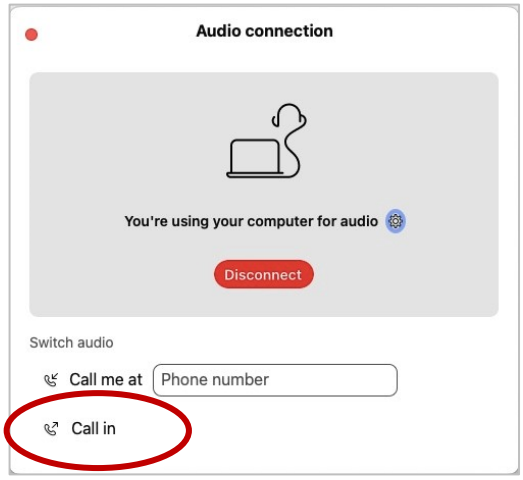
1. Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



2. From the drop-down menu, select different:
   A. Speaker options if **you can't hear** participants.
   B. Microphone options if **participants can't hear you**.
   C. Audio settings will offer testing of your devices, and let you choose a different device.



3. To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:
   - Click on "Switch audio".
   - Select "Call in", which will show the phone number to call and the meeting login information.



Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



The moderator will call you by name and indicate a request has been sent to unmute your microphone.

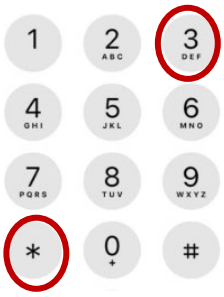
Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

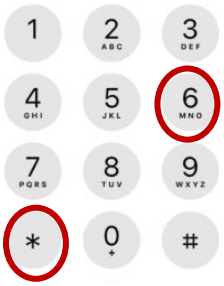


Joined via Telephone (Call-in User)

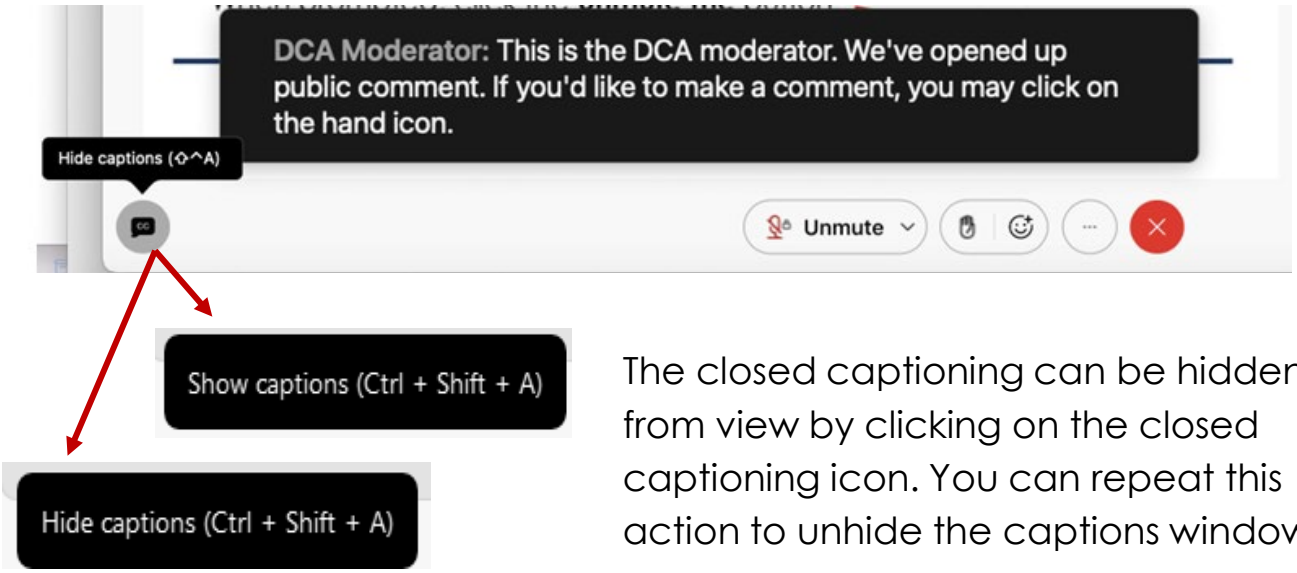
Press *3 to raise or lower your hand.



- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

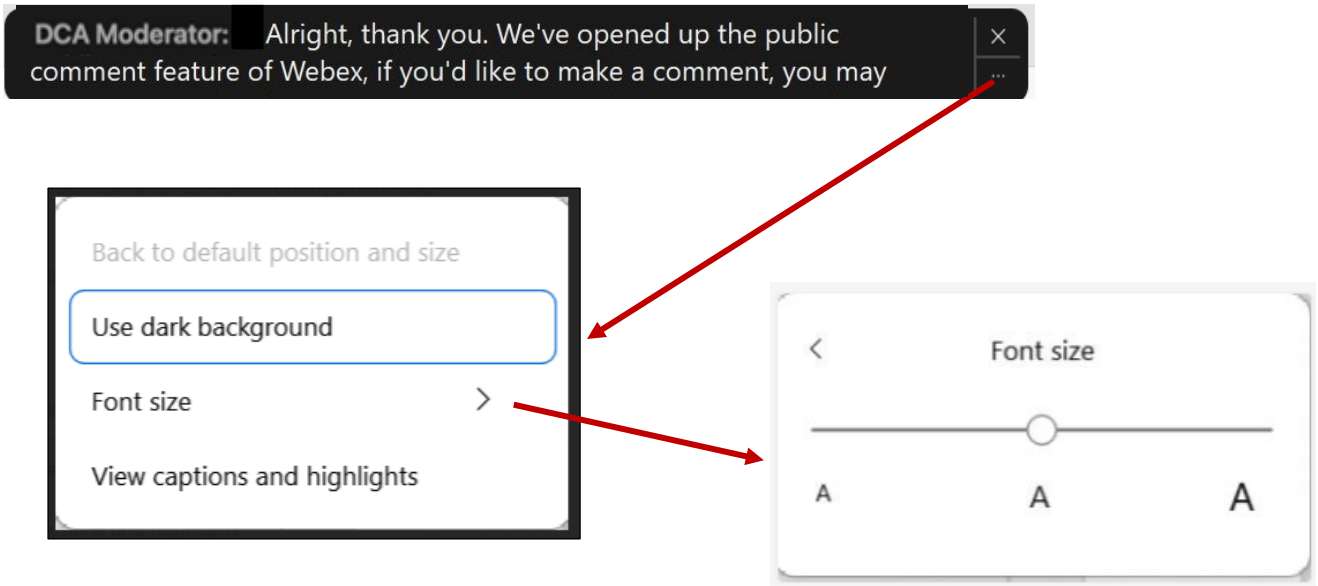


Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the captions window.

You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.



DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026
Full Board
Meeting Materials

Member	Present	Absent
Julie Elginer		
Sonia “Pat” Hansen		
Sherman King		
Michael Long		
Joanne Pacheco		
Sridevi Ponnala		
Nicolas Kiet Quach		
Naleni “Lolly” Tribble-Agarwal		

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 1.

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.



Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board 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).]

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 3.

President's Report.

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 4.

Executive Officer's Report.

- **Administration – EO Updates.**
- **Personnel.**

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 5.

Dental Board of California (DBC) Report on Matters of Interest to DHBC.



Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 6.

Department of Consumer Affairs (DCA) Report on Departmental Activities.



Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 7.

Discussion and Possible Action on DCA Budget Office DHBC Budget Report and $2.5 Million Loan to the General Fund.

DHBC Dental Hygiene Board of California

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1350, Sacramento, CA 95815
P (916) 263-1978 | www.dhbc.ca.gov

MEMORANDUM

DATE	November 13, 2026
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**FULL 7: Discussion and Possible Action on DCA Budget Office DHBC Budget Report and Information on the $2.5 Million Loan to the State's General Fund.**

BACKGROUND

On October 5, 2026, our DCA Budget Office Analyst, Marcus Vasquez, informed me (Executive Officer) that a $2.5 million loan from the Dental Hygiene Fund was approved by the Dept. of Finance to loan to the State's General Fund to be paid back by fiscal year 2029/30 with interest according to the documentation (DF-303) received.

This news was a surprise to me as I nor anyone else affiliated with the Board was invited or involved in preliminary loan discussions or communications addressing DH fund loan impacts or issues when these discussions took place in the beginning of August 2026. I'm sure there were more discussions that took place on the issue, but no Board representative was ever invited to those communications or notified by email on the issue. Although the DH fund is close to its statutory maximum due to unanticipated revenue, a Board representative should've been notified or included in the discussions about the loan prior to the decision being made.

As such, I've invited both our DCA Budget Analyst and his supervisor, Suzanne Balkis, to provide an update and information on the loan situation, the Board's current budget report including the summary of the prior year's expenses and revenue, and to answer any questions you may have on either topic.

STAFF RECOMMENDATION

Staff recommends for the Full Board to inquire with the DCA Budget Office staff regarding any questions you may have about the $2.5 million loan to the General Fund and the Board's current budget situation.

PROPOSED MOTION LANGUAGE:

None for this agenda item, unless it's necessary.

Special Fund Loans (for inclusion in CS 13.40)

Budget Act 2025

(Dollars in Thousands)

#	PBM	BU	BU Name	Fund	Fund Name	Loan Amount in 2025-26	Repayment Years				
							2026-27	2027-28	2028-29	2029-30	2030-31
16	RN	1111	Department of Consumer Affairs	3140	State Dental Hygiene Fund	2,500	0	0	0	2,500	0

Department of Consumer Affairs

Expenditure Projection Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 3
Fiscal Year: 2026 - 2027
Run Date: 10/16/2026

PERSONAL SERVICES

Fiscal Code	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS	$1,057,000	$174,479	$0	$174,479	$818,629	$1,057,000	$71,198	$238,594	$0	$238,594	$1,049,832	$7,168
5100 TEMPORARY POSITIONS	$59,000	$0	$0	$0	$2,095	$59,000	$5,104	$8,892	$0	$8,892	$28,940	$30,060
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	$24,000	$1,139	$0	$1,139	$8,277	$24,000	$4,443	$4,663	$0	$4,663	$18,524	$5,476
5150 STAFF BENEFITS	$566,000	$116,112	$0	$116,112	$466,011	$567,000	$41,515	$134,961	$0	$134,961	$588,285	-$21,285
PERSONAL SERVICES	$1,706,000	$291,730	$0	$291,730	$1,295,012	$1,707,000	$122,261	$387,110	$0	$387,110	$1,685,580	$21,420

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE	$217,000	$2,743	$1,813	$4,556	$13,060	$217,000	$98	$98	$625	$723	$13,407	$203,593
5302 PRINTING	$17,000	$130	$21,275	$21,404	$23,623	$17,000	$4,238	$4,238	$6,416	$10,654	$23,377	-$6,377
5304 COMMUNICATIONS	$13,000	$309	$0	$309	$4,561	$13,000	$335	$543	$0	$543	$5,054	$7,946
5306 POSTAGE	$20,000	$1,099	$0	$1,099	$9,158	$20,000	$0	$0	$0	$0	$9,433	$10,567
53202-204 IN STATE TRAVEL	$20,000	$3,892	$0	$3,892	$16,433	$20,000	$782	$4,226	$0	$4,226	$20,000	$0
5322 TRAINING	$8,000	$0	$0	$0	$2,495	$8,000	$460	$460	$0	$460	$2,460	$5,540
5324 FACILITIES	$147,000	$36,149	$110,214	$146,363	$152,126	$147,000	$12,328	$36,985	$112,725	$149,710	$155,609	-$8,609
53402-53403 C/P SERVICES (INTERNAL)	$74,000	$26,483	$0	$26,483	$183,693	$74,000	$0	$0	$0	$0	$167,755	-$93,755
53404-53405 C/P SERVICES (EXTERNAL)	$21,000	$2,546	$1,240	$3,786	$21,288	$21,000	$5,250	$5,250	$2,303	$7,553	$35,320	-$14,320
5342 DEPARTMENT PRORATA	$565,000	$287,000	$0	$287,000	$531,407	$546,000	$136,500	$273,000	$0	$273,000	$546,000	$0
5342 DEPARTMENTAL SERVICES	$30,000	$20	$0	$20	$41,760	$30,000	$0	$0	$0	$0	$42,996	-$12,996
5344 CONSOLIDATED DATA CENTERS	$14,000	$0	$0	$0	$6,503	$14,000	$0	$0	$0	$0	$6,698	$7,302
5346 INFORMATION TECHNOLOGY	$3,000	$274	$1,370	$1,644	$1,645	$3,000	$310	$310	$2,370	$2,680	$2,681	$319
5362-5368 EQUIPMENT	$0	$3,044	$2,022	$5,066	$6,544	$0	$0	$184	$0	$184	$6,500	-$6,500
5390 OTHER ITEMS OF EXPENSE	$8,000	$0	$0	$0	$0	$8,000	$0	$1	$0	$1	$1	$7,999
54 SPECIAL ITEMS OF EXPENSE	$0	$0	$0	$0	$915	$0	$0	$0	$0	$0	$915	-$915
OPERATING EXPENSES & EQUIPMENT	$1,157,000	$363,688	$137,933	$501,621	$1,015,212	$1,138,000	$160,302	$325,296	$124,439	$449,735	$1,038,206	$99,794
OVERALL TOTALS	$2,863,000	$655,417	$137,933	$793,351	$2,310,225	$2,845,000	$282,563	$712,406	$124,439	$836,845	$2,723,787	$121,213
REIMBURSEMENTS	-$6,000				-$43,000	-$6,000					-$6,000	
OVERALL NET TOTALS	$2,857,000	$655,417	$137,933	$793,351	$2,267,225	$2,839,000	$282,563	$712,406	$124,439	$836,845	$2,717,787	$121,213
												4.27%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11111100 Support
Fiscal Month: 3
Fiscal Year: 2026 - 2027
Run Date: 10/16/2026

Revenue

Fiscal Code	Budget	July	August	September	October	November	December	January
Delinquent Fees	$48,000	$5,040	$3,240	$4,300	$3,806	$3,806	$3,886	$3,806
Other Regulatory Fees	$174,000	$29,542	$15,981	$13,312	$13,190	$13,072	$12,531	$12,531
Other Regulatory License and Permits	$192,000	$23,235	$22,724	$15,495	$18,668	$18,681	$19,086	$18,672
Other Revenue	$164,000	$50	$0	$400	$47,000	$0	$100	$47,000
Renewal Fees	$2,889,000	$263,620	$255,800	$306,900	$229,488	$228,908	$229,568	$229,108
Revenue	$3,467,000	$321,487	$297,745	$340,107	$312,152	$264,467	$265,171	$311,117

Reimbursements

Fiscal Code	Budget	July	August	September	October	November	December	January
Scheduled Reimbursements	$0	$0	$49	$196	$123	$49	$74	$74
Unscheduled Reimbursements	$0	$316	$1,052	$4,882	$5,703	$1,900	$1,325	$4,247
Reimbursements	$0	$316	$1,101	$5,078	$5,825	$1,949	$1,399	$4,320

February	March	April	May	June	Year to Date	Projection To Year End
$3,886	$3,806	$3,806	$3,806	$3,806	$12,580	$46,994
$12,531	$12,531	$12,677	$13,983	$12,531	$58,835	$174,411
$17,658	$18,168	$17,959	$16,780	$18,688	$61,454	$225,814
$92	$13	$47,025	$25	$47,000	$450	$188,704
$229,388	$229,168	$229,568	$229,568	$229,268	$826,020	$2,890,352
$263,556	$263,686	$311,034	$264,162	$311,293	$959,339	$3,526,275

February	March	April	May	June	Year to Date	Projection To Year End
$74	$74	$0	$74	$172	$245	$956
$1,236	$7,954	$3,464	$927	$1,055	$6,250	$34,060
$1,309	$8,028	$3,464	$1,000	$1,226	$6,495	$35,016

3140 - State Dental Hygiene Fund
Analysis of Fund Condition
(Dollars in Thousands)
2026 Budget Act with Workload Revenue

With FM3 Projections

Prepared 10.23.2026

	Actuals 2025-26	CY 2026-27	BY 2027-28	BY +1 2028-29	BY +2 2029-30
BEGINNING BALANCE	$ 4,840	$ 3,504	$ 4,106	$ 4,437	$ 4,700
Prior Year Adjustment	$ 9	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 4,849	$ 3,504	$ 4,106	$ 4,437	$ 4,700
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	$ 48	$ 47	$ 48	$ 48	$ 48
4127400 - Renewal fees	$ 2,936	$ 2,890	$ 2,891	$ 2,891	$ 2,891
4129200 - Other regulatory fees	$ 185	$ 174	$ 174	$ 174	$ 174
4129400 - Other regulatory licenses and permits	$ 249	$ 226	$ 199	$ 199	$ 199
4163000 - Income from surplus money investments	$ 229	$ 189	$ 178	$ 198	$ 206
4172500 - Miscellaneous revenues	$ 1	$ -	$ -	$ -	$ -
Totals, Revenues	$ 3,648	$ 3,526	$ 3,490	$ 3,510	$ 3,518
Operating Transfers To BU9991 Fund 0001 per Section 13.40, Chapter 4, Statutes of 2025 EO E 25/26-202	$ -2,500	$ -	$ -	$ -	$ 2,595
Totals, Transfers and Other Adjustments	$ -2,500	$ -	$ -	$ -	$ 2,595
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 1,148	$ 3,526	$ 3,490	$ 3,510	$ 6,113
TOTAL RESOURCES	$ 5,997	$ 7,030	$ 7,596	$ 7,947	$ 10,814
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	$ 2,267	$ 2,689	$ 2,924	$ 3,012	$ 3,102
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 226	$ 235	$ 235	$ 235	$ 235
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 2,493	$ 2,924	$ 3,159	$ 3,247	$ 3,337
FUND BALANCE					
Reserve for economic uncertainties	$ 3,504	$ 4,106	$ 4,437	$ 4,700	$ 7,477
Months in Reserve	14.4	15.6	16.4	16.9	26.9

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

Department of Consumer Affairs

Expenditure Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 13
Fiscal Year: 2025 - 2026
Run Date: 08/31/2026

PERSONAL SERVICES

Fiscal Code	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance
5100 PERMANENT POSITIONS	$1,057,000	$92,930	$818,629	$0	$818,629
5100 TEMPORARY POSITIONS	$59,000	$1,754	$2,095	$0	$2,095
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	$24,000	$5,673	$8,277	$0	$8,277
5150 STAFF BENEFITS	$566,000	$42,038	$466,011	$0	$466,011
PERSONAL SERVICES	$1,706,000	$142,395	$1,295,012	$0	$1,295,012

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance
5301 GENERAL EXPENSE	$217,000	$3,905	$11,588	$1,472	$13,060
5302 PRINTING	$17,000	$5,941	$9,847	$13,776	$23,623
5304 COMMUNICATIONS	$13,000	$1,387	$4,561	$0	$4,561
5306 POSTAGE	$20,000	$4,315	$9,158	$0	$9,158
53202-204 IN STATE TRAVEL	$20,000	$6,697	$16,433	$0	$16,433
5322 TRAINING	$8,000	$620	$2,495	$0	$2,495
5324 FACILITIES	$147,000	$13,393	$152,126	$0	$152,126
53402-53403 C/P SERVICES (INTERNAL)	$74,000	$36,834	$183,693	$0	$183,693
53404-53405 C/P SERVICES (EXTERNAL)	$21,000	$2,800	$17,198	$4,090	$21,288
5342 DEPARTMENT PRORATA	$565,000	$11,241	$531,407	$0	$531,407
5342 DEPARTMENTAL SERVICES	$30,000	$126	$41,760	$0	$41,760
5344 CONSOLIDATED DATA CENTERS	$14,000	$6,503	$6,503	$0	$6,503
5346 INFORMATION TECHNOLOGY	$3,000	$274	$1,645	$0	$1,645
5362-5368 EQUIPMENT	$0	$0	$6,544	$0	$6,544
5390 OTHER ITEMS OF EXPENSE	$8,000	$0	$0	$0	$0
54 SPECIAL ITEMS OF EXPENSE	$0	$5	$915	$0	$915
OPERATING EXPENSES & EQUIPMENT	$1,157,000	$94,040	$995,874	$19,338	$1,015,212

OVERALL TOTALS	$2,863,000	$236,435	$2,290,886	$19,338	$2,310,225

Department of Consumer Affairs

Revenue Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 13
Fiscal Year: 2025 - 2026
Run Date: 08/31/2026

Revenue

Fiscal Code	Budget	Current Month	YTD
Delinquent Fees	**$0**	**$3,880**	**$47,960**
Other Regulatory Fees	**$0**	**$23,396**	**$184,928**
Other Regulatory License and Permits	**$0**	**$57,403**	**$249,416**
Other Revenue	**$0**	**$53,915**	**$229,770**
Renewal Fees	**$0**	**$59,400**	**$2,935,660**
Revenue	**$3,446,000**	**$197,994**	**$3,647,734**

Reimbursements

Fiscal Code	Budget	Current Month	YTD
Scheduled Reimbursements	**$0**	**$245**	**$1,029**
Unscheduled Reimbursements	**$0**	**$1,323**	**$42,193**
Reimbursements	**$6,000**	**$1,568**	**$43,222**

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 8.

Discussion and Possible Action on Process for Recruitment and Selection of an Executive Officer

a) **Presentation from DCA, Office of Human Resources on Executive Officer Recruitment and Selection Process.**
b) **Review and Possible Action on Revised Executive Officer Duty Statement and Recruitment Announcement.**
c) **Discussion and Possible Action on Appointment of an Executive Officer Search Committee.**

DHBC Dental Hygiene Board of California

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1350, Sacramento, CA 95815
P (916) 263-1978 | www.dhbc.ca.gov

MEMORANDUM

DATE	November 13, 2026
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**FULL 8: Discussion and Possible Action on Process for Recruitment and Selection of an Executive Officer** **a) Presentation from DCA, Office of Human Resources on Executive Officer Recruitment and Selection Process.** **b) Review and Possible Action on Revised Executive Officer Duty Statement and Recruitment Announcement.** **c) Discussion and Possible Action on Appointment of an Executive Officer Search Committee.**

BACKGROUND

On September 27, 2026, I notified all the Board members of my plan to retire. My last day in the office will be Friday, November 20, 2026, where the Assistant Executive Officer, Tifany Moore, will assume all Board duties on Monday, November 23, 2026, as the Acting Executive Officer.

With my vacating the EO position, I've been in communication with DCA's Office of Human Resources (OHR) on the process for the Board to recruit a new executive officer. I've invited DCA OHR to provide a presentation at today's meeting and they will do so through Webex to provide details of the recruitment process.

STAFF RECOMMENDATION

Staff recommends for the Full Board to inquire with OHR regarding any questions you may have about the EO recruitment process.

PROPOSED MOTION LANGUAGE:

None for this agenda item, unless it's necessary.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS



Executive Officer Recruitment Process

Presented by the Office of Human Resources

Objectives

After today's presentation, Board Members will:

- Know what steps to take when an Executive Officer (EO) announces their departure
- Have an understanding of the EO recruitment and selection process
- Understand the roles and responsibilities of the Board, Search Committee, and Office of Human Resources (OHR)
- Be familiar with an Acting or Interim Executive Officer assignment

Executive Officer Transition

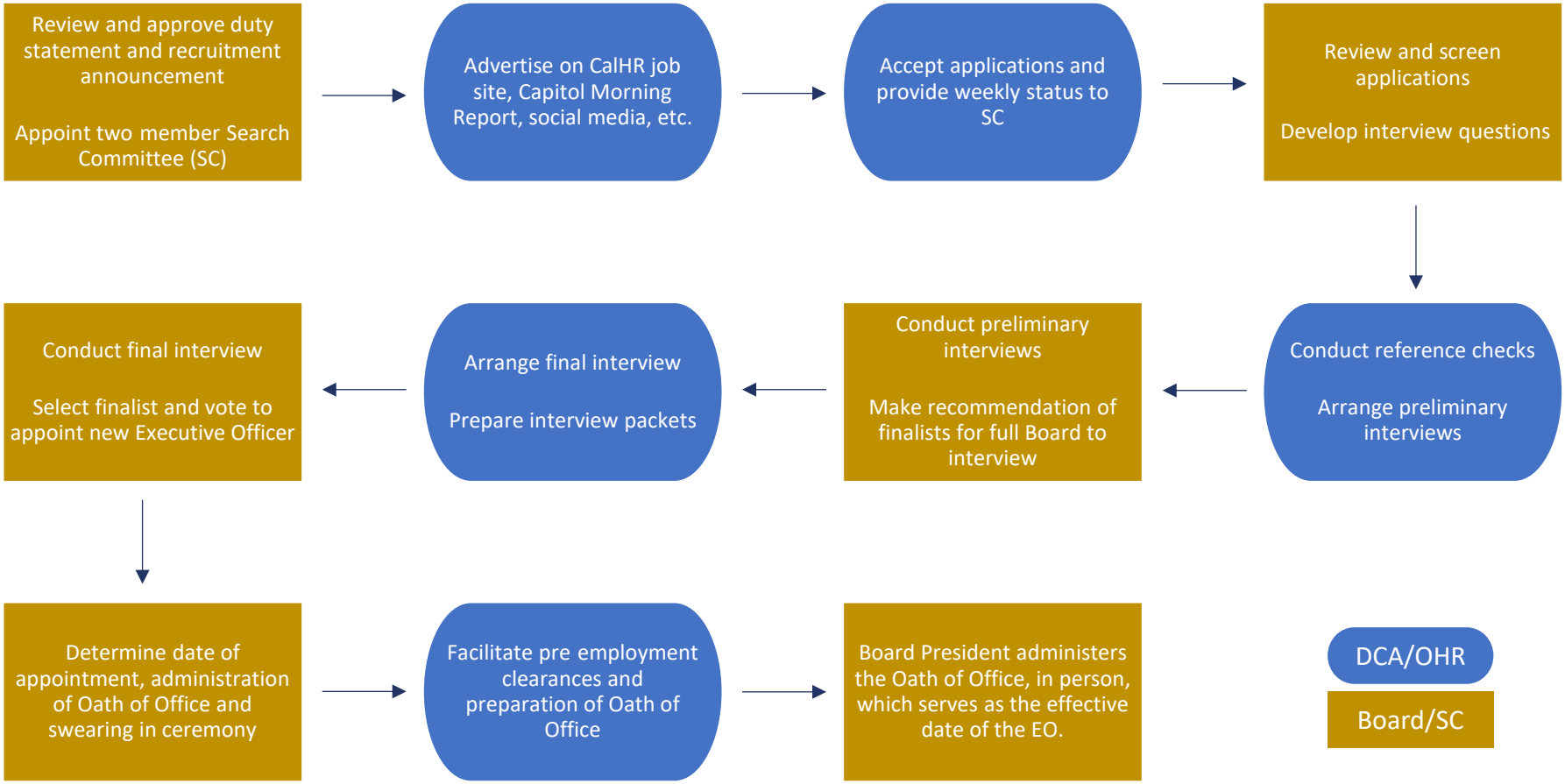
Our Executive Officer is leaving. What now?

- Promptly notify DCA's Board and Bureau Relations and the OHR

Why Early Notification is Important:

- Timely separation support to outgoing EO
- Early recruitment support to Board
- Identify available options
- Increased chance of new EO appointment that aligns with the EO's departure

Recruitment Overview/Flowchart



Recruitment Documents

Board's Role

Duty Statement

- Provides a description of the tasks, functions, and responsibilities of the position

Recruitment Announcement

- Announces job opportunity
- Provides an overview of the Board and position
- Identifies desirable qualifications and experience
- Outlines special requirements
- Provides instructions on how to apply
- States the salary range of the position

Establishing a Search Committee

Board's Role

Who Should Serve on a Search Committee?

- Two Board Members who:
  - Have the knowledge and understanding of the Board
  - Can actively assist with preliminary hiring and recruitment efforts for selecting a new Executive Officer

How to Establish a Search Committee?

- The committee must be approved by the Board during a publicly announced meeting held in open session

Screening Applicants

Search Committee's Role

Hiring decisions are based on the ability to perform the job. Factors such as political affiliations, ethnicity, or gender **cannot** be considered

Qualifications

- EO positions have no set required qualifications, unless licensure is required
- Board defines desirable qualifications in recruitment announcement

Release of Applications

- OHR provides weekly application updates
- Search Committee screens applicants against qualifications
- If pool is limited, advertisement may be extended
- If pool is too large, may consider preliminary interviews

Preliminary Interviews (Optional)

Search Committee's Role

Preliminary interviews are conducted to narrow the candidate pool.

- Search Committee would conduct with the assistance and guidance of OHR
- OHR will provide sample interview questions, or the Search Committee may develop their own
- Interview questions are confidential and should not be shared outside of the Search Committee and OHR

Reference Checks

OHR's Role

Reference checks will be obtained prior to the final interview before the full Board.

- OHR will contact two to three references of prior supervisors
    - If candidate is a state employee, OHR will request their employment history
- OHR will share the reference findings with all Board Members

Salary Determination

OHR's Role

- Candidates will be provided with an estimated starting salary when invited to interview
- OHR will make this determination based on the individual's employment history, possible prior state service, and civil service salary rules
- Estimated salaries for candidates will be provided to the Search Committee
- Discussion regarding higher salaries require consultation with OHR, justifications, and additional approvals

Full Board Interviews

Board's Role

- Must be held at a publicly noticed meeting, in closed session. Recommended to be held in-person
- Board staff is responsible for coordinating the publicly noticed meeting
- The Search Committee may select interview questions or request Board Members to submit questions for consideration
- OHR may assist in scheduling candidates and facilitating the interviews at the Board's request

Candidate Selection

Board's Role

- The Board will:
  - Select a finalist and vote to appoint the new EO,
    or
  - Appoint or continue the appointment of an Interim or Acting EO

- EO positions require pre-employment clearance

- **NOTE**: For certain boards, the Board's selection of an Executive Officer is subject to approval by the Director of the Department of Consumer Affairs, as provided in the Business and Professions Code

Oath of Office and Appointment Date

Board's Role

- The Board determines the date of the EO's swearing-in ceremony, during which the Oath of Office is administered and the EO's appointment date is established.

- Oath of Office must be administered in person by the Board President/Chair or designated Board member

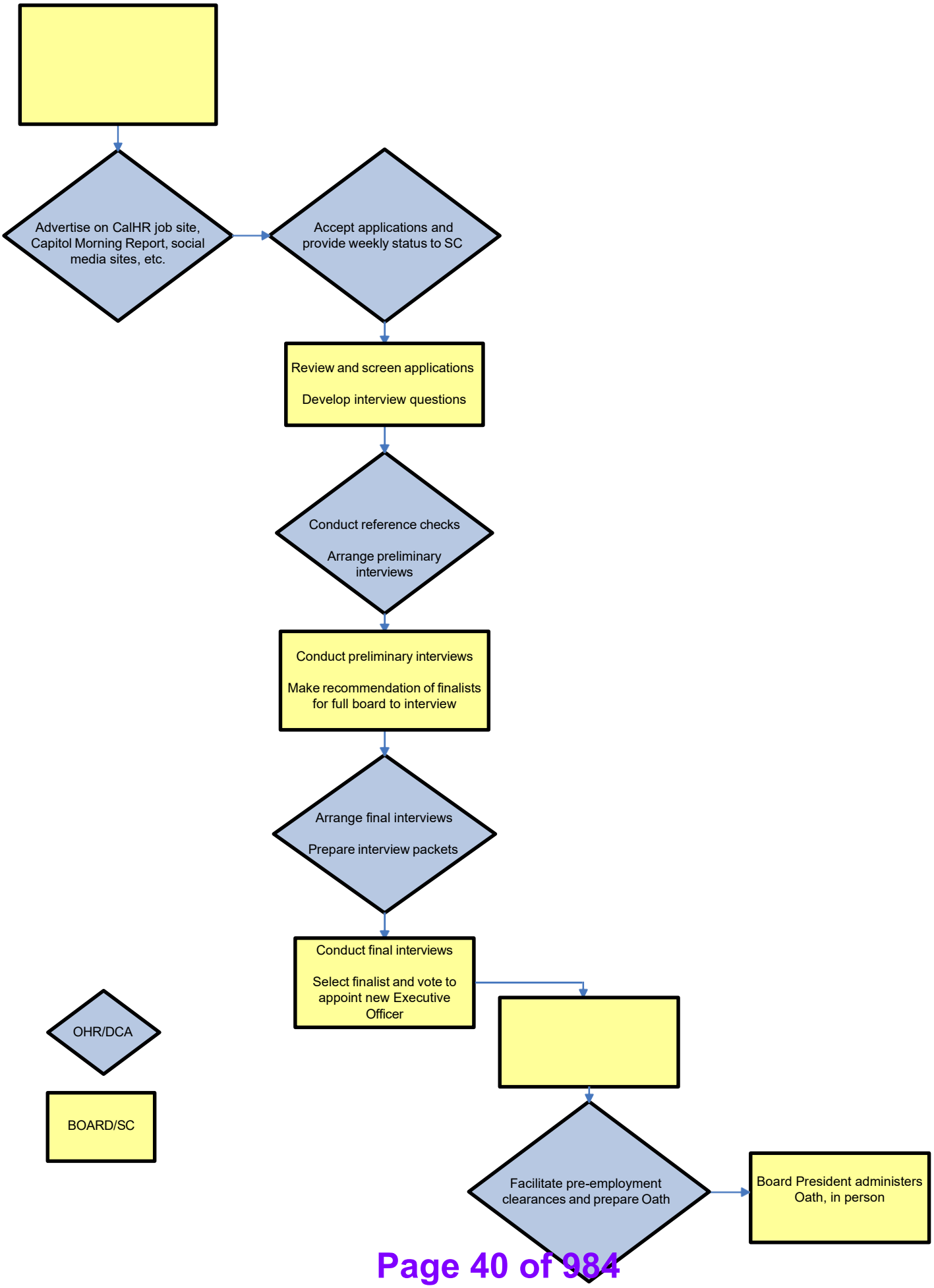
- The Board President/Chair and the EO sign the duty statement and submit it, along with the signed Oath of Office, to OHR.

Acting vs. Interim Executive Officer

Acting Executive Officer	Interim Executive Officer
The EO, or in the absence of the EO, the Board President can designate a Board staff person to act as EO until an interim or permanent EO takes office	An Interim EO requires a vote by a quorum of Board Members at a publicly noticed meeting
An Acting EO can be designated if the EO is still in the position but is not physically working or making decisions on behalf of the Board	An Interim EO can only be appointed upon the separation of the EO
An Acting EO is designated, not appointed to the position	An Interim EO is appointed to the position
An Acting EO does not receive additional compensation for service in this capacity	An Interim EO is monetarily compensated
An Acting EO **does not** require administration of Oath of Office	An Interim EO requires administration of Oath of Office

Questions?

Executive Officer Recruitment Process



Department of Consumer Affairs
Position Duty Statement
HR-041E (new 1/2015)

Exempt Employee's Name	
Classification Title Executive Officer	**Board / Bureau / Commission / Committee** Dental Hygiene Board
Exempt Level / Salary Range N / $9,323 - $10,388	**Geographic Location** Sacramento
Position Number 641-110-8812-001	**Effective Date of Appointment**

General Statement: The Executive Officer (EO) is exempt from civil service and serves at the pleasure of the 9-member Board. The EO is responsible for carrying out the mission, policies, laws and regulations of the Dental Hygiene Board (Board); is the chief operating officer of the Board; and oversees all functions performed by the Board. The EO promotes the primary mission of protecting the public's health, safety and welfare through ensuring the competency and qualifications of dental hygiene licensees and educational program providers. The position supervises a staff of professional and technical positions and manages a budget of approximately 3 million dollars. Duties include, but are not limited to, the following:

A. SPECIFIC ACTIVITIES [Essential (E) / Marginal (M) Functions]

30% (E) Administrative and Managerial
Oversee the recruitment, training, motivation, evaluation, discipline and overall management of staff. Responsible for developing, monitoring and managing the Board's budget, including revenues, expenditures and deposits. Responsible for identification and implementation of Board policies and actions. Responsible for efficient Board and subcommittee meetings, timely agendas and meeting packets, and all Board communications. Participate in all Board meetings; serve as a professional resource at disciplinary and/or Board hearings. Ensure compliance with the Open Meetings Act. Develop, coordinate and implement the Board's strategic plan. Serve as the Board's official custodian of records.

20% (E) Enforcement
Maintain overall responsibility for the activities of the Board's Enforcement Program. Responsible for the interpretation and execution of the related sections in the Dental Practice Act, Business and Professions Code Section 1900 et. seq., the Government Code, the Corporations Code, the Public Records Act, Criminal Information Security Policy, and all pertinent provisions of law. Provides oversight and direction in the processing of complaints, including the receipt, evaluation, investigation, and action. Coordinate and oversee coordination with the Office of the Attorney General, Department of Consumer Affairs' (DCA) Legal Office and Division of Investigation, as well as various federal and state regulatory authorities on cases or enforcement matters of interest to the Board. Oversee staff in the administration of the Board's Diversion Program.

20% (E) Legislation, Regulations, Policy and Procedures
Monitor state and national trends and developments in health care, including dental hygiene practice and make legislative, regulatory, policy or procedural recommendations to the Board in order to carry out the Board's mission and goals. Assist and advise the Board in developing and enacting rules and regulations related to the licensure, practice and education of dental hygienists. Identify the need for new legislation and regulations. Draft specific language to effect statute or regulatory changes. Oversee and ensure compliance with all aspects of the legislative and rulemaking processes. Recommend and develop policies and procedures.

20% **(E) Examination and Licensing**
Direct staff and consultant examiners in the administration of two different written and clinical dental licensure examinations and oversee the deliberations of various subcommittees charged with administering the examinations. Direct the issuance, renewal, cancellation and processing of licenses and permits under the jurisdiction of the Board. Oversee the collection of applicant fingerprints and the criminal history background review process, ensuring only qualified applicants are issued licenses.

10% **(E) Board Representative and Public Contact**
Maintain effective public relations and serve as Board spokesperson for inquiries concerning the Board. Responsible for the interpretation and clarification of the Board's statutory duties (B&P Code Section 1900 et. seq.), regulations and policies and represent the Board on regulatory, legislative, budget and policy issues, at various hearings before the legislature or other government bodies and to constituents including, but not limited to, professional associations, education institutions, dental hygienists and consumers. Solicit support on issues affecting the Board and obtain information and feedback for the Board, as needed. Represent the Board at local, state and national meetings. Compile and coordinate Board newsletters and notices.

B. **Supervision Received**
The incumbent is exempt from civil service and receives administrative direction from the appointed members of the Board.

C. **Supervision Exercised**
The incumbent is responsible for determining and participating in making policy, formulating long-range programs and objectives, and reviewing implementation of programs and conformance with policies and objectives, for the integration and coordination of multiple functions, and for planning, directing, assigning and reviewing the work performed by the staff of the Board.

D. **Administrative Responsibility**
The incumbent is the chief administrative and operating officer for the Board and is responsible for the interpreting and executing the intent of all policies to the public and other governmental entities.

E. **Personal Contacts**
The incumbent represents the Board before the State legislature, professional and health associations, other State, local or Federal governmental agencies, health organizations, dental programs, consumer groups, and other regulatory agencies and establishes and maintains ongoing relationships with such entities. In addition, the incumbent interacts with peers, staff, applicants, licensees, consumers, attorneys, expert consultants, board members, various law enforcement agencies, and the Department of Consumer Affairs.

F. **Actions and Consequences**
Errors in judgment by the incumbent could have significant adverse impact on the California consumer of dental care, applicants for licensure, licensees, and on the operations and functions of the Board and DCA.

G. **Functional Requirements**
The incumbent works in an office setting with artificial light and temperature control. As a Work Week Group E employee, the incumbent is required to work, within reason, as many

hours as necessary to accomplish their assignments or fulfill their responsibilities. The incumbent is expected to work an average of 40 hours per week, and may be required to work specified hours based on the business needs of the office. Must have the ability to use a personal computer with Microsoft Excel, Microsoft Word, BreEZe, Novell; Microsoft outlook, GroupWise, e-mail and Internet. The EO must also have the ability to use DCA CAS and BreEZe systems to enter, retrieve, delete and verify licensee information. Effectively use a calculator, tape recorder, copier, fax machine shredder and telephone is essential. Sitting and standing requirements are consistent with office work and attendance at numerous meetings. Frequent travel by various means of transportation is an essential function of this position.

H. Other Information

The incumbent must possess sound management, organizational and administrative skills, be able to communicate orally and in writing, exercise good judgment and tact while representing the Board, demonstrate creativity and flexibility in problem solving, make effective use of time and resources available and possess an understanding of the legislative and regulatory mandates governing the administration of a regulatory board.

Criminal Offender Record Information:

Title 11, section 703(d) of the California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring. In accordance with DCA's CORI procedures, clearance shall be maintained while employed in a CORI–designated position. Additionally, the incumbent routinely works with sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Conflict of Interest:

This position is subject to Title 16, section 3830 of the California Code of Regulations, the Department of Consumer Affairs' Conflict of Interest Regulations. The incumbent is required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office, annually by April 1, and within 30 days of leaving office.

Oath of Office:

This position also requires the incumbent to take an Oath of Office prior to appointment.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

_____ _____
Employee Signature Date

_____
Employee's Printed Name

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

_____ _____
Board President Signature Date

_____
Board President's Printed Name

Revised and adopted by the Committee on XX/XX/XXXX

DENTAL HYGIENE BOARD OF CALIFORNIA INVITES APPLICATIONS FOR THE POSITION OF EXECUTIVE OFFICER

641-110-8812-001
$9,323 - $10,338 (per month)

The responsibilities of Dental Hygiene Board of California (Board), under the Department of Consumer Affairs (DCA), include issuing, reviewing, and enforcing dental hygiene licenses as well as developing the Law and Ethics examinations. Additional functions include promulgating regulations, establishing and maintaining fees, oversight and approval of dental hygiene educational programs, and continuing education requirements for all dental hygiene licensure categories.

Consumer protection is at the forefront of the decisions that the Board makes every day. The Executive Officer will work among a knowledgeable workforce dedicated to: Accountability, Communication, Diversity, Efficiency, Fairness, Integrity, Leadership, Service and Transparency which fosters an environment of collaboration, continuous learning, and creativity/innovation. Please visit https://www.dhbc.ca.gov/ for more information.

The Board is looking for a talented and exceptional Executive Officer to take the helm of a high performing team to support and carryout the mission of the Board. The position requires a dynamic leader with demonstrated executive-level experience who can exhibit strong interpersonal and mentoring skills, including promoting a high-performance culture where employees are motivated and enabled to perform to their greatest potential.

The Executive Officer manages the Board staff and is responsible for carrying out the policies and direction of the Board and for planning, organizing, and directing the activities of the Board staff in areas of administration, enforcement, and licensure. The Executive Officer also serves as the liaison between the Board and its stakeholders. The Executive Officer enforces the overall policies established by the Board relating to Board programs, under the authority of the Business and Professions Code.

In all job functions, the Executive Officer is responsible for creating an inclusive, safe, and secure work environment that values diverse cultures, perspectives, and experiences, and is free from discrimination. The Executive Officer is expected to provide all members of the public equitable services and treatment, collaborate with

underserved communities and tribal governments, and work toward improving outcomes for all Californians.

The Executive Officer is appointed by the Board and serves at its pleasure. The Executive Officer position is exempt from civil service and is located in Sacramento, California.

Starting salary and raises are subject to approval from the Business and Consumer Services Agency and the California Department of Human Resources.

Desirable Qualifications and Experience:
In addition to evaluating each candidate's relative ability, as demonstrated by quality and breadth of experience, the following factors will provide the basis for evaluating each candidate:

1. Experience working with diversity; including, but not limited to, race, gender, and age; the experience shall include policy advisement or action, and affirming culture;

2. Administrative experience with government operations and processes, including legislation, regulations, budgeting, personnel, and equal employment opportunity;

3. Progressive experience with executive-level leadership, management, and problem-solving, especially past success in working on complex issues;

4. Experience establishing, promoting, and maintaining cooperative working relationships with representatives of all levels of government, the public and special interest groups;

5. Ability to think strategically and creatively, work well under pressure, and meet deadlines;

6. Ability to promote internal and external teamwork and cross-functional collaboration and communication in support of an organization's mission and goals;

7. Experience with public speaking and ability to deliver speeches and presentations on sensitive, technically complex and controversial subject matters, in front of diverse audiences including the public;

8. A consultative approach to problem solving and the ability to facilitate coalition building; and

9. A baccalaureate degree from an accredited college or university.

Special Requirements:

Conflict of Interest Filing - This position is subject to Title 16, section 3830 of the California Code of Regulations, the DCA Conflict of Interest Regulations. The incumbent is required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office, annually by April 1st, and within 30 days of leaving office.

Criminal Offender Record Information: Title 11, section 703(d) of the California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring. In accordance with DCA's CORI procedures, clearance shall be maintained while employed in a CORI-designated position. Additionally, the incumbent routinely works with sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Interested Persons Must Submit the Following

1) A completed State Employment application (Std 678);

2) A Statement of Qualifications as directed below.

3) A resume or curriculum vitae; and

4) Minimum of three (3) letters of professional reference.

In addition to the required items, all interested applicants are required to submit a Statement of Qualifications (SOQ), which is a narrative discussion of how the candidate's education, training, experience, and skills meet the desirable qualifications and experience noted above. The SOQ serves as documentation of each candidate's ability to present information clearly and concisely in writing and must provide specific examples.

Applicants who fail to submit or complete the SOQ as instructed or provide required documents may be eliminated from the recruitment process.

When preparing your SOQ, you are required to follow these guidelines:

- Information provided must be complete and presented in a clear and concise manner.
- Responses must be typed, single spaced, with an Arial font size no smaller than 12 point and limited to three (3) single sided pages.
- One-inch margins must be used.

Note: Resumes do not take the place of the SOQ.

Filing Instructions

Application packages may be submitted electronically via CalCareers at www.jobs.ca.gov for Job Control (JC) XXXXX. Application packages submitted via CalCareers must be received by 11:59 p.m. Pacific Standard Time on the final filing date.

Application packages may also be submitted via U.S. Postal Service mail or hand delivery to:

Department of Consumer Affairs
Office of Human Resources
1625 North Market Blvd., Suite N-321
Sacramento, CA 95834
Attn: **Catherine Bachiller**

Application packages submitted via U.S. Postal Service must be postmarked on or before the final filing date. Application packages submitted via hand delivery must be delivered to the Office of Human Resources by 5:00 p.m. on the final filing date. Dates printed on Mobile Bar Codes, such as the Quick Response (QR) Codes available at the USPS, are not considered Postmark dates for the purpose of determining timely filing of an application.

The final filing date for this recruitment is XXXXXX.

For further information or questions regarding the position or application process, please contact Catherine Bachiller, Department of Consumer Affairs, Office of Human Resources at (916) 574-8356 or via email at Catherine.Bachiller@dca.ca.gov.

All applications will be screened, and documentation of qualifications, experience and knowledge will be compared to other candidates; only the most qualified candidates will be scheduled for a preliminary interview.

Finalists will be invited to an interview with the full Board at a Board meeting. Travel expenses for these interviews are the responsibility and at the expense of each candidate. Upon being contacted for interviews, it is the candidate's responsibility to notify the interview scheduler of any need for reasonable accommodation to participate in the interview.

You may direct any additional questions regarding reasonable accommodations or Equal Employment Opportunity (EEO) for this position to the Department's EEO Office at (916) 574-8280.

The State of California and Department of Consumer Affairs is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or

veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 9.

Discussion and Possible Action on the Draft 2027 DHBC Sunset Review Report to Present to the Legislature.

Vote to Approve the Draft 2027 Sunset Review Report Language and Supporting Pages (Cover, TOC, Appendix, Separator Pages, and Back Page) for Finalization and to Delegate to the Executive Officer the Authority to Make Additional Non-Substantive Edits, if needed.

DHBC Dental Hygiene Board of California

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DEPARTMENT OF CONSUMER AFFAIRS • DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1350, Sacramento, CA 95815
P (916) 263-1978 | www.dhbc.ca.gov

MEMORANDUM

DATE	November 13, 2026
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**FULL 9: Discussion and Possible Action on the Draft 2027 DHBC Sunset Review Report to Present to the Legislature.** **Vote to Approve the Draft 2027 Sunset Review Report Language and Supporting Pages (Cover, TOC, Appendix, Separator Pages, and Back Page) for Finalization and to Delegate to the Executive Officer the Authority to Make Additional Non-Substantive Edits, if needed.**

BACKGROUND

Sunset Review is the process where the Legislature has an opportunity to review a board program to determine whether to continue it. Board programs must complete this process every 4-5 years as a method to inform the Legislature on its current status, update on prior issues and their progress, whether there are any new issues for the program to address while completing its mandates, and is an opportunity for the Board to request additional resources from the Legislature for Board needs, if necessary.

For each Sunset Review, staff assemble a very complex and detailed draft report containing responses and data addressing questions from the Legislature since the last Sunset Review in 2023. The Board met on October 9, 2026, to address the initial 2027 draft report and made some revisions to it but was unable to vote on accepting them at that time. The revisions suggested are highlighted in the current draft version of the report for review.

This meeting is intended to be the event where the Board finalizes the draft report prior to assembly for the Legislature's review. The Board will also review and vote on the selected support pages to be used for the report so it can move forward in the assembly process. A vote to finalize the report today is vital to maintain the timelines established for printing and prepared for the Legislature without conducting an additional future meeting. The due date this year for the report to be submitted is January 5, 2027.

STAFF RECOMMENDATION

Staff recommends for the Full Board to review the draft 2027 DHBC Sunset Review Report in its entirety and provide recommendation and guidance during the agenda item discussion for any additional edits or revisions needed to the report prior to voting on its

approval. Also, staff request for the Board to review and approve the selected cover page for use in the report.

PROPOSED MOTION LANGUAGE:

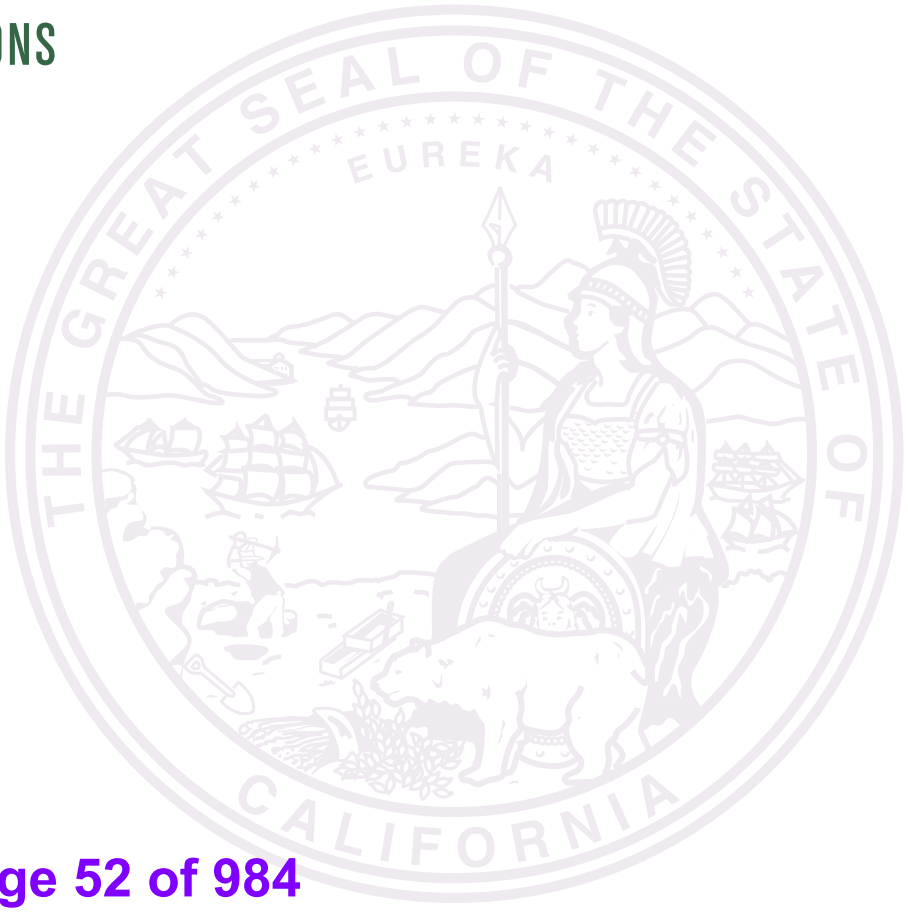
I move for the Board to approve the draft 2027 DHBC Sunset Review Report in its entirety (with/without new edits) including the selected supporting pages (cover page, appendix, separator pages, and back page) and finalize it for printing to be submitted to the Legislature by the January 5, 2027, deadline.

DRAFT

DHBC
Dental Hygiene
Board of California

SUNSET REVIEW REPORT 2027

PRESENTED TO THE SENATE COMMITTEE
ON BUSINESS, PROFESSIONS AND
ECONOMIC DEVELOPMENT,
AND THE ASSEMBLY COMMITTEE
ON BUSINESS AND PROFESSIONS



CALIFORNIA DEPARTMENT OF
CONSUMER
AFFAIRS

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Section 6: Online Practice Issues x

Section 7: Workforce Development and Job Creation x

Section 8: Current Issues x

Section 9: Board Action and Response to Prior Sunset Issues x

Section 10: New Issues x

Section 11: Appendix x

EPO

SECTION 1. BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSION

DENTAL HYGIENE BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of January 5, 2027

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).[2]

In 2002, the Joint Legislative Sunset Review Committee (JLSRC) agreed that "dental hygienists had reached the point where their responsibilities warranted a regulatory body, separate from the Dental Board of California (DBC)." The Dental Hygiene Committee of California (DHCC, Committee) was created in fiscal year (FY) 2009/10 as result of the passage of Senate Bill (SB) 853 (Ch. 31, Statutes of 2008) in 2008. In 2018, SB 1482 (Ch. 858, Statutes of 2018) provided the authority for the DHCC to change to the Dental Hygiene Board of California (DHBC, Board) which was effective as of January 1, 2019. This change was substantial for several reasons. First, the name change legitimized the Board as an independent, autonomous government body and not a subdivision of another entity. Second, the replacement of "Committee" with "Board" emphasized that the Board is not affiliated or under the purview of the DBC. Although the Committee was never under the purview of the DBC since its inception, it was perceived to be under the DBC because many dental hygiene licensing entities across the nation are structured this way. The Board continues to be the only self-regulating dental hygiene oversight government agency with the mission of consumer protection in the United States. The Board maintains authority over all aspects of licensing, enforcement, and investigation of California dental hygienists. Additionally, the Board approves all dental hygiene educational programs (DHEPs) in the state, providing the required education to become a licensed dental hygienist. According to the Business and Professions Code (BPC), Section 1900, the purpose of the Board is "to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens." The Board is responsible for overseeing three categories of dental hygienists: registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and registered dental hygienist in extended functions (RDHEF). As a self-regulating agency, the Board develops, maintains, and administers written licensing law and ethics examinations; conducts occupational analyses of the various professional categories; evaluates and approves educational programs and courses; pursues legislation; promulgates regulations and maintains licensing and enforcement responsibilities for the dental hygiene profession. In addition, the Board participates in outreach and support of the dental and dental hygiene community with the goal of ensuring the highest quality of oral healthcare for all Californians. The Board regulates the dental hygiene profession as provided by the authority pursuant to BPC sections 1900 – 1967.4, California Code of Regulations (CCR), Title 16, sections 1100 – 1144, in addition to several sections in DBC regulations pertaining to dental hygienists in the Dental Practice

[1] The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.
[2] The term "license" in this document includes a license, certificate, permit or registration.

Act. The Board is provided the authority to use these regulations until the Board promulgates their own regulations pursuant to 16 CCR section 1906(d).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

   The Board consists of nine members (four dental hygienists, four public members, and one practicing general or public health dentist): seven members appointed by the Governor, one public member appointed by the Assembly Speaker of the House; and one public member appointed by the Senate Rules Committee. Prior to 2019, all Board members were appointed by the Governor. The function of the Board is to discuss, deliberate, address, hear public comment, and act upon any programmatic, legislative, regulatory, or other issue or policy that may affect the professional population, interested stakeholders, and the consumers of California.

   Board Committees are as follows: Education Committee, Enforcement Committee, Legislative and Regulatory Committee, and the Licensing and Examination Committee. Each Board committee consists of three to five members appointed by the Board President to review, discuss, deliberate, hear public comment, and vote on any issue(s) that pertain to the specific committee's jurisdiction and to bring forth recommendation(s) to the full Board to discuss and take possible action.

   a) **Education Committee** – The Education Committee oversees the DHEPs and make recommendations to the Board on policy matters related to curriculum, faculty, administration, and approval. Oversight includes enforcing DHEP statutes, regulations, and Commission on Dental Accreditation (CODA) Standards to increase consistency, safety, and quality; recommending possible enforcement action against a DHEP for non-compliance of the law and CODA Standards; aiding in the development of informational brochures and other publications; and participation in the planning of outreach events for consumers, applicants, and licensees.

   b) **Enforcement Committee** – The Enforcement Committee advises the Board on policy matters that relate to protecting the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene. This includes maintenance of disciplinary guidelines, Uniform Standards, and other recommendations on the enforcement of the Board's statutes and regulations.

   c) **Legislative and Regulatory Committee** – The Legislative and Regulatory Committee advocates for statutes, promulgate regulations, and adopts policies and procedures that strengthen and support the Board's mandates, mission, and vision. The Legislation and Regulatory Committee reviews and tracks legislation closely related to the practice of dental hygiene and makes recommendations to the Board for possible action. It also creates regulations that govern the profession affecting licensees, the DHEPs, and enhances consumer protection.

   d) **Licensing and Examination Committee** – The Licensing and Examination Committee advises the Board on policy matters relating to the examination and licensing of individuals applying to practice dental hygiene in California. The Licensing and Examination Committee advises on and oversees licensing standards, qualifications, and provides oversight of the Law and Ethics examination(s) to protect consumers while ensuring reasonable access to the profession. It also addresses specific licensing and examination issues pertaining to this subject including special permits.

Table 1a shows the attendance record for the board members over the past four years. It includes both current and past members who have served since the last sunset review report.

Dental Hygiene Board of California 2027 Sunset Review Report

TABLE 1a. BOARD MEETING MEMBER ATTENDANCE

DHBC Dental Hygiene Board of California

BOARD MEMBERS	July 23, 2022 - S. San Francisco	October 8, 2022 - Webex	November 19, 2022 - Webex	February 4, 2023 - Webex	March 18, 2023 - Webex	June 17, 2023 - Webex	July 22, 2023 - Sacramento	November 18, 2023 - Sacramento	March 22, 2024 - Sacramento	March 23, 2024 - Sacramento	July 19-20, 2024 - Sacramento	November 15, 2024 - Webex	November 16, 2024 - Sacramento	March 21-22, 2025 - Sacramento	May 27, 2025 - Webex	July 19, 2025 - Sacramento	November 8, 2025 - Sacramento	March 13, 2026 - Webex	March 27-28, 2026 - Sacramento	May 23, 2026 - Webex	July 17-18, 2026 - Sacramento	October 9, 2026 - Webex	November 13-14, 2026 - Sacramento
	FY 2022/23						FY 2023/24				FY 2024/25					FY 2025/26					FY 2026/27		
Current																							
Naleni "Lolly" Agarwal*	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-	X	X	-	-
Julie Elginer***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	-	X	X	X
Sonia "Pat" Hansen*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	-	X	X	-	X	-	X	-	X
Sherman King*	X	X	-	X	X	X	X	-	X	X	X	-	-	X	-	X	X	-	X	X	-	-	X
Michael Long*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X
Joanne Pacheco*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X	X
Sridevi Ponnala*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	-	X	X	X	X	X	-	X	X	-	X	X	-
Nicolas Kiet Quach**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X
Monika Lee*	SG	SG	-	N/A	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	N/A	N/A	N/A	N/A	N/A	X
Past																							
Denise Davis	X	-	X	X	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Carmen Dones	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Susan Good (SG)	X	X	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Noel Kelsch	-	-	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timothy Martinez	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Justin Matthews (JM)	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A
Nicolette Moultrie	-	-	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Erin Yee	X	X	-	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

LEGEND: X- Attended (-) - Absent N/A - Not Appointed/No Longer Appointed *Governor Appointee

**Senate Rules Committee Appointee ***Assembly Speaker Appointee NOTE: For currently VACANT position, past member initials show which member participated.

Table 1b. Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Naleni "Lolly" Agarwal	02/06/2023	TBD	01/01/2027	Governor	Professional (RDH)
Julie Elginer	10/31/2024	TBD	01/01/2028	Assembly Speaker	Public
Sonia "Pat" Hansen	06/24/2022	TBD (in 1-year grace period)	01/01/2026	Governor	Professional (RDH)
Sherman King	05/25/2022	TBD (in 1-year grace period)	01/01/2026	Governor	Public
Michael Long	10/13/2023	02/14/2025	01/01/2029	Governor	Professional (RDHAP)
Joanne Pacheco	03/05/2025	TBD	01/01/2028	Governor	Professional (RDH Educator)
Sridevi Ponnala	09/2023	TBD	01/01/2027	Governor	Professional (Dentist Member)
Nicolas Kiet Quach	07/16/2025	TBD	01/01/2028	Senate Rules Committee	Public
Monika Lee	10/16/2026	TBD	01/01/30	Governor	Public

Table 1b. Committee Member Roster				
Board Member	**Education Committee**	**Enforcement Committee**	**Legislative and Regulatory Committee**	**Licensing and Examination Committee**
Naleni "Lolly" Agarwal, RDH Member	-	X	X	-
Julie Elginer, Public Member	X	X	X*	-
Sonia "Pat" Hansen, RDH Member	X	X*	-	X
Sherman King, Public Member	-	X	-	X
Michael Long, RDHAP Member	X	-	-	X*
Joanne Pacheco, RDH Educator Member	X*	-	X	-
Sridevi Ponnala, Dentist Member	X	-	X	X
Nicolas Kiet Quach, Public Member	-	X	X	X
VACANT, Public Member	-	-	-	-
LEGEND: X* - Committee Chair, X - Committee Member, (-) - Not Part of Committee				

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

   Over the past four years, the Board has not had any issues holding meetings due to lack of quorum and is privileged to have active and engaging board members. Whenever there is a scheduled meeting, the number of members either meets or exceeds the required number of

members to establish quorum. Of note, only one meeting was cancelled in 2023, but rescheduled at a later date in 2024 to enable staff to further research a few issues to be presented to the Board at rescheduled meeting date (addressing a strategic planning session).

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning). The Board continues to grow and expand programmatically to address its workload and mandate of consumer protection. The Board has experienced many staff changes due to existing experienced staff seeking other professional growth and upward mobility opportunities. The Board has a licensee population of a medium sized board; however, it currently has the staff size of a small board which has gradually grown over the years yet still does not afford promotional opportunities as frequently as staff seek them. The Board continues to be understaffed despite requests for additional staff to address its mandates and fulfill the Board's objectives and goals stated in the current strategic plan.

  The Board also updated its strategic plan in 2024 to address current and foreseeable issues like additional staff to complete the Board's mandates and will implement its provisions through 2028.

- All legislation sponsored by the board and affecting the board since the last Sunset Review.

  Assembly Bill (AB) 1257 (Berman, Ch. 677, Statutes of 2023)

  This bill authorized an appointing authority to remove a member of the board appointed by that appointing authority, as specified. This bill would also extend the repeal date of the board and related appointment provisions to January 1, 2028.

  This bill authorized that graduation from a California accredited dental hygiene college approved by the board within the preceding 3 years satisfies the requirement for satisfactory performance of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the board. This bill would additionally require an applicant for licensure as a registered dental hygienist to maintain a current, valid certification in basic life support, as prescribed.

  This bill authorized the Board to increase the prescribed mandatory coursework to 10 hours per renewal period.

  This bill authorized a person licensed as a registered dental hygienist to provide to provide oral health in-service training to staff in a long-term health care facility.

  Senate Bill (SB)1451 (Ashby, Ch. 481, Statutes of 2024)

  This bill deleted the provision requiring the Dental Board of California to approve, modify, or reject, and, if requested by the dental hygiene board, to provide reasons for rejecting or significantly modifying, the above-described recommendations submitted by the dental hygiene board. The bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered

dental hygienist in alternative practice annually provides specified information to certain patients.

- All regulation changes approved by the board since the last Sunset Review. Include the status of each regulatory change approved by the board.

The following regulatory packages were approved by the Board and have gone through the rulemaking process, approved by the Office of Administrative Law, filed with the Secretary of State, and have become effective since its last Sunset Review Report was submitted in November 2022:

• Retired Status - Section 1119 of Title 16 of the CCR.

The Board received inquiries regarding options for RDHs who wish to retire from practice. Currently, RDHs may only allow their licenses to lapse (become delinquent, expire, or cancel), or be placed in an inactive status, which requires payment of a fee. AB 2859 (Low, Chapter 473, Statutes of 2016) enacted BPC section 464 which authorized the Board to establish by regulation a retired category of licensure for its licensees who are not actively engaged in the practice of their profession. The Board addressed this inequity with this proposed rulemaking.

16 CCR section 1119: (1) implemented minimum eligibility requirements for obtaining and maintaining a retired license, including ineligibility criteria if the license is currently expired, suspended, revoked, or otherwise punitively restricted; (2) established exemptions from continuing education and renewal requirements for the holder of a retired license; (3) prohibited a retired licensee from engaging in activity requiring a license; (4) provided the Board is not prevented from investigating or taking actions against a retired license; and (5) established criteria for the restoration of a retired license to active status. It will also adopt application forms for applying for inactive status and reactivating a retired license.

Submitted to Secretary of State: November 16, 2022. Effective Date: January 1, 2023.

• Process for Approval of New RDH, RDHAP, and RDHEF Educational Programs - Section 1104.1 of Title 16 of the CCR.

BPC section 1941 sets forth the criteria for the Board's process of approval of new RDH educational programs. Section 1104.1 provides the requirements and application for approval of a new RDH educational program.

16 CCR section 1104.1: (1) required new RDHAP and Registered Dental Hygienist in Extended Functions (RDHEF) educational programs to submit a feasibility study to the Board as a part of the application process; (2) referenced the Commission on Dental Accreditation (CODA) standards by reference to their title and location instead of the date on which they were last revised; and (3) updated the form incorporated by reference, EDP-I-01 Rev 12/15, to make it consistent with regulatory language.

Submitted to Secretary of State: February 1, 2023. Effective Date: April 1, 2023.

• Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs - Section 1104.3 of Title 16 of the CCR.

SB 1482 (Hill, Chapter 858, Statutes of 2018) (SB 1482) added BPC section 1941.5. BPC

section 1941.5 provides express statutory authority for the Board to conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new DHEPs. Additionally, BPC section 1941.5 authorizes the Board to place an existing or new DHEP on probation with terms, issue a citation and fine, or withdraw approval of a DHEP if a DHEP does not comply with DHEP requirements and the Commission on Dental Accreditation of the American Dental Association (CODA) standards.

16 CCR section 1104.3: (1) established requirements for DHEPs to provide the Board access to program records to establish compliance with Board educational program requirements; (2) established requirements for the Board to issue citations and fines to DHEPs if the Board determines a DHEP is in violation of any law, regulation, or standard applicable to a DHEP; and (3) established requirements for the Board to place a DHEP on probation due to violation of any law, regulation, or standard applicable to a DHEP if the Board determines the violation, after review of evidence presented to the Board, warrants a probationary status.

Submitted to Secretary of State: March 27, 2023. Effective Date: July 1, 2023.

• Temporary Licensure (Military Spouses or Partners) - Section 1114 of Title 16 of the CCR.

AB 107 (Salas, Chapter 693, Statutes of 2021) enacted BPC section 115.6 which requires the Board, on and after January 1, 2023, and after appropriate investigation, to issue temporary licenses to military spouse applicants if the applicant meets specified requirements. Applicants must provide evidence satisfactory to the Board the applicant is married to, or in a domestic partnership or other legal union with an active-duty member of the United States (U.S.) Armed Forces who is assigned to a duty station in this state under official active-duty military orders.

To address the lack of a regulatory framework to issue a temporary license established by AB 107, the Board added new regulatory section 1114 under Title 16 of the CCR to establish requirements for temporary licensure.

Submitted to Secretary of State: January 17, 2024. Effective Date: April 1, 2024.

• Mobile Dental Hygiene Clinics; Issuance of Approval - Section 1116 of Title 16 of the CCR.

Senate Bill (SB) 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC sections 1926.1 and 1926.2. The Board currently regulates 661 RDHAPs and received multiple requests from RDHAPs to promulgate regulations which would allow RDHAPs to establish a Mobile Dental Hygiene Clinic (MDHC) to serve their patients who do not currently have access to, or the physical ability to access, traditional dental hygiene care.
To address the lack of a regulatory framework to govern and ensure consistency within the statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board added section 1116.5 under Title 16 of the CCR to establish requirements for MDHC operation.

Submitted to Secretary of State: November 22, 2024. Effective Date: January 1, 2025.

• Registered Dental Hygienist in Alternative Practice, Physical Facility Registration - Section 1116.5 of Title 16 of the CCR.

SB 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC

sections 1926.3 and 1926.4. The Board currently regulates 661 RDHAPs and many have physical facilities serving their patients directly or where their portable equipment is maintained.

To address the lack of a regulatory framework to govern and ensure consistency within the statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board added section 1116.5 under Title 16 of the CCR to establish requirements for physical facility registration and operation.

Submitted to Secretary of State: November 22, 2024. Effective Date: January 1, 2025.

• Requirements for RDH Educational Programs - Section 1105 of Title 16 of the CCR.

At the February 10, 2023, meeting of the Commission on Dental Accreditation of the American Dental Association (CODA), there was discussion concerning increasing the faculty to student ratios for DHEPs. In response, at the March 18, 2023, Full Board Teleconference, the Board discussed the faculty to student ratio information and received several comments urging the Board to develop language to maintain the current faculty to student ratios in the Board's educational regulations, citing concerns about the competence of graduating students who have not had enough clinical guidance and that a higher faculty to student ratio would negatively impact the ability to deliver safe patient care.

Section 1105 was amended by establishing a faculty to student ratio in regulation which maintains the faculty to student ratio in preclinical and clinical sessions as 5 students to 1 faculty, radiography laboratory sessions as 5 students to 1 faculty, and other dental sciences laboratory sessions as 10 students to 1 faculty, that are currently in place in dental hygiene educational programs, thereby protecting consumer safety during their treatment as patients, and a student's right to receive adequate faculty guidance in their quest to gain foundational knowledge to be a well-educated and safe practitioner.

Submitted to Secretary of State: May 29, 2024. Effective Date: July 1, 2024.

• Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs - Section 1105.4 of Title 16 of the CCR.

Existing law provides the Board shall renew approval of a DHEP provided the DHEP continues to meet requirements prescribed by the Board. More specifically, the Board may deny or withdraw its approval of an educational program. If the Board denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided. Existing law already provides that any educational program whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. However, the Board determined there was no clear process within 16 CCR section 1105.4 to reinstate Board approval of DHEPs withdrawn due to noncompliance with Board laws and regulations. Additionally, the Board determined there was no clear guidance as to requirements to maintain the withdrawn status of DHEPs should the DHEP not comply with the Board directives.

16 CCR section 1105.4: 1) established a process by which to reinstate Board approval of DHEPs withdrawn due to noncompliance with Board laws and regulations; and 2) established requirements to maintain the withdrawn status of DHEPs should the

DHEP not comply with Board directives.

Submitted to Secretary of State: January 27, 2025. Effective Date: April 1, 2025.

REGULATIONS PACKAGES APPROVED BY THE BOARD AND IN THE REGULATORY PROCESS:

• Mobile Dental Hygiene Clinics; Issuance of Approval and Registered Dental Hygienist in Alternative Practice, Physical Facility Registration - Sections 1116 and 1116.5 of Title 16 of the CCR.

Senate Bill 1202 (Leno, Chapter 331, Statutes of 2012) (SB 1202) added BPC sections 1926.1 and 1926.2 to the Code, authorizing RDHAPs to operate mobile dental hygiene clinics (MDHCs). Additionally, SB 1202 added BPC sections 1926.3, and 1926.4, requiring RDHAPs to register their place or places of practice (physical facilities) with the executive officer and to receive permission from the Board, subject to a biennial renewal fee, to have an additional place of practice.

On January 1, 2025, California Code of Regulations (CCR), Title 16, sections 1116 and 1116.5 went into effect for the registration MDHCs and physical facilities by RDHAPs. Subsequently, the Board was apprised by stakeholders about confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment, as well as for requirements applicable to registration of an MDHC.
The proposed amendments to section 1116 and 1116.5 will enhance clarity by: (1) providing a correct definition which aligns with statutory authority; (2) providing direction to an RDHAP as to where they may open a physical facility to provide patient dental hygiene care; (3) correcting inconsistent language to provide the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment; (4) clarifying when RDHAPs are required to possess emergency oxygen units during dental hygiene practice; (5) providing correct statutory references due to amendments within the text; and (6) providing RDHAPs with updated forms which align with regulatory text and providing a correct a regulatory reference.

Additionally, the proposal will promote public safety by ensuring RDHAPs are in possession of necessary lifesaving equipment when providing dental hygiene services to their patients.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The Board, with the assistance of the DCA Office of Professional Examination Services (OPES), completed its most recent occupational analysis (OA) for registered dental hygienists (RDH) and registered dental hygienists in alternative practice (RDHAP) in 2025 to ensure validation of its examinations. The OA report is mandated by Business and Professions Code section 139 and by DCA OPES 22-01 Licensure Examination Validation Policy. An OA is normally conducted every 5-7 years. The results and final copy of the OA for RDH and RDHAP license categories are located in the Attachment section of this Sunset Review Report.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?
  Currently, the Board is a member-state of the Central Regional Dental Testing Services (CRDTS), Inc., which provides regional clinical examination testing for dental hygiene licensee

applicants. The Board is afforded voting privileges as a member-state. A New Board member was voted in to represent the board at CRDTS events to ensure California representation and opinions are included in any clinical examination discussions commenced at these meetings.

The Board is also a voting member of the American Board of Dental Examiners (ADEX/CDCA/WREB) to participate and provide California input on the clinical examination discussions conducted by this dental hygiene clinical examination administrator.

- List committees, workshops, working groups, task forces, etc., on which the board participates.

  The Board has its internal committees of Education, Enforcement, Legislative and Regulatory, and Licensing and Examination which meets at each scheduled Board meeting. Additionally, they may schedule independent committee meetings, with the President's approval, at any time needed to address issues affecting their committee.

  In addition to its standard meetings, the Board also conducts Ad-hoc and taskforce meetings to address specific issues presented to the Board.

  Furthermore, the Board has initiated townhall meetings to obtain public, stakeholder, and interested parties' input on issues to be addressed.

  The Board, in conjunction with the OPES, participated in Law and Ethics examination workshops where licensees are brought in to create the questions to be asked on the examinations. One group of licensees creates a pool of questions, while the second group vets them with the assistance of a psychometrician to create a final pool of questions to be used on the exams. These workshops occur annually and on an ongoing basis so the exam questions stay current.

- How many meetings did board representative(s) attend? When and where?

  Since the 2022/23 fiscal year, the Board has conducted the following number of meetings where board members participated:

  a) 23 scheduled Board meetings.
  b) 15 Board Committee meetings. The locations have been in Sacramento and online via Webex. The Board intends to begin scheduling meetings outside of Sacramento as it did pre-pandemic with an effort to focus on meetings at DHEP facilities for improved access instead of hotels provided the meeting logistics may be accommodated [i.e., WiFi bandwidth for Webcasting (video), Webex for teleconference access, and a meeting room that can be set up appropriately where a head table to fit 15 people and chairs for up to 50 public members may attend].
  c) *Ad-hoc Committees: 3
  d) *Taskforce meetings: 7
  e) Townhall meetings: 2
  f) The Board President and Executive Officer also provided Board update reports to the Dental Board of California (DBC) twice per year to advise of any potential activity that could affect both boards. The DBC additionally provides updated reports to the Board at scheduled board meetings.

SECTION 2. FISCAL AND STAFF

*Note: only two Board members participated in these meetings to comply with the Bagley-Keene Open Meetings Act for the requirement of public meeting notice if three or more members participate.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

  The Board requires licensee candidates to pass the National Dental Hygiene Board (NDHBE) to be eligible for licensure. The NDHBE fulfills the written examination requirement needed for dental hygiene students to successfully complete a California-approved and CODA accredited DHEP, as proof of graduation from a DHEP that is accredited by CODA and approved by the Board is required for licensure.

  The Joint Commission on National Dental Examinations (JCNDE) is the agency responsible for the development and administration of the NDHBE. The 15-member commission includes representatives from dental and dental hygiene schools, dental practices, state dental examining boards, dentists, dental hygienists, dental students, and the public. A standing committee of the JCNDE includes dental hygienists who serve as consultants regarding the NDHBE examination; however, no current board members serve on this commission.

Section 2 – Fiscal and Staff

Fiscal Issues

6. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

   No, the Board's fund is not continuously appropriated. It is reviewed, amended, and approved on an annual basis by the Legislature and the Governor.

7. Using *Table 2.* ***Fund Condition****,* describe the board's current reserve level, spending, and if a statutory reserve level exists.

   The Board's current reserve level is 23 months as of FM 12 projections of Fiscal Year 2025-26. Pursuant to BPC section 128.5(a), the Board's statutory fund limit may not exceed two years in reserve. The Board does not have a statutorily required minimum reserve level. The Board's fund is currently healthy. The budget is monitored monthly by the Executive Officer and DCA Budget Office staff.

Table 2. Fund Condition (list dollars in thousands)

	FY 2022/23	FY 2023/24	FY 2024/25	FY 202/26*	FY 2026/27**	FY 2027/28**
Beginning Balance[1]	$1,601	$2,649	$3,850	$4,840	$5,995	$6,448
Revenues and Transfers	$3,344	$3,578	$3,626	$3,648	$3,527	$3,575
Total Resources	**$4,945**	**$6,227**	**$7,476**	**$8,488**	**$9,522**	**$10,023**
Budget Authority	$2,882	$2,961	$2,816	$2,857	$2,839	$2,924
Expenditures[2]	**$2,312**	**$2,393**	**$2,636**	**$2,493**	**$3,074**	**$3,159**

Table 2. Fund Condition					(list dollars in thousands)	
	FY 2022/23	FY 2023/24	FY 2024/25	FY 202/26*	FY 2026/27**	FY 2027/28**
Loans to General Fund	$0	$0	$0	$0	$0	$0
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0
Loans Repaid From General Fund	$0	$0	$0	$0	$0	$0
Fund Balance	**$2,633**	**$3,834**	**$4,840**	**$5,995**	**$6,448**	**$6,864**
Months in Reserve	**13.2**	**17.5**	**23.3**	**23.4**	**24.5**	**25.4**

[1]Actuals include prior year adjustments
[2]Expenditures include reimbursements and direct draws to the fund
*Projected based on FM 13
**Estimate

8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

   The Board's fund remains in the black and should remain solvent for a number of years before another fee increase is required. Current fund solvency projections show that a License Renewal Fee increase will not be required for at least five years depending on the number of unexpected expenditures that arise during this time period. A possible fee decrease has been discussed as the Board's fund is projected to exceed its two-year reserve limit. The main fee that sustains and impacts the Board's fund for an extended period is the License Renewal Fees. Table 2 displays the Board's Fund Condition.

   Fund update: the Board received recent information that the fund has been approved to loan monies to the State's General Fund in the amount of $2.5 million effective fiscal year 2025/26 to assist with the State's budget deficit and to be paid back by FY 2029/30 with interest. The Board's fund has been slowly growing due to higher revenues received than projected and without additional expenditures, would reach its allowable maximum by law in the next year or two. With the loan reducing the fund by $2.5 million until repayment occurs, there is no longer an issue of the fund reaching its statutory maximum or a Board need to increase fees with the outstanding loan.

9. Using *Table 2,* ***Fund Condition***, describe year over year expenditure fluctuations and the cause for the fluctuations.

   The increase from FY 2022-23 to FY 2023-24 is largely driven by natural increases in staff salaries and benefits in Personnel Services.

   The increase from FY 2023-24 to FY 2024-25 is largely driven by natural increases in staff salaries and benefits in Personnel Services.

   The decrease from FY 2024-25 to FY 2025-26 reflects lower Personnel Services costs due to staff position vacancies creating salary savings and less expenditure.

10. Using *Table 3*, ***Expenditures by Program Component****,* describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. Provide a breakdown of the expenditures by the board in each program area.

Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2022/23		FY 2023/24		FY 2024/25		FY 2025/26	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$244	$360	$304	$235	$482	$332	$417	$265
Examination	$61	$73	$76	$45	$80	$112	$57	$83
Licensing	$366	$97	$380	$86	$322	$71	$333	$59
Administration *	$362	$65	$500	$86	$447	$71	$463	$59
DCA Pro Rata	$0	$477	$0	$503	$0	$522	$0	$531
Diversion (if applicable)	NA	NA	NA	NA	NA	NA	NA	NA
TOTALS	$1,033	$1,072	$1,260	$955	$1,331	$1,108	$1,270	$997
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The Board's efforts to modernize its business are relegated to improvements to the computer system (BreEZe) as issues arise and continue to build and expand our program (staff and functions) since we're a fairly new board (established in 2009) and are still growing to address issues to enhance consumer protection. Items such as increased improvements of the Board's website to provide easier use and up to date information plus proposing regulations to provide RDHAPs registration privileges to operate mobile dental hygiene clinics to improve access to dental hygiene care. The table below shows the BreEZe computer costs incurred by the Board over the preceding four years back to FY 2021/22 because the past FY, 2025/26, are not available at the time of this report.

BREEZE COMPUTER COSTS OVER PAST FOUR FISCAL YEARS	
Fiscal Year (FY)	**Cost to Board/FY**
2021-22	$76,000
2022-23	$61,000
2023-24	$57,000
2024-25	$55,000

Note: FY 2025-26 were not available as of the writing of the report.

12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

The Board is a special fund agency that generates its revenue from fees charged to applicants and licensees through the collection of examination, licensing, and license renewal fees. These fees support the licensing, examination, enforcement, and administration programs, including processing and issuing licenses, maintaining Board records, dental hygiene law and ethics examinations, mediating consumer complaints, investigation costs, enforcing statutes, disciplinary actions, personnel expenditures, administrative costs, and general operating expenses. The fees

also pay for the oversight of Board-approved DHEPs in California that prepare students for entry into the dental hygiene profession.

The license renewal cycle is a biennial process. Licenses expire every two years on the last day of a licensee's birth month of an odd or even year depending on when they were born for ease of memory. For example: if a licensee is born in July of an even year and they renewed the license at the end of July 2022, their license would need to be renewed prior to July 31, 2024 (two years later) for them to continue possessing a valid and current license. If it is a licensee's first renewal after license issuance, the duration they have an active license is normally less than 24 months by law and once renewed, the license will be placed on a biennial renewal cycle to expire every 24 months. The Board's authority to charge the fees in its schedule is provided in BPC section 1944.

The Board raised its fees as a last resort when it was evident that the fund was projected to be insolvent. The Board raised the following fees in the past five years:

1) Biennial License Renewal Fee for RDH and RDHEF – This fee was increased on July 1, 2022, from $160 to $300. The increase was projected to last at least five (5) years and with higher revenues received, it will probably remain at this level for a few years beyond the projected timeline. As a comparison to other allied health professionals, the following table shows the current biennial License Renewal Fees of other DCA health professionals. The Board's License Renewal Fee is similar to other DCA health professional board's renewal fees.

DCA Health Professional Boards	Biennial License Renewal Fee
Dental Hygiene Board of California	$300
Board of Occupational Therapy	$270
Physician Assistant Board	$300
Physical Therapy Board of California	$300
Respiratory Care Board of California	$330
Dental Board of California	$680
Board of Vocational Nursing & Psychiatric Technicians	$300
California Board of Psychology	$825
California Acupuncture Board	$500

2) License Renewal Delinquency Fee for RDH and RDHEF – This fee was increased concurrently with the Biennial License Renewal Fee. It increased from $80 to $150, ½ of the current License Renewal Fee.

3) Certification of Licensure Fee – This fee was increased from $25 to $50 to capture the workload cost of processing and sending information to other states and jurisdictions of a licensee's licensure status.

4) Special Permit Fee – This fee was increased from $150 to $300 for out-of-state licensed dental hygiene faculty to come to California to temporarily teach in DHEPs until they obtain a California dental hygiene license.

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	FY 2025/26 Revenue	% of Total Revenue
Delinq Ren RDH	$150	$250	$41	$51	$46	$46	1.3%
Delinq Ren RDHAP	$80	$250	$1	$1	$1	$2	0.1%
Delinq Ren RDHAP FNP	$80	$250	$1	$0	$0	$1	0.0%
App Fee New Dent Hyg Prog	$2,100	$2,100	$0	$0	$2	$4	0.1%
CE Course Review Fee	$250	$500	$0	$0	$2	$0	0.0%
Duplicate License Fee	$25	$25	$5	$5	$6	$5	0.1%
FTB Cite Fine Collection	Variable	Variable	$1	$0	$3	$3	0.0%
Citations & Fines	Variable	Variable	$180	$291	$200	$158	5.8%
License Certification	$50	$50	$15	$16	$16	$15	0.4%
License Fee RDHAP	$150	$250	$25	$16	$20	$23	0.6%
Initial Lic Fee RDHAP FNP	$160	$160	$2	$3	$2	$2	0.1%
Initial Lic 1/2 RDHAP FNP	$80	$80	$0	$0	$1	$1	0.0%
App Fee RDHAP	$100	$100	$10	$7	$8	$9	0.2%
App Fee RDH	$100	$100	$71	$74	$82	$87	2.2%
Reg Fee Mobile DH Unit	$150	$150	$0	$0	$0	$1	0.0%
App Fee RDHAP Addt'L Off	$160	$250	$0	$0	$0	$1	0.0%
App Fee RDH Original Lic	$100	$150	$71	$74	$82	$87	2.2%
O. S. SLN Course	N/A	N/A	$0	$1	$1	$0	0.0%
O. S. App SLN Review	$500	$500	$0	$1	$1	$1	0.1%
Initial Retired Lic App	$80	$80	$20	$30	$26	$23	0.7%
Investment Income - Surplus Money Investments	Variable	Variable	$56	$145	$208	$229	4.5%
Renewal RDHAP FNP	$160	$80	$10	$9	$10	$12	0.3%
Renewal RDH	$300	$500	$2,732	$2,760	$2,831	$2,847	78.7%
Renewal RDHAP	$160	$500	$58	$62	$62	$71	1.8%
Renewal RDHEF	$300	$500	$2	$3	$2	$3	0.1%
Reactivate Retire Lic App	$160	$160	$0	$0	$1	$2	0.0%
Misc Revenue	Variable	Variable	$43	$29	$13	$15	0.7%
Total Revenue Percentage	-	-	-	-	-	-	100%
Total Revenue	-	-	$3,344	$3,578	$3,626	$3,648	$14,196

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
			Personnel Services				OE&E	
BCP ID #	Fiscal Year	Description of Purpose of BCP	# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1111-068-BCP-2022-GB	22-23	Increase annual continuing education audits for license renewal compliance.	1.0 Staff Services Analyst	1.0 Staff Services Analyst	$96,000	$96,000	$33,000 for BY 22-23 and $25,000 ongoing	$33,000 for BY 22-23 and $25,000 ongoing
1111-125-BCP-2022-GB	22-23	Implement Chapter 491, Statutes of 2021 (SB 534).	1.0 Associate Governmental Program Analyst	1.0 Associate Governmental Program Analyst	$124,000	$124,000	$33,000 for BY 22-23 and $25,000 ongoing	$33,000 for BY 22-23 and $25,000 ongoing

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board has had numerous staffing challenges over the years including vacancies due to staff turnover and retention. Fortunately, these issues did not stem from programmatic or management issues, but from the staff gaining and expanding their experience and knowledge while working for the Board to where they move on to further advance their careers and professional goals. Board management is proud that all staff who have left the Board moved on for promotions for the betterment of themselves and their families. The Board does not have a large number of staff positions, so promotional opportunities are infrequent and low in number.

The licensing unit would benefit from establishing a designated Licensing Lead to ensure operational needs are met effectively and to allow the Licensing Manager to focus on higher-level managerial responsibilities and outreach activities. Currently, the manager is directly responsible for processing applications for RDHAP, Mobile Dental Hygiene Clinics, Physical Practice/Portable Equipment permits, and Fictitious Name Permits and renewals. Creating a lead analyst position would strengthen the unit's overall application review capacity and provide essential support to analysts who require assistance, thereby improving workflow, consistency, and timeliness across the licensing program.

The Board also needs a second educational program expert to review and evaluate the state's dental hygiene educational programs (DHEP). Two (2) new DHEPs will begin to teach students in the next year and prepare them for the dental hygiene profession. One of the new DHEPs requested to instruct double the students to maintain solvency which was granted by the Board. This will create close to 30 DHEPs in the state where a single oversight team (one staff, one subject matter expert) is not enough to properly oversee these programs to ensure they are complying with the law and professional standards. The Board needs an additional expert staff person to lead a second team to oversee DHEPs throughout the state.

SECTION 3. LICENSING PROGRAM

Finally, with being the only dental hygiene state government agency mandated to oversee the dental hygiene profession and its educational programs in the United States, the Board needs a staff person to work in communication and outreach to promote the Board, communicate, monitor, and post on social media sites, update and revise the website, participate in outreach events, and other duties to interact with stakeholders, the profession, and other state agencies. The Board has attempted twice to obtain such a position in the past through normal state processes only for the requests to be declined. The Board is requesting Legislative assistance to obtain the needed resources to address its mandates appropriately.

15. Describe the board's staff development efforts and total spent annually on staff development. (cf., Section 12, Attachment D).

The Board is fortunate to be a part of the DCA which provides a plethora of educational and training course options for all staff at minimal to no cost. The DCA training program is called SOLID Training Solutions and is funded through departmental costs. SOLID provides most of the education and training courses in topics such as contracts, project management, purchasing, job growth skills, sexual harassment, business writing, upward mobility, and many other topics that apply to the state's work environment and careers. As such, the Board has budgeted to spend up to $10,000 each year for training staff utilizing external vendors such as CalHR (California Department of Human Resources) or other training vendors, but most of the training topics used daily are covered by SOLID. Management is also very willing to approve external training courses or new project opportunities for staff, if there is adequate coverage in the office to maintain program operations.

The Board continues to cross-train staff across multiple functions to ensure the unit maintains sufficient knowledge, experience, and skills to support operational needs, address potential vacancies, and create opportunities for promotion and retention. Additionally, the annual Performance Appraisal Summary is reviewed and discussed with each staff member. The Board encourages and requires staff to participate in training courses offered through the Department of Consumer Affairs to support professional development and maintain a high level of competency within the programs.

Section 3 – Licensing Program

Table 6. Licensee Population

		FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Registered Dental Hygienist (RDH)	Active[3]	18,019	18,203	18,286	18,397
	Out of State	983	2,012	641	1,161
	Out of Country	61	4,088	14	21
	Delinquent/Expired	4,105	4,088	3,968	3,909
	Retired Status *if applicable*	394	740	918	987
	Inactive	1,630	1,336	1,248	1,225
	Other[4]	219	220	-	220
Registered Dental Hygienist in	Active	751	780	800	813
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A

[3] Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
[4] Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Alternative Practice (RDHAP)	Delinquent/Expired	109	129	141	137
	Retired Status *if applicable*	21	36	39	51
	Inactive	60	68	66	63
	Other	2	3	3	3
Registered Dental Hygienist in Extended Functions (RDHEF)	Active	18	15	15	14
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	6	9	8	8
	Retired Status *if applicable*	0	0	0	0
	Inactive	2	2	2	0
	Other	0	0	0	0
Fictitious Name Permits (FNP)	Active	140	150	155	158
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	70	70	68	70

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

16. What are the board's performance targets/expectations for its licensing[5] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets and expectations for its licensing program were aligned with the guidelines established under 16 CCR section 1069 prior to its repeal on July 16, 2024. The Board is actively engaged in the rulemaking process to promulgate regulations under 16 CCR sections 1111, 1111.5, 1112, and 1112.5 to reestablish licensing guidelines similar to what was previously in place.

In the interim until Board licensing regulations are approved, the Board continues to adhere to the timelines outlined in the former "Permit Reform Act of 1981" for application processing. This framework provides detailed requirements for processing permits, applications, certifications, registrations, or other authorizations issued by a state agency overseeing dental licensure. The Board follows these timelines and consistently maintains processing periods below the maximum limits.

As specified, the maximum time allowed to notify an applicant whether their application is complete or deficient is 90 days. The Board currently processes applications within 45 business days, which remains well within the broader statutory timeframe of 90 days to contact the applicant and 120 days for initial processing of the application.

17. Using *Table 7a,* ***Licensing Data by Type***, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board is very fortunate with the experience of our Licensing Analysts conducting the application processing work with minimal backlog and our application processing time is well

within the timeline afforded by the law. However, to prevent this status from changing and maintain the applicant's processing satisfaction, the Board needs an additional Licensing Analyst for continuity, as one of them is being redirected and cross-trained as a priority to assume responsibilities in another position as backup should that person leave (succession planning). The new duties require an extensive amount of training and can take years to learn them efficiently. The new analyst will also take extended time to learn the application for licensure processing tasks prior to the heavy application season. This occurs during the Spring through Summer of each year after students graduate from their respective schools. If further authority is needed for this area, the Board will pursue legislation and regulations to enhance its mandate of consumer protection.

Table 7a. Licensing Data by Type

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2022/23	Exams: WREB/ CRDTS/ ADEX	850	933	41	-	-	-	25	39	32
	Licensure By Credential (LBC)	45	24	12	-	-	-	44	88	70
	License Renewal									
	RDH	10,594	9,397	585	-	-	-	5	0	5
	RDHAP	372	365	21	-	-	-	32	0	32
	RDHEF	17	17	0	-	-	-	0	0	0
FY 2023/24	Exams: WREB/ CRDTS/ ADEX	814	782	30	-	-	-	6	15	11
	Licensure By Credential (LBC)	36	34	11	-	-	-	92	86	87
	License Renewal									
	RDH	10,288	9,392	1,159	-	-	-	4	0	4
	RDHAP	440	402	41	-	-	-	8	0	8
	RDHEF	15	12	0	-	-	-	20	0	20
FY 2024/25	Exams: WREB/ CRDTS/ ADEX	811	775	22	-	-	-	4	18	8
	Licensure By Credential (LBC)	34	25	10	-	-	-	21	56	55
	License Renewal									
	RDH	10,204	9,429	919	-	-	-	2	0	2
	RDHAP	432	392	20	-	-	-	6	0	6
	RDHEF	6	5	1	-	-	-	4	0	4

FY 2025/26	Exams: WREB/ CRDTS/ ADEX	883	825	29	-	-	-	7	18	9
	Licensure By Credential (LBC)	20	20	7	-	-	-	11	55	37
	License Renewal									
	RDH	10,751	9,400	970	-	-	-	3	0	3
	RDHAP	98	81	3	-	-	-	26	33	26
	RDHEF	11	11	2	-	-	-	2	0	2
* Optional. List if tracked by the board.										

Table 7b. License Denial

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
License Applications Denied (no hearing requested)	1	5	3	4
SOIs Filed	4	3	1	3
Average Days to File SOI (from request for hearing to SOI filed)	56	46	35	57
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	0	0	0
SOIs Dismissed (license granted)	0	0	0	0
License Issued with Probation / Probationary License Issued	4	2	1	1
Average Days to Complete (from SOI filing to outcome)	74	131	112	128

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

Over the past four years, the Board has denied ten (10) applications for licensure due to criminal history substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC section 480. With the Board receiving well over 1,000 applications for licensure each year, the rate of licensure denial due to related convictions pursuant to BPC section 480 is extremely low as shown in the table below.

Substantially Related Convictions (BPC § 480)	
Year of Conviction	**Conviction Description**
2021	Conviction of DUI - Blood Alcohol Content (BAC) of .19%
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .204%.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .22% and 32 nanograms per milliliter of amphetamines.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .09%.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .204%.
2023	Conviction of DUI - Blood Alcohol Content (BAC) of .22%.
2023	Conviction of DUI - Blood Alcohol Content (BAC) of .184%.
2024	Conviction for Possession of Child or Youth Pornography
2025	Conviction of DUI - Blood Alcohol Content (BAC) of .17%
2026	Conviction of DUI - Blood Alcohol Content (BAC) of .116%.

19. How does the board verify information provided by the applicant?

The Board verifies information provided by the applicant by thoroughly reviewing all the required documentation received whether in hard copy, electronic form, or obtained through direct online access to another agency. Licensing staff ensure in documents they review are official and possess watermarks, stamps, seals, or other official identifier of the agency, educational program, or examination administrator providing the information. Verifications from other states or jurisdictions where the applicant may have possessed a license also require an official signature or seal to ensure acceptance.

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

  The Board requires all applicants to submit electronic fingerprints (LiveScan) or hard fingerprint cards to be processed by the Department of Justice and the Federal Bureau of Investigations for any prior criminal history or disciplinary actions. If there is a history, the Board requests the submission of any pertinent court documents, and a letter of explanation about the unlawful act from the applicant.

- Does the board fingerprint all applicants?

  Yes, the Board requires fingerprints submitted by everyone applying for a California dental hygiene license pursuant to BPC section 1916.

- Have all current licensees been fingerprinted? If not, explain.

  Yes, all current dental hygiene licensees have been fingerprinted.

- Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

  Yes, there is a national practitioner's databank related to disciplinary actions for dental hygienists. The Board participates in this databank and checks it prior to the issuance of a dental hygiene license. The Board does not check the databank for a licensee renewing their dental hygiene license because licensees attest under the penalty of perjury to not having committed a crime within the previous two years.

- Does the board require primary source documentation?

  Yes, the Board requires primary source documentation to be submitted to us pursuant to BPC section 1917, to obtain a California dental hygiene license. The documentation consists of: a) Proof of satisfactory completion directly from the NDHBE; b) Proof of graduation directly from a DHEP approved by the Board and accredited by CODA; c) Proof of satisfactory completion of a clinical examination administered by CDCA/WREB/ADEX or CRDTS, or other board-approved clinical examination if the applicant graduated from a California DHEP more than three years ago. If the application is submitted within three years of graduation, the passage of a clinical

examination is not needed; and d) Proof of satisfactory completion of the Board's Law and Ethics Examination.

- Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

  Yes, the Board sends "No Longer Interested" notifications to the DOJ for licenses that have been revoked. The Board sends them to the DOJ electronically through the BreEZe computer system. An individual who has had a license revoked and petitions the Board for reinstatement must apply as a new applicant and include the submission of electronic fingerprints or hardcopy fingerprint cards. Currently, there is no backlog in sending these notifications to the DOJ.

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

    The Board does not differentiate between out-of-state, out-of-country, and in-state applicants. The legal requirements and process for licensure for all applicants are the same pursuant to BPC sections 1917 and 1917.1. The only exception is the implementation of BPC section 115.5 whereby these individuals are granted priority during the application process due to their spouse or domestic partner's military status.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

    The Board identifies applicants who are military veterans in compliance with BPC section 114.5. Once an applicant has been determined to be a veteran, their application gets first priority for processing.

    - How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

      Over the years, the Board has not received any applicants attempting to use their military education, training, or experience to qualify for a California dental hygiene license. This is because the military primarily focuses on educating and training dentists and dental assistants and not dental hygienists. Most of the applications for licensure submitted to the Board are from the active military person's spouse, significant other, or family member that has traveled with them to California due to the transfer of assignment. If the military does begin to educate and train dental hygienists, the Board would be open to review the curriculum for acceptance to be applied toward a California dental hygiene license.

    - How many licensees has the board waived fees or requirements for pursuant to BPC section 114.3, and what has the impact been on board revenues?

      To date, there has only been one licensee who has requested the license renewal fee and continuing education requirement waived. As a result of this single occurrence, there hasn't been any fiscal impact on the Board's revenue.

- How many applications has the board expedited pursuant to BPC section 115.5?

  The DHBC has expedited the licensure process for a total of 111 applications for military spouses for the fiscal years 21/22 -25/26 to comply with this section of law. The breakdown for each fiscal year is as follows:

  - FY 21/22 – 5 applicants.
  - FY 22/23 – 29 applicants.
  - FY 23/24 - 24 applicants.
  - FY 24/25 - 29 applicants.
  - FY 25/26 - 24 applicants.

Examinations

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English? Are interpreters or translation services permitted?

    There are two examinations required for California graduates if they apply for the license within three years of graduation. They are:

    - The NBDHE (National Board Dental Hygiene Examination) written examination.
    - DHBC's California Law and Ethics Examination.

    For those CA graduates applying after three years from graduation and all out of state applicants, there are three examinations that are required for licensure. They are:

    - The NBDHE (National Board Dental Hygiene Examination) written examination.
    - The CDCA/WREB/ADEX (Commission on Dental Competency Assessments, Western Regional Examination Board examinations and American Board of Dental Examiners). The CDCA/WREB/ADEX examination series consists of computer simulations and clinical examinations performed on patients and manikins.
    - CRDTS (Central Regional Dental Testing Services).
    - DHBC's California Law and Ethics Examination.

    The purpose of the NBDHE is to ensure that each examination candidate and applicant for licensure has achieved the level of knowledge, skill, and judgment necessary to practice in a safe and responsible manner. Accordingly, all candidates are expected to pass the examination on their own merit without assistance and are expected to maintain the confidentiality of the examination. Members of the public who entrust dental hygienists with their well-being expect they are professional, trustworthy, and competent individuals.

    The NBDHE is a comprehensive examination consisting of 350 multiple-choice examination items. The examination has two components: a discipline-based component and a case-based component. The discipline-based component includes 200 items addressing three major areas: 1) Scientific Basis for Dental Hygiene Practice; 2) Provision of Clinical Dental Hygiene Services; and 3) Community Health/Research Principles.

    The case-based component includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases presented in this component contain information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical

photographs. Information about the American Dental Association NBDHE is available in their 2017 Guide on their website at: www.ada.org under the Education/Careers tab.

The purpose of the CDCA/WREB/ADEX and CRDTS regional clinical examinations is to evaluate an applicant's ability to utilize professional judgment and clinical competency in providing oral health care to patients. By completing a regional examination, the results are portable should the licensee choose to move to another state or jurisdiction and obtain a license there. The exam results, if accepted by the new state or jurisdiction, can be used to fulfill the clinical exam requirement for licensure.

Prior to issuance of a license, an applicant for licensure as a dental hygienist shall successfully complete a supplemental written examination approved by the Board in Law and Ethics. The Board's Law and Ethics Examination, as stated in 16 CCR section 1082.3, requires: (a) The examination shall test the applicant's knowledge of California Law as it relates to the practice of dental hygiene; (b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dental hygiene; and (c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination. All of the above examinations (national boards, clinical, and law and ethics examinations) are only available in English.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for **all** examinations offered, including examinations offered in a language other than English. *Include a separate data table for each language offered.*

The Board only administers the California Law and Ethics Examination for RDH and RDHAPs in English. The Board is in discussions to possibly initiate a Spanish version of the examinations, but it's still in the discussion phase and open to consider other alternatives such as interpreters allowed in the testing lab. The first chart shows the pass rates for first time takers over the past four years and the second shows the data of first-time takers versus applicants retaking the examination.

Pass Rate for First Time Takers of the CA Law and Ethics Examination				
Fiscal Year	FY 2022/23	FY 2023/24	FY 2024/25	2025/26
RDH	82%	81%	68%	65%
RDHAP	72%	75%	87%	83%

Pass Rate for First Time Takers vs. Retakers of the CA Law and Ethics Examination					
RDH Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed
22/23	691	82%	152	18%	843
23/24	439	81%	105	19%	544
24/25	552	68%	257	32%	809
25/26	556	65%	303	35%	859

Pass Rate for First Time Takers vs. Retakers of the CA Law and Ethics Examination					
RDHAP Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed

22/23	63	72%	24	28%	87
23/24	43	75%	14	25%	57
24/25	68	87%	10	13%	78
25/26	71	83%	15	17%	86

Table 8(a). Examination Data[6]

California Law and Ethics Examination

License Type		RDH	RDHAP	RDHEF
Exam Title		Registered Dental Hygienist Law and Ethics Examination	Registered Dental Hygienist in Alternative Practice Law and Ethics Examination	Registered Dental Hygienist in Extended Functions (License is no longer issued)
FY 2022/23	Number of Candidates	895	113	0
	Overall Pass %	85%	77%	0
	Overall Fail %	15%	23%	0
FY 2023/24	Number of Candidates	668	77	0
	Overall Pass %	81%	74%	0
	Overall Fail %	19%	26%	0
FY 2024/25	Number of Candidates	1,163	92	0
	Overall Pass %	70%	85%	0
	Overall Fail %	30%	15%	0
FY 2025/26	Number of Candidates	1,230	108	0
	Overall Pass %	70%	80%	0
	Overall Fail %	30%	20%	0
Date of Last OA		7/2025	7/2025	N/A
Name of OA Developer		DCA OPES	DCA OPES	N/A
Target OA Date		2030	2030	N/A

Table 8(b). National Examination (NBDHE).

License Type		RDH	RDHAP	RDHEF
Exam Title		NBDHE	N/A*	N/A*
FY 2022/23	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
FY 2023/24	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*

[6] This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

FY 2024/25	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
FY 2025/26	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
Date of Last OA		2025	2025	N/A*
Name of OA Developer		Determined by National Exam administrator.	Determined by National Exam administrator.	N/A*
Target OA Date		2030	2030	N/A*

* **NOTE**: The NBDHE is only for the initial RDH license. The RDH license is the pre-licensure requirement for the more advanced California licenses of RDHAP and RDHEF (which is no longer issued). The NBDHE only allows the Board to electronically obtain exam scores for individual applicants and does not provide any group or bulk data annually for their examination which is the reason for no National examination data.

The Board is aware of the low pass rate for first-time takers of the law and ethics examination. Board staff work closely with the DHEP program directors and recommend they inform their students of the importance of studying for the examination and should review the preparation materials and what they've learned throughout their education prior to taking the examination. The DHEP program directors have also noticed the lower pass rates and do what they can to prepare their students for the exam and the profession. The Board also offers Licensing outreach sessions for graduating students to respond to any inquiry they may have about the examination and licensing processes.

24. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

    The Board's RDH and RDHAP Law and Ethics Examinations are computer-based tests. The Law and Ethics Examinations are available at multiple testing centers in California and nationwide and administered on a continuous basis once an applicant is qualified by the Board. Applicants schedule their own examination appointments at their convenience. The Board uses a secure vendor, Psychological Services, Incorporated (PSI Services, Inc.), as part of the department-wide contract to administer the law and ethics examinations.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the board approved any amendments, or is the board considering amendments to address the hindrances presented by these statutes?

    Currently, there are no existing statutes that hinder the efficient and effective processing of the Board's licensing applications. The application process is direct and efficient where there are several requirements' applicants must complete and submit to the Board prior to being deemed eligible for the California Law and Ethics written examination. Once the applicant passes the exam, which is the last requirement to be completed, the dental hygiene license is issued.

26. When did the board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board's last Occupational Analysis was conducted on July 2025, for the RDH and RDHAP Law and Ethics Examination. The Board, in conjunction with the DCA Office of Professional Examination Services (OPES), conducted law and ethics examination development workshops on September 30, 2026, to continue to produce a pool of vetted testing questions for future use on the exam.

School Approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

There are many legal requirements regarding approval of a California DHEP. To summarize for you instead of expanding out in several lengthy pages, please review the table below identifying the sections of law pertaining specifically to school approval and maintenance and the titles of the statutory and regulatory sections of law.

California Business and Professions Code (Statutes)	
Section	**Title**
1902.3	Registered Dental Hygienist Licensed in Another State; Issuance of Permit to Practice; Teaching Position; Requirements
1905	Board Functions
1915	Limitations on Who May Engage in the Practice of Dental Hygiene
1941	Approval of Educational Programs; Need for New Educational Programs
1941.5	Compliance with Educational Program Requirements
1942	"Extramural Dental Facility"; Registration
California Code of Regulations, Title 16 (Regulations)	
Section	**Title**
1005	Minimum Standards for Infection Control
1074	Extramural Facility
1100	Definitions
1103	Educational Programs Definitions
1104	Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs

1104.1	Process for Approval of a New RDH Educational Program
1104.2	Appeals Process for New RDH Programs
1104.3	Reviews, Site Visits, Citations and Fines, and Probationary Status for Dental Hygiene Educational Programs
1105	Requirements for RDH Educational Programs
1105.1	Faculty
1105.2	Required Curriculum
1105.3	Changes to an Approved Program
1105.4	Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.
1106	Radiation Safety Certificate.
1107	RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)
1108	Remedial Education
1109	Approval of Curriculum Requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF).
1133	Minimum Standards for Infection Control

The Board maintains sole approval of all DHEPs in California pursuant to BPC section 1941. If a California DHEP does not have the Board's approval or they lose the Board's approval, graduates of the California DHEP are not eligible for licensure in California.

Additionally, all DHEPs must be accredited by CODA. CODA was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level across the nation.

The Bureau of Private Postsecondary Education (BPPE) is generally responsible for protecting consumers and students against fraud, misrepresentation, or other business practices at private postsecondary institutions that may lead to loss of a student's tuition and related educational funds; establishing and enforcing minimum standards for ethical business practices and the health and safety and fiscal integrity of postsecondary education institutions; and establishing and enforcing minimum standards for instructional quality and institutional stability for all students in all types of private postsecondary educational and vocational institutions.

The Board maintains communication with BBPE for possible companion cases if the review of the DHEP discovers an issue under BPPE's purview. The Board utilizes its laws and regulations in conjunction with the CODA Standards to oversee the approval of the California DHEPs. The BPPE has no role in the approval of the DHEPs but does review potential issues forwarded to it by the Board concerning the private DHEPs for any deviation in educational standards.

28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are 26 Registered Dental Hygienist educational programs and three Registered Dental Hygiene in Alternative Practice educational programs (collectively DHEPs) for a total of 29 DHEPs approved by the Board.

Recently, the Board provisionally approved two new DHEPs: 1) California Baptist University (Riverside, CA) was provisionally approved at the March 25, 2025, Board meeting, with a projected start date of Fall 2028; and 2) Stanbridge University (San Marcos, CA) was provisionally approved at the July 18, 2026, Board meeting, with a projected start date of Fall 2027. A third DHEP by Gurnick Academy of Medical Arts was provisionally approved by the Board on March 28, 2026, however, withdrew their request from the approval process on June 12, 2026.

To date, the Board has reviewed all 29 DHEPs in 66 separate site visits since the Board's inception of the review program in December of 2016.

Each DHEP is reviewed on a rotational basis based upon their CODA accreditation review timeline (about every seven years) or sooner if the Board becomes aware of substantive changes to the dental hygiene educational program or complaints about the program are received by the Board and it is determined to be egregious enough to warrant a site visit. Much of the information gathered by the DHEP for the CODA site reviews overlaps with information the Board reviews for its approval so it can be used for both agencies.

The Board may withdraw a DHEP's approval pursuant to BPC section 1902(a)(2) if warranted, but would occur after intermediate steps of probation, citation and fine and possibly after a DHEP's appeal to the Board's decision to remove its approval. The Board provides ample opportunity for a DHEP to comply with the law and CODA Standards to continue its Board approval before further action is taken. If the Board votes to remove approval from the DHEP, it won't prohibit the DHEP from continuing to teach but would result in its students being deemed ineligible to obtain a CA dental hygiene license. See Table 28a for the dental hygiene schools the Board reviews and approves.

Table 28a. California Dental Hygiene Educational Programs (DHEPs)

School Name	Location	License Type
Registered Dental Hygienist (RDH) Programs		
Cabrillo College	Aptos, CA	RDH
Carrington College – Sacramento	Sacramento, CA	RDH
Carrington College – Ontario (formerly San Joaquin Valley College – Ontario)	Ontario, CA	RDH
Carrington College – San Jose	San Jose, CA	RDH
Carrington College – Visalia	Visalia, CA	

(formerly San Joaquin Valley College – Visalia)		
Cerritos College	Norwalk, CA	RDH
Chabot College	Hayward, CA	RDH
Concorde Career College – Garden Grove	Garden Grove, CA	RDH
Concorde Career College – San Bernardino	San Bernardino, CA	RDH
Concorde Career College – San Diego	San Diego, CA	RDH
Cypress College	Cypress, CA	RDH
Diablo Valley College	Pleasant Hill, CA	RDH
Foothill College	Los Altos Hills, CA	RDH
Fresno City College	Fresno, CA	RDH
Loma Linda University	Loma Linda, CA	RDH
Moreno Valley College	Moreno Valley, CA	RDH
Oxnard College	Oxnard, CA	RDH
Pasadena City College	Pasadena, CA	RDH
Sacramento City College	Sacramento, CA	RDH
Santa Rosa Junior College	Santa Rosa, CA	RDH
Shasta College	Redding, CA	RDH
Southwestern College	National City, CA	RDH
Taft College	Taft, CA	RDH
University of the Pacific	San Francisco, CA	RDH
West Coast University	Anaheim, CA	RDH
West Los Angeles College	Culver City, CA	RDH
Registered Dental Hygienist in Alternative Practice (RDHAP) Programs		
California Northstate University	Elk Grove, CA	RDHAP
University of the Pacific	San Francisco, CA	RDHAP
West Los Angeles College	Culver City, CA	RDHAP

29. What are the board's legal requirements regarding approval of international schools?

The Board currently has no legal requirements or interest to review or approve international dental hygiene schools. The workload, travel, and extensive use of Board resources would be immense and cost prohibitive for the Board's small budget and staff. Also, pursuant to BPC sections 1917 and 1917.1, to obtain a California dental hygiene license, the applicant must have completed their dental hygiene education at an educational institution accredited by CODA and if in California, it must have California Board approval, as well. The international institution would be required to have CODA's accreditation in addition to Board approval should they attempt to start a DHEP in California. The Board would need to obtain statutory authority, regulations to approve international schools, and an abundance of fiscal and staff resources to review and accept out of country dental hygiene education.

Continuing Education/Competency Requirements

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The Board requires licensees to complete a certain number of continuing education (CE) hours to renew the dental hygiene license and to assist with continued competency for the practitioner in the profession. CE hour requirements are as follows: Registered Dental Hygienists – 25 CE hours. Registered Dental Hygienists in Alternative Practice – 35 CE hours. Registered Dental Hygienists in Extended Functions – 25 CE hours (see CE table below).

Pursuant to BPC section 1936.1(a), the Board requires as a condition of license renewal that licensees submit assurances satisfactory to the Board that they will, during the preceding two-year period, inform themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the Board. The Board also requires as a condition of license renewal, specific coursework to be completed in Basic Life Support, Infection Control, and the Dental Practice Act (DPA) for each renewal. This attestation under the penalty of perjury of CE completion is noted on the licensee's online License Renewal Application and the paper License Renewal Application at each renewal that's completed.

Continuing Education			
License Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
RDH	Biennial	25	5%
RDHAP	Biennial	35	5%
RDHEF	Biennial	25	5%

- How does the board verify CE or other competency requirements? Has the board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

  The Board verifies licensees' completion of CE by conducting random CE audits. Pursuant to BPC section 1936.1 and section 16 CCR section 1017(n), licensees are required to retain certificates of course completion for three renewal periods (6 years) and must provide copies to the Board upon request for audit purposes. Licensees attest under penalty of perjury on their License Renewal Application at the time of renewal that they have completed the required number and type of CE hours. The Board's random audits serve as a subsequent verification that licensees have, in fact, completed the CE coursework required for license renewal.

  The Board has not engaged with the Department regarding primary source verification of CE completion through the Department's cloud system. While future discussions between the two agencies may explore the potential use of this verification method, the Board currently finds that reviewing submitted CE certificates of completion is sufficient for audit and compliance purposes.

- Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

  Yes, the Board conducts random CE audits of its licensees. Licensees are expected to follow the laws and regulations that govern their license including the completion of the required CE hours to renew the license over the 24 months prior to its expiration. Licensees attest under the penalty of perjury at the time of completing the License Renewal Application that they have completed not only the required number of CE hours and method (only a maximum 50% of

the completed CE hours can be done through online recorded means), including Board-specific requirements in Infection Control, and the Dental Practice Act, but the Board specific requirement in Basic Life Support must be completed during a live, in-person session. The CE hours must also be completed by CE providers approved by the DBC or approving entities accepted by the DBC. Any deviation discovered through the CE Audit is grounds for failure unless CE documentation can be produced as a result of the audit to show CE compliance for the selected license renewal. The licensee is provided with a reasonable amount of time to comply and if additional documentation is not produced to show CE compliance, further administrative action such as a citation and fine may be administered against the license. The licensee does have the right to appeal any administrative action taken against the license for the Board's consideration.

- What are consequences for failing a CE audit?

  If a licensee fails a CE audit, their file is forwarded to the Citation and Fine desk for further administrative action, which could possibly result in a citation, fine, and Order of Abatement. The amount of the fine is determined by the extent of the non-compliance (lack of CE hours completed) discovered during the CE audit. Fines are higher if the Board's mandatory coursework or a high number of CE hours is incomplete. The licensee will not be allowed to renew their license if the citation, fine or order of abatement is not completed, as a hold is placed on their license record for the next renewal.

- How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

  The DHBC conducted a total of 2,415 CE audits for fiscal years 2022/23 through 2025/26. The total failed CE audit is 1,002. The Board's average overall failure rate for the fiscal years listed is 40%.

Fiscal Year	Passed	Fail	Failure Rate
2022/23	399	258	39%
2023/24	164	102	38%
2024/25	525	349	40%
2025/26	417	293	41%

The high failure rate of CE audits stems from multiple causes. The most common are:

1) The licensee simply did not complete the required number of CE hours to pass a CE audit.
2) The CE hours completed was not acceptable due to the course content, duration, type (live, recorded, or other), inappropriate or not approved CE provider, or inability to submit the required CE documentation as proof of completion for the audit.
3) Many licensees do not maintain their CE certificates of completion and have difficulties finding their copies or obtaining new ones from providers to submit. By law licensees are required to maintain their proof of CE completion for three (3) license renewal cycles or six (6) years.

Because of the low CE audit pass rates, the Board has taken extensive measures to notify licensees of the Board conducting audits and what's required to be submitted if chosen for an audit. There are webpages on the website for licensees to obtain CE information from the required CE numbers for license renewal to what occurs during and after a CE audit. The CE

information is there, and the Board has done its due diligence to inform all licensees of this information.

- Who approves CE courses? What is the board's course approval policy?

  CE providers and courses approved by the DBC are deemed acceptable and approved by the Board to apply toward the CE license renewal requirement.

- Who approves CE providers? If the board approves them, what is the board's application review process?

  CE providers and courses approved by the Dental Board of California are recognized as acceptable and authorized by the Board. Pursuant to BPC section 1936.1(c), the Board has the authority to approve continuing education providers and courses, but due to other program priorities, limited staffing and resources, and the effective performance of the existing CE provider and course approval process, the Board has elected to prioritize other regulatory responsibilities over direct CE provider and course approval functions.

- How many applications for CE providers and CE courses were received? How many were approved?

  The Board occasionally receives inquiries regarding the approval of CE providers and courses. Those that are received are forwarded to the DBC for review. Because the Board does not currently conduct its own approval process and instead relies on the vetting performed by the DBC, no applications for CE providers or courses have been submitted to the Board.

- Does the board audit CE providers? If so, describe the board's policy and process.

  The Board does not audit CE providers so there are no policies and processes in place to complete this function.

- Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

  The Board has not prioritized a review of its current CE policy because available indicators and communications suggest that dental hygiene practitioners are adhering to ethical standards and rarely deviate from the standard of care. In reviewing CE certificates of completion during CE audits, it appears those licensees selected for audit and pass are completing the appropriate type of course and of sufficient duration to aid them in their professional capacities. Although the Board receives practice-related complaints from consumers each year, most are closed due to insufficient evidence showing no deviation in the standard of care or are billing issues. Complaints that fall outside the Board's jurisdiction are referred to the appropriate agency, and many others involve billing issues that are beyond the Board's authority.

SECTION 4. ENFORCEMENT

Section 4 – Enforcement Program

31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets and expectations align with The DCAs Consumer Protection Enforcement Initiative (CPEI) Performance Measures (PM). The performance measures focus on effective and timely investigation of complaints and adjudication of disciplinary actions by setting a specified number of days for action. The targets of these measures, and what the Board has accomplished over the past four fiscal years are as follows:

Measure	Target	Actual FY 2022/23	Actual FY 2023/24	Actual FY 2024/25	Actual FY 2025/26
PM 2 - Average number of days to complete complaint intake.	10 Days	3 Days	2 Days	1 Day	2 Days
PM 3 - Average number of days to complete closed cases not resulting in formal discipline.	120 Days	82 Days	100 Days	81 Days	119 Days
PM 4 - Average number of days to complete cases resulting in formal discipline.	540 Days	485 Days	292 Days	725 Days	1,049 Days
PM 7 - Average number of days from the date a probation monitor is assigned to a probationer to the date the monitor makes first contact.	10 Days	1 Day	1 Day	1 Day	2 Days
PM 8 - Average number of days from the time a violation is reported to the program to the time the monitor responds.	10 Days	1 Day	1 Day	3 Days	1 Day

Over the past four fiscal years, the Board has met all performance targets except for PM 4, which measures the number of days required to complete cases resulting in formal discipline. This measure depends heavily on external partners, including the Attorney General's Office and the Office of Administrative Hearings (OAH), whose processes are outside of the Board's control. Although the Board has not met this target for the past two fiscal years, it has made notable progress in fiscal years 2022–2023 and 2023–2024 by reducing the average number of days to close complaints transmitted to the Attorney General's Office. Staff continue to collaborate closely with the Office of the Attorney General to further decrease the overall cycle time for these cases. This improvement is reflected in the reduction of the overall average days to complete formal discipline cases from 703 days during the last Sunset Review reporting period to 638 days in the current Sunset Review reporting period.

32. Referring to *Table 9.*, ***Enforcement Statistics***, explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Table 9. Enforcement Statistics				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
COMPLAINTS				
Intake				
Received	400	472	461	452
Closed without Referral for Investigation	4	2	1	3
Referred to INV	395	470	461	446
Pending (close of FY)	1	0	1	3
Conviction / Arrest				
CONV Received	106	87	81	72
CONV Closed Without Referral for Investigation	0	0	0	0
CONV Referred to INV	106	87	81	72
CONV Pending (close of FY)	0	0	0	0
Source of Complaint[7]				
Public	61	74	76	75
Licensee/Professional Groups	12	38	48	24
Governmental Agencies	24	39	45	62
Internal	380	391	350	297
Other	6	0	5	3
Anonymous	28	19	20	63
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	2	2	1	2
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	12	16	1	5
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	2	2	1	2
INVESTIGATION				
Desk Investigations				
Opened	446	507	497	467
Closed	464	531	510	417
Average Days to Close (from assignment to investigation closure)	212	224	163	186
Pending (close of FY)	100	68	65	62
Non-Sworn Investigation				
Opened	55	53	45	53
Closed	39	69	54	23
Average Days to Close (from assignment to investigation closure)	310	324	197	262
Pending (close of FY)	61	33	17	48
Sworn Investigation				
Opened	N/A	N/A	N/A	N/A
Closed	N/A	N/A	N/A	N/A
Average Days to Close (from assignment to investigation closure)	N/A	N/A	N/A	N/A
Pending (close of FY)	N/A	N/A	N/A	N/A
All investigations[8]				
Opened	501	560	542	519
Closed	503	600	564	442

[7] Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.
[8] The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Average Days for All Investigation Outcomes (from start investigation to investigation closure or referral for prosecution)	87	113	96	95
Average Days for Investigation Closures (from start investigation to investigation closure)	88	123	96	90
Average Days for Investigation When Referring for Prosecution (from start investigation to referral for prosecution)	385	398	306	394
Average Days from Receipt of Complaint to Investigation Closure	88	123	96	91
Pending (close of FY)	161	101	82	160
DIVISION OF INVESTIGATION[9]				
Average Days to Refer to Division of Investigation (from complaint receipt to referral for investigation)	N/A	N/A	N/A	N/A
Average Days for Division of Investigation to Complete (from DOI receipt to return to program of referral)	N/A	N/A	N/A	N/A
Average Days from Return to Referral to AG (from DOI investigation to AG referral)	N/A	N/A	N/A	N/A
CITATION AND FINE				
Citations Issued	324	380	311	263
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	74	16	51	63
Amount of Fines Assessed	$267,250	$305,300	$257,350	$199,558
Amount of Fines Reduced, Withdrawn, Dismissed	$18,525	$21,650	$20,575	$17,050
Amount Collected	$195,125	$296,819	$209,045	$171,499
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	0	0	0
ACCUSATION				
Accusations Filed	12	8	25	7
Accusations Declined	0	1	0	0
Accusations Withdrawn	0	0	1	0
Accusations Dismissed	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	60	67	98	84
INTERIM ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	0	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0	0
Referred for Diversion	0	0	0	0
Petition to Compel Examination Ordered	0	0	0	0
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	11	18	22	8
AG Cases Pending Pre-Accusation (close of FY)	6	8	2	1
AG Cases Pending Post-Accusation (close of FY)	4	13	17	10
DISCIPLINARY OUTCOMES				
Revocation	1	1	2	8
Surrender	1	2	0	0
Suspension only	0	0	0	0
Probation with Suspension	0	0	0	0
Probation only	7	2	7	4
Public Reprimand / Public Reproval / Public Letter of Reprimand	6	1	8	3
Other	0	0	0	0

[9] Include if applicable and able to obtain data.

DISCIPLINARY ACTIONS				
Proposed Decision	1	3	0	1
Default Decision	1	1	2	8
Stipulations	6	2	15	6
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	305	303	208	259
Average Days from Closure of Investigation to Imposing Formal Discipline	290	343	312	365
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	633	664	991	1,023
PROBATION				
Probations Completed	9	4	8	6
Probationers Pending (close of FY)	24	20	21	21
Probationers Tolled *	3	3	3	3
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	4	3
SUBSEQUENT DISCIPLINE[10]				
Probations Revoked	2	0	1	2
Probationers License Surrendered	2	0	0	0
Additional Probation Only	1	0	0	1
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	0	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	16	21	26	19
Drug Tests Ordered	576	621	621	684
Positive Drug Tests	1	3	3	3
PETITIONS				
Petition for Termination or Modification Granted	1	0	0	1
Petition for Termination or Modification Denied	0	0	0	1
Petition for Reinstatement Granted	3	0	0	1
Petition for Reinstatement Denied	0	0	0	0
DIVERSION **				
New Participants	0	0	0	0
Successful Completions	0	0	0	0
Participants (close of FY)	0	0	0	0
Terminations	0	0	0	0
Terminations for Public Threat	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0

Table 10. Enforcement Aging

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	366	486	453	271	1,576	78%
91 – 180 Days	80	17	36	19	152	8%
181 – 1 Year	28	36	25	27	116	6%

[10] Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging						
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	Cases Closed	Average %
1 – 2 Years	25	41	36	20	122	6%
2 – 3 Years	2	17	13	10	42	3%
Over 3 Years	2	3	1	1	7	1%
Total Investigation Cases Closed	503	600	564	348	2,015	100%
Attorney General Cases (Average %)						
Closed Within:						
0 – 1 Year	3	3	3	8	31	38%
1 – 2 Years	8	3	5	7	21	41%
2 – 3 Years	3	0	6	0	4	11%
3 – 4 Years	2	0	5	0	2	8%
Over 4 Years	0	0	2	0	0	2%
Total Attorney General Cases Closed	16	6	21	15	58	100%

33. What do overall statistics show as to increases or decreases in disciplinary action since last review?

- Please explain any challenges contributing to unmet performance targets, such as outlier cases, procedural barriers, difficulties in obtaining evidence, etc.

During the current Sunset Review period, the overall statistics show a continued increase in disciplinary action taken compared to the last Sunset Review. This rise corresponds with sustained high levels of complaint and conviction intake, which continued to drive a larger volume of cases through the enforcement process. Additional improvements in case processing operations further strengthened the Board's ability to investigate and advance cases to formal discipline. As a result, the program saw increases in key indicators, including higher numbers of accusations filed, more revocations, expanded use of public reprimands, and a noticeable rise in default decisions. Although some categories, such as probation-only outcomes and voluntary surrenders, remained relatively stable, the general trend reflects heightened enforcement activity and more assertive disciplinary outcomes across the current Sunset Review period. With the increase in enforcement caseload, it warrants additional enforcement staff to assist with case review, support, and follow-up to obtain information, documentation, statements, and other items necessary to keep cases moving forward through the review and investigation processes.

34. How are cases prioritized? What is the board's compliant prioritization policy?

Complaints are prioritized according to the *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009). When the Board receives a complaint, it is reviewed to determine the alleged violation(s).

Cases involving consumer harm or consumer death due to gross negligence, incompetence, repeated negligent acts, excessive treatment, sexual misconduct, practicing while under the influence, physical or mental abuse, unlicensed activity, or arrests and convictions substantially related to the area of practice are considered the highest priority. Cases involving theft of prescription drugs or providing prescription drugs without a prescription are also included in this category.

Among these highest-priority cases, those related to scope of practice and consumer harm are referred to the Special Investigator. The Special Investigator may interview complainants and licensees, conduct site visits, and request medical and employment records. Expert opinions will also be requested when necessary. Cases related to arrests and convictions are referred to the Enforcement Analyst, who will obtain court records to determine the severity of the offense. Complaints that did not result in consumer harm but allege negligence, incompetence, physical or mental abuse, unlicensed activity, or multiple complaints involving the same licensee are classified as high priority. Complaints involving false advertising, patient abandonment, fraud, failure to release medical records, record-keeping violations, breach of confidentiality, or applicant misconduct are classified as routine priority. Both high-priority and routine cases are assigned to the Special Investigator and they are triaged according to egregiousness from the information provided to determine which case is handled first.

- Please provide a brief summary of the board's formal discipline.

The Board files a Statement of Issues or an Accusation and requests an administrative hearing for cases involving criminal convictions, fraud, and consumer harm. After filing an Accusation, the Board attempts to negotiate stipulated settlement terms with the licensee. Settlement terms may include probation, cost recovery, and, in some cases, remedial education.

Probationary terms allow the Board to monitor the licensee through daily check-ins and, when necessary, weekly drug and alcohol testing to ensure compliance. Probationers who fail to comply with the terms of probation or violate the Board's statutes and regulations are referred to the Attorney General's Office for additional disciplinary action.

35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

California law imposes several mandatory reporting requirements that ensures the Boards is notified of significant events involving licensees. The Department of Justice must report arrests and convictions to the Board under Penal Code section 11105.2; insurers must report professional liability settlements or arbitration awards over $3,000 under BPC sections 801 and uninsured licensees must report the same under section 802. Court clerks are required to report judgments exceeding $30,000 related to a licensee's negligence within 10 days pursuant to BPC section 803. Dental hygiene licensees must report patient deaths associated with dental hygiene procedures within seven days under BPC section 1950.5. Additionally, licensees are mandated reporters of suspected child abuse or neglect under the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.).

The Board does experience problems receiving some of the required reports. Cases involving criminal convictions often require the Board to obtain documentation from multiple law enforcement agencies and state or federal courts, but these agencies sometimes fail to respond or take an extended amount of time to provide the requested records, causing significant delays in case processing. In addition, some agencies charge fees for certified arrest reports or court documents, which can further slow down the Board's ability to move cases forward. To address these issues, improvements such as streamlined record-request processes, stronger interagency communication, standardized response timelines, and reduced or subsidized fees for required documents could help ensure the Board receives the necessary information in a timely manner.

- What is the dollar threshold for settlement reports received by the board?

The dollar threshold for settlement reports that must be submitted to the Board is more than $3,000, which applies both to insurers reporting professional liability settlements or arbitration awards under BPC section 801 and to uninsured licensees reporting settlements, judgments, or arbitration awards under BPC section 802.

- What is the average dollar amount of settlements reported to the board?

The Board did not receive any settlement reports during the last four years.

36. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board, through its Disciplinary Guidelines and the Office of the Attorney General, enters into settlements with licensees that are tailored to the specific circumstances of each case. Using the Disciplinary Guidelines and Uniform Standards for Substance Abuse as a framework, the Board may negotiate settlements that include the voluntary surrender of a license, probation with standard and optional conditions allowing continued practice under strict oversight, public reproval for violations of the Dental Practice Act, or full license revocation. Each stipulated settlement must be reviewed and approved by the Executive Officer and voted on by Board members. These settlements often provide a more efficient resolution for both the Board and the licensee, while maintaining the Board's core mission of consumer protection.

- What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board no longer enters into stipulated settlements prior to filing an Accusation, Statement of Issues, or Petition to Revoke Probation, and now relies on the Attorney General's Office before initiating an accusation.

- What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

  Over the past four years, the Board settled 34 post-accusation cases, while six (6) cases resulted in a hearing.

- What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

  Over the past four years, 85 percent of post-accusation cases were resolved through settlement rather than adjudicated through formal hearing.

37. Does the board operate with a statute of limitations? If so, please describe and provide the citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board does not operate under a statute of limitations; however, its policy is to triage all complaints and process them as quickly as possible.

38. Describe the board's efforts to address unlicensed activity and the underground economy.

Unlicensed activity violations are a high priority for both the DCA and the Board. To help prevent these violations, the Board provides educational information on its website for the public and licensees and recommends that all dental offices require dental hygienists to show proof of licensure through a valid Board-issued pocket license or wall certificate. The public may also verify a licensee's status using the DCA's online License Search. Additionally, all licensees must complete mandatory CE courses related to the Dental Practice Act every renewal cycle. Most unlicensed activity cases received by the Board involve licensees who failed to renew their licenses and continued practicing under a "Delinquent" status. These cases are investigated by the Enforcement Unit, and if substantiated, may result in citation and fine or referral to the Attorney General's Office for prosecution.

Cite and Fine

39. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit? Does the board have authority to issue fines greater than $5,000? If so, under what circumstances?

    BPC section 125.9 authorizes the Board to issue citations and assess fines for violations of the Dental Practice Act. Since the previous Sunset Review, the Board has continued to utilize this authority to address matters that warrant issuance of a citation and fine. The Cite and Fine Program serves as an efficient and cost-effective mechanism for educating licensees and achieving compliance when violations of the Dental Practice Act occur. This program provides an alternative means for addressing cases that do not meet the threshold for formal disciplinary action. When a violation is substantiated but does not rise to the level requiring formal discipline, a citation and fine may be issued. Although a citation and fine is not considered formal disciplinary action, it is subject to public disclosure pursuant to the California Public Records Act.

    The Board's regulations related to its cite and fine authority were most recently updated in July 2023. During this regulatory action, the Board adopted 16 CCR section 1104.3. This addition established a comprehensive regulatory framework expressly outlining the Board's authority to issue citations and impose fines on DHEPs. Specifically, subsection (b)(1) through (5) delineates the circumstances under which such citations and fines may be issued, the types of violations subject to enforcement, and the procedural requirements associated with the administration of the cite-and-fine process. This regulatory update clarified and strengthened the Board's enforcement authority by providing greater specificity regarding its oversight of educational programs and by formalizing standards for compliance and accountability under the Dental Practice Act.

    The Board has not increased its maximum fines to the $5,000.00 statutory limit.

    The Board does not have the authority to issue fines greater than $5,000.00.

40. How is cite and fine used? What types of violations are the basis for citation and fine?

    The Board utilizes citations and fines as a streamlined, cost-effective method for addressing minor violations of the Dental Practice Act and for promoting licensee compliance through education. Citations are reserved for less serious infractions, `such as failure to report a change of address, certain criminal convictions, and other issues that do not warrant formal administrative action. In issuing citations, the Board aims to protect California consumers by directing the licensee's attention to the violation, reinforcing the applicable laws, and underscoring the importance of

adhering to professional standards of dental hygiene practice. When determining whether to issue a citation and fine, the Board considers the nature and severity of the violation, the time elapsed since it occurred, the potential impact on consumers, the licensee's history of prior violations, and any evidence indicating that the violation was willful or intentional.

41. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine has the board held or requested in the last 4 fiscal years?

    Over the past four fiscal years, the Board has conducted a total of 181 informal office conferences for licensees who requested such review. During the same period, seven appeals were filed under the Administrative Procedure Act.

42. What are the five most common violations for which citations are issued?

    The five (5) most common violations for which citations are issued include convictions for crimes substantially related to a licensee's professional qualifications or duties, acts of unprofessional conduct, practicing with an inactive or expired license, failure to comply with continuing education audit requirements, and failure to report a change of address or name.

43. What is average fine pre- and post- appeal?

    Informal office conference decisions issued within the last four fiscal years have a pre-appeal average fine of $974.00, compared with a post-appeal average fine of $670.00.

44. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

    The Board sends request for payment notices for outstanding fine balances at 30-day intervals starting 30 days from the citation due date. If the balance is not paid 30 days after the third notice is sent, then the citation is referred to the Franchise Tax Board (FTB) intercept program via the Department of Consumer Affairs Accounts Receivables Unit. The Board has sent 39 records to the FTB for collection over the past four fiscal years.

Cost Recovery and Restitution

45. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

    The Board actively pursues cost recovery in accordance with BPC section 125.3, which authorizes reimbursement for reasonable costs associated with the investigation and prosecution of formal disciplinary matters, including investigative expenses and Attorney General-related charges. Cost recovery is a standard term of probation outlined in the Board's Disciplinary Guidelines and is sought in all cases eligible for reimbursement, whether resolved through a stipulated settlement or a Proposed Decision issued by an Administrative Law Judge. The Board may reduce cost recovery amounts as an incentive to reach a stipulated settlement, a practice that benefits all parties by reducing adjudication costs, shortening processing timelines, and enhancing public protection through quicker resolution and earlier disclosure. As with all disciplinary actions, stipulated settlements require approval by the Board before becoming effective. In cases resulting in license revocation or voluntary surrender, individuals may later petition for reinstatement after the statutorily required waiting period.

There have been no changes implemented in the Board cost recovery efforts since the last review.

46. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The amount of cost recovery ordered in cases resulting in revocation, surrender, or probation through stipulated settlement varies significantly and depends on factors such as the duration of the investigation and the Attorney General's prosecution costs. For probationary cases, cost recovery is collected as a required condition of probation, and all probationers must satisfy the outstanding balance no later than six months before completing their probation. In matters involving revocation or surrender of a license, ordered costs are considered uncollectable unless and until the individual petitions for reinstatement or reapplies for licensure.

The Enforcement Unit makes use of the FTB Intercept Program as part of its collection efforts.

47. Are there cases for which the board does not seek cost recovery? Why?

The Board does not seek cost recovery in a statement of issues against an applicant, petitions to revoke probation, public reprovals, or default decisions, as it does not have the authority to do so. Although cost recovery may be ordered in surrender and revocation cases, most of this cost recovery will not be collected until the Board grants a petition for reinstatement of the license. The Board also does not seek cost recovery for petitions for reinstatement or to modify or terminate probation. A decision granting a petition for reinstatement or to terminate probation would include a provision for the petitioner to satisfy all cost reimbursement orders in the underlying disciplinary order.

48. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

The Enforcement Unit works with probationers to establish payment plans to ensure cost recovery is paid before the conclusion of probation. When a probationer does not comply, the Enforcement Unit will issue a request for payment- notice. Once all three required request for payment- notice have been issued the outstanding balance is referred to the FTB for interception. This same process is followed for cases that resulted in revoked or voluntarily surrendered licenses. This process ensures consistent and efficient collection of cost recovery obligations across all eligible cases.

Table 11. Cost Recovery[11] (list dollars in thousands)

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Total Enforcement Expenditures	$604,000	$539,000	$814,000	$682,000
Potential Cases for Recovery *	1	4	15	7
Cases Recovery Ordered	1	4	15	7
Amount of Cost Recovery Ordered	$64,907	$10,583	$63,037	$37,560
Amount Collected	$30,671	$30,029	$25,252	$33,318

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

[11] Cost recovery may include information from prior fiscal years.

SECTION 5. PUBLIC INFORMATION

49. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

BPC section 1951(d) provides the Board with the ability to require repayment of fees to patients or payers of services in cases where a consumer has experienced a direct financial loss due to a licensee's conduct. Restitution may be imposed as a probation term when appropriate and is evaluated on a case-by-case basis within the Board's existing disciplinary framework. Evidence relating to the amount of restitution is introduced at the administrative hearing or provided during settlement negotiations. Failure to pay restitution is considered a violation of probation and can result in further discipline or license revocation.

To date, the Board has not requested restitution in any case.

Table 12. Restitution (list dollars in thousands)

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Amount Ordered	$0.00	$ 0.00	$0.00	$ 0.00
Amount Collected	$0.00	$0.00	$0.00	$0.00

Section 5 – Public Information Policies

50. How does the board use the internet to keep the public informed of board activities? Does the board post meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board has an established website (www.dhbc.ca.gov) where it posts time sensitive and relevant information including Board meeting schedules, meeting materials, and any important alerts or messages for public view. The meeting materials are posted as quickly as possible once they are approved to be posted by Board management. The goal is to have the meeting materials posted two weeks prior to the meeting, but circumstances such as last-minute additions, edits, or statistical gathering frequently prohibit the posting of this duration. The average posting time is a week to week and a half prior to the meeting. Board staff are working to revise their procedures and practices to have program information cut off deadlines sooner to accommodate more review time to have the materials posted earlier prior to meetings. The meeting materials remain posted on the website indefinitely and should only show the current year's meeting materials for ready public view. Older meeting materials are available on the website; however, the user must first click on the Archive folder at the bottom of the meeting schedule page of the website. Draft meeting minutes are not posted on the website. Only Board-approved minutes once reviewed, edited, and voted upon are posted on the website indefinitely, after the next board meeting. The final minutes remain on the website indefinitely similarly to the meeting materials.

51. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived webcast meetings remain available online?

    Yes, the Board webcasts its scheduled Board meetings and will continue to do so in the future if logistics permit. We're currently using a hybrid system of conducting our meetings in person, through Webcast for video, and Webex for distant participants to provide accessibility through teleconference. Because the Board has interest in resuming scheduled meetings away from Sacramento at DHEPs to increase exposure for both public and professional participation, locations may be limited based upon the logistics needed to Webcast or use Webex. Staff expect with today's available technology there won't be too many logistical issues to address in preparation for future board meetings.

    Since these locations are in an educational setting, it is uncertain how well equipped they may be to accommodate remote access. Staff plans to develop a checklist for DHEPs to complete as part of the location selection process for board meetings, which will include information regarding public accessibility and technology capabilities on site.

52. Does the board establish an annual meeting calendar and post it on the board's web site?

    Yes. The Board votes on its scheduled Board meetings for the following year or two normally at the November meeting of the preceding year (or earlier) and once decided upon, the dates are posted on the Board's website. The Board's remaining 2026 and scheduled 2027 Board meetings are currently posted on the website for public view.

53. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure?*

    - Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?

    Yes. The Board uses the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure when posting actions against licensees.

    - Does the board post complaint data on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.

    No. Complaints submitted against licensees are kept confidential and are not posted on the website. Only if some type of Board action is rendered against a licensee is the action posted on the licensee's record. Although complaints are vital components and justification to investigate a licensee, the licensee is still entitled to due process of the law and until action is taken against them, the information remains confidential.

    - Does the board post citations for unlicensed practice on its website?

    Yes and no. For licensees who do not have a valid dental hygiene license (i.e., not renewed) and are found practicing without a valid dental hygiene license, the citation information can be found on the licensee's record when conducting a License Search. For cases where an individual is found to be practicing dental hygiene without a valid license and has not ever possessed a CA dental hygiene license, the Board is working on a process to post those individuals on the website

SECTION 6. ONLINE PRACTICE ISSUES

to inform the public. In working with the DCA Office of Information Services, the Board will begin posting notices of these unlicensed individuals soon on the website for public view.

54. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides the following types of information about its dental hygienist licensees: Specialty areas, license status, disciplinary action, permits, certifications, and any associated license types are linked to the dental hygiene license for public view.

55. What methods does the board use to provide consumer outreach and education?

The Board and staff have made attempts in the past to obtain additional staff resources to address consumer outreach and education over the years to no avail. Our outreach and communications efforts could be substantially increased by having an assigned staff person address these issues as we are currently limited in the number of events we can attend or participate in due to our small number of staff. By having a staff person concentrate their efforts for outreach and communication, it would help to promote the Board to stakeholders, professional associations, licensees, applicants, and the public since we are the only government agency in the nation that oversees the dental hygiene licensee population. Other tasks this position would be responsible for would be to extend our efforts to communicate through social media outlets, improve our online efforts, and update and modernize the Board's website.

Currently, staff attend a couple of professional association events per year and provide online and in person licensing sessions to graduating dental hygiene educational program students. These outreach and communication tasks are vital for a board program in today's society to manage issues and respond to them quickly as they arise.

Section 6 – Online Practice Issues

56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.

- How does the board regulate online/internet practice?

Registered Dental Hygienists are required to work under the supervision of a licensed dentist at a physical dental office where there are no independent online/internet business practices. The extent of the Board's current efforts is to monitor online sites and social media for dental hygienists who advertise their services independent of a supervising dentist which equals the unsupervised practice of dental hygiene. Those individuals are directly contacted by enforcement staff to inform them of the law and how it's illegal for them to advertise independent dental hygiene services (or other services outside the scope of practice for a dental hygienist like Botox injections) and ordered to cease the advertisement or services being provided or risk Board action against their license. If there is continued non-compliance, the Board will open a complaint against the licensee and pursue enforcement action, if necessary.

There is a license category (RDHAP) who may advertise and provide dental hygiene services independent of a license dentist's supervision. By law, these licensees may provide service to

SECTION 7. WORKFORCE DEVELOPMENT
OF JOB CREATION

patients in underserved areas, the homebound, or individuals in institutions autonomously for up to 18 months before a prescription from a licensed dentist or physician and surgeon is required to continue the dental hygiene services.

- How does the board regulate online/internet business practices outside of California?

  The Board does not have any additional jurisdiction outside of California's borders. As such, the Board has no authority about what occurs in other states but will contact a state's licensing agency to inform them of any wrongdoing by dental hygienists or their online/internet content.

- Does the board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?

  Currently, online practice of dental hygiene is not a major issue of concern for the Board due to the previous answers provided. If it does become a larger problem in the future, the Board will seek statutory authority for action it deems necessary to appropriately oversee the online practice of dental hygiene. Until the laws are changed to enhance the online practice of dental hygiene, no foreseeable laws are needed.

Section 7 – Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?

The Board's primary mission is consumer protection. With this focus, there are four specific actions the Board takes that enhance workforce development in the state. They are:

4) The Board is mandated to oversee the state's DHEPs to ensure they are teaching and preparing students to enter the workforce and become safe practitioners. Ongoing monitoring of these programs is vital so they follow the law and standards that maintain their accreditation.

5) The Board develops and maintains the California Law and Ethics examination for dental hygiene which applicants must pass to be issued the license. Using dental hygiene subject matter experts, in conjunction with the DCA Office of Professional Examination Services, they create and vet questions to be used on the examination so the questions for applicants are up to date and current for today's practitioner. Annual workshops are used to continue updating the examinations so there's a constant supply of vetted questions readily available for the exam should one need replacement or updating.

6) The Board's actions of vetting applicants from in and out of state from individuals seeking a California dental hygiene license ensure all minimum qualifications have been met to issue the license. By reviewing all qualifications, newly licensed individuals enter the workforce expected to follow the laws and regulations that govern the profession.

7) For existing licensees, the Board mandates CE coursework completed to renew the dental hygiene license every two years. The Board has a certain number of mandatory CE hours to complete and the remaining hours to be finished are the licensee's choice with the Board recommendation to complete hours that pertain to the profession whether it'd be patient

care and techniques, documentation, or other practice aspect that promotes learning new aspects of the profession. By having licensees complete these CE hours, it provides the opportunity for licensees to remain current and knowledgeable within their profession.

58. Describe any assessment the board has conducted on the impact of licensing delays.

Because the Board has the sole responsibility to oversee the licensing process of all California dental hygienists and hygienists coming from out of state, delays in the process can affect how quickly these individuals can obtain a job and provide their dental hygiene services to the public. Thankfully for the initial licensee, Board staff have performed extremely well in communicating the requirements necessary to process an application to applicants for them to submit these items quickly to reduce the application processing time. If there is any delay in issuing a license, it's mostly due to the applicant not submitting requirements to continue the processing of their application. By law, staff have 90 days to contact an applicant of any deficiencies in requirements to continue the application process. Currently, staff have an average of issuing the license within 45 days, which is half the time to simply contact the applicant, much less to issue the license.

59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board is in frequent communication with all the DHEP directors and faculty to offer any assistance, outreach, or other information about the licensing process. The Board has updated its website with easy to read and use information about the licensing process and what's expected of them to submit for requirements to obtain the license. Board staff conduct regular online outreach events with DHEPs that contact and schedule these sessions with staff so their graduating students can be informed of the licensing process and ask any questions they need responses to. The Board's Executive Officer frequently contacts program directors about any new requirements, procedures, or information they need to be aware of pertaining to the educational programs.

The Board is also collaborating with DCA to create a Licensing video to provide important information about the licensing process. It will not only address what applicants must submit, but the fees, requirements, and the most frequently asked questions of the Licensing staff so they can be addressed in a video. Meetings discussing the specific content will be conducted to ensure all aspects of the Licensing process are captured. The completed video will be posted on the Board's website and available to applicants and the public at any time.

60. Describe any barriers to licensure and/or employment the board believes exist.

The Board believes there are minimal barriers in obtaining a California dental hygiene license. If a student has the resources and drive to become a dental hygienist, the opportunity is awaiting them. The dental hygiene educational programs are offered at California community colleges where tuition is low, inexpensive resources are available, and there's many of them throughout the state offering the program (currently there are 17 of the 26 educational programs located in community colleges), or if time is more valuable to the student, they may enroll at a private institution where the tuition is higher, but the duration of the DHEP may be shorter allowing qualified graduating students to enter the workforce faster.

The only barrier the Board has identified is the background check should there be a history of criminal behavior. This process could delay an applicant obtaining the California dental hygiene

license until the situation is thoroughly investigated. To date, most applicants in this situation have been issued a license, some with conditions for them to practice.

An employment limiting factor is that many graduates and existing licensees alike gather in more populated areas of the state because this is where most dental practices who hire dental hygienists are located. An ongoing effort with the California Dental Hygienists' Association (CDHA) has been to encourage licensees to work in more rural areas of the state, but the Board can't force individuals to work in areas less likely to have jobs or a steady patient workload. Although some in the dental realm say there's a dental hygienist shortage, the Board's licensee population and geographical distribution indicate there's a maldistribution of licensees throughout the state and not a shortage of practitioners. A strong incentive would be for higher salaries and wages for dental hygienists in rural areas to entice them to move away from the populated areas for work.

61. Provide any workforce development data collected by the board, such as:

    a. Workforce shortages
    The Board maintains statistical data of where licensees are located in the state based upon their address of record on file with the Board. This information only provides the area they reside and not the work location, as many dental hygienists work at several locations or work for temporary agencies that send them to multiple locations per week. This makes tracking work locations almost impossible with so many licensees frequently changing their work locations.

    Many states have reported a dental hygiene workforce shortage where they are located; however, in California and according to our geographic statistics, there's not a dental hygienist workforce shortage, but a maldistribution of the licensees we currently have, as most congregate in highly populated areas of the state where dental practices/jobs and patients are readily available and in abundance. The Board realizes that more dental hygienists need to distribute themselves in more rural areas, but unless there is incentive to move away from the cities, it's difficult to convince licensees to move.

    Also, the Board is working to help promote its license category of Registered Dental hygienist in Alternative Practice (RDHAP) who is dedicated to providing dental hygiene services to the underserved populations autonomously (for up to 18 months), many of which are located in more rural areas of the state. The Board worked on regulations to implement mobile dental hygiene clinics so these licensees can be portable and travel to more rural areas to provide their dental hygiene services. Now that the regulations are approved, the Board anticipates an increase in RDHAP numbers out in the rural communities to provide their services.

    b. Successful training programs.

    The Board has not focused on any new training programs but did manage to increase the Board-required continuing education hours cap should it be necessary to increase the number of required CE hours for dental hygienists to renew the license from 7.5 to 10 in 2024. This helps to provide the opportunity for licensees to remain up to date and current with dental hygiene practice techniques and issues.

62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

SECTION 8. CURRENT ISSUES

SECTION 9. BOARD ACTION AND RESPONSE TO PRIOR SUNSET ISSUES

The Board's primary mission is consumer protection in all communities within the borders of the state. This includes vulnerable communities, low to moderate income communities, communities of color, other marginalized communities, and affluent communities, too. The Board does not select one specific community type over another when providing our services and provides them to every community and consumer in the state. If a citizen within these communities believes they have been wrongly treated during their dental hygiene appointment and not simply overcharged for the services, Board staff gladly recommend they submit a consumer complaint for us to review, gather information, and research to determine whether there was any deviation in the standard of care provided by the licensee. If it's determined there was a deviation in the standard of care, further Board action may be warranted but they are entitled to due process.

Section 8 – Current Issues

63. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

The Board fully accepts and encourages applicants and licensees to use our online resources (BreEZe computer system) to apply for licensure, renew the license, apply for a permit, change address of record, or other task that the individual needs and to pay the fees using a credit card. We inform the users that by completing their tasks online, it's the quickest and most efficient way to get what they need completed. Board staff are always there to help and provide assistance, but the most effective and accessible method is to use our online resources for action.

- Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

  Yes, the Board uses BreEZe as we were a part of Release II in 2016. Although computer system changes take time to be implemented, our change requests have been processed in a timely fashion depending on the issue.

- If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? Is the board currently using a bridge or workaround system?

  The Board is on BreEZe since 2016 and try to use it to its full capacity.

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

- Background information concerning the issue as it pertains to the board.

  In its last Sunset Review in 2023, the Board requested the following:

  a) Amend BPC section 1917 to remove the clinical exam requirement to obtain the California dental hygiene license.

     Result: Beginning January 1, 2024, the clinical examination requirement stated in BPC section 1917 was removed for California applicants who apply for the California dental

hygiene license within 3 years of graduation. Graduates who wait beyond the 3 years or for any out-of-state applicants, the clinical examination requirement is maintained.

b) Increase the maximum number of board-required CE hours required to renew the California dental hygiene license from 7.5 to 10 in the instance additional subject matter is needed by the Board for licensees to complete.

Result: AB 1257 (Berman, Ch. 677, Statutes of 2023) revised the statutory language to increase the Board-required continuing education hours cap from 7.5 to 10 if it's needed.

c) Amend statutory language to allow Registered Dental Hygienists (RDH) to provide oral health in-service training to staff in long-term healthcare facilities.

Result: AB 1257 (Berman, Ch. 677, Statutes of 2023) was revised the statutory language in Health and Safety Code (HSC) section 1315(b)(2) to allow RDHs to provide oral health in-service training to staff in long-term care facilities.

d) New statutory language that allows a stand-alone RDHAP dental hygiene practice to remain in place even if the Dental Health Professional Shortage Area is reclassified as to no longer be a shortage area.

Result: SB 1451 (Ashby, Ch. 481, Statutes of 2024) amended BPC section 1926(d) allowing a stand-alone RDHAP dental hygiene practice to remain in place even if the Dental Health Professional Shortage Area is reclassified as to no longer be a shortage area.

e) Amend BPC section 1909 to change the supervision level from Direct Supervision of a licensed dentist to the dentist's discretion as to the level of supervision when performing soft tissue curettage, administering local anesthesia, and administering nitrous oxide and oxygen analgesia.

Result: The Legislative Sunset Committee recommended continuing dialog with interested stakeholders to see if the proposed amendment is agreeable to all including the Dental Board of California. The issue is still pending as it's been questioned whether the Board should address it as a consumer protection issue or as a scope expansion issue.

- Short discussion of recommendations made by the Committees during prior Sunset Review.

  The Committee recommendations made on the issues contained in the Board's last Sunset Review in 2023 that weren't approved recommended to continue discussions and dialog with all interested stakeholders to continue our efforts to resolve the indicated issues. The Board is grateful for the three provisions approved (elimination of the clinical examination requirements for CA graduates, increasing the Board's required CE hour cap from 7.5 to 10, and approving for RDHs to provide oral healthcare in-service training to staff in long-term care facilities) and will continue to lead discussions for the other remaining items with stakeholders.

- What action the board took in response to the recommendation or findings made under prior Sunset Review.

  The Board followed up with the Committee recommendations with interested stakeholders to address the issues as detailed in a - e above with the results of each issue shown separately.

SECTION 10. NEW ISSUES

The issues that were not resolved have ongoing dialog to continue communication on the issues with the expectation of a compromised solution.

- Any recommendations the board has for dealing with the issue, if appropriate.

  The pending issues are not easily resolved and will take time, so obtaining buy-in by all interested stakeholders is paramount in successful progression on the issues. It may take several meetings to hear everyone's concerns on the issues and to work them out, but the effort is there to continue communicating about them.

Section 10 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, and legislative changes) for each of the following:

- Issues raised under prior Sunset Review that have not been addressed.

  Issues raised under the prior Sunset Review within the Board's purview were addressed.

- New issues identified by the board in this report.

  Staffing issues to address communications and outreach, the licensing application processing workload, enforcement support, and a second DHEP site visit team lead with more dental hygiene schools opening and requesting Board approval to prepare students for the profession.

  In today's technology-rich environment, the Board is lacking staff directly responsible for promoting the Board, dental hygiene issues, and communications through social media/online, email notifications, outreach events, and continually updating the website. Staff have requested such staff resources in the past to no avail because the request did not fit the parameters of requesting new positions. However, the Board believes this person to be a vital part of the required resources to complete the Board's strategic plan objectives and goals to be more involved with the community and the profession alike.

  Also, an additional staff position to address licensing issues such as the expected inflow of applications when two new DHEPs open. The current situation is the Licensing staff are overwhelmed with the applications received as most DHEPs graduate their students at the same time, license renewal issues that are ongoing, and email and phone call responses are delayed to where customer service is compromised beyond the Board's policy to respond within 48 hours for both emails and phone calls received. By adding Licensing staff to support these functions it would benefit the applicants, licensees, and the Board to strive and accomplish its strategic plan Licensing objectives and goals to improve the program's efficiencies.

  With the number of DHEPs in the state and two additional schools opening soon, the Board would also benefit from an additional educational program specialist to lead a second team

to perform site visits to DHEPs, review new DHEP Feasibility Studies, and work with DHEPs on techniques for compliance with the law and CODA Standards.

In addition, with the increase in the Board's enforcement workload of reviewing complaints, investigations, and issuing citation and fines, the need for support staff in the enforcement program has risen to the level where an additional staff person could assist with communications, case tracking, and responding to emails and phone calls so the analytical staff can focus on their caseload.

- New issues not previously discussed in this report.

  (Note: The underlined sections are the new statutory language requested to be added in the amendment to existing language. Strikeout sections are to be removed).

  1) The Board receives numerous inquiries each year from foreign trained dentists who come to California expecting to be able to work as dental hygienists. The problem is that the Board has no means to validate or confirm the individual's level of education and training from their respective country. The Board does accept applicants from out-of-state; however, they must have graduated from an institution that's accredited by the CODA who is the respected accrediting agency for dental and dental hygiene schools across the nation and allows reciprocity approval of Canadian DHEPs. Other foreign countries do not have the accreditation or educational standards like the United States to know their education and training meet a certain level to safely provide dental hygiene services to California citizens. To ensure these individuals are appropriately educated and trained to provide dental hygiene services, the Board requests to **amend Business and Professions Code (BPC) section 1917** with the following additional language:

     (1) Applicants who have completed their education in a non-CODA-accredited educational program for dentists or dental hygienists shall not be eligible for licensure by the Dental Hygiene Board of California.

     Justification: By adding this statutory language, it would not only help to protect the consumers of California but protect the employment prospects of the hundreds of dental hygiene students enrolled in California dental hygiene educational programs (DHEP) throughout the state, and the profession. Additionally, this would encourage and incentivize younger students to consider the dental hygiene profession as a career, thereby ensuring jobs and workforce stability for these students for future employment to treat the citizens of California.

     Furthermore, if dentists or registered dental hygienists (RDH) from non-accredited programs are allowed to be licensed, it may signal the beginning of the demise of the dental hygiene profession in California. California is a destination state where people from around the world look to relocate due to the climate, demographics, and culture that exist here. If foreign-trained dentists (or dental hygienists) are allowed to become California licensed dental hygienists without first being educated and trained in the profession to current CODA and California Board standards, it would take away dental hygiene employment opportunities from students graduating from CODA-accredited programs and existing licensees alike. Once this occurs, potential dental hygiene students will steer away from applying to the respective DHEP of choice with no future job opportunities in the profession. In turn, the lower number of applicants to DHEPs would result in the gradual closure of the

dozens of California DHEPs due to lack of student enrollment and the high cost to operate the schools.

There has already been an attempt through legislation in 2026 (Assembly Bill 1952 – Berman, 2025-26) to allow foreign-trained dentists to obtain a California RDH license simply by challenging the dental hygiene clinical and Law and Ethics examinations and meet certain other requirements. However, the effort failed in the Legislature, but the Board anticipates another proposal soon because of certain stakeholder's interest and the misinformation that there's a dental hygienists shortage in California when there's not. California is experiencing a maldistribution of the dental hygiene licensees as they congregate in more populated areas of the state where dental practices, jobs, and patients are located and not a licensee shortage.

Most of the dentists trained in other countries attempting to obtain a California RDH license are not trained as dental hygienists and are only obtaining the license as a temporary means until they are accepted into the California International Dental Program offered at California dental schools. This is so they can work in the dental profession and use the foreign dental education and training they already possess. However, dentistry and dental hygiene are two entirely different skill sets where dental hygiene techniques are not readily taught in other countries. By flooding the dental market with foreign-trained dentists licensed as dental hygienists, even temporarily, it would have a severe, direct, and possibly detrimental impact on the dental hygiene profession if jobs are not available.

There are already established and approved pathways to obtain a California RDH license these individuals could follow. By circumventing this established process and proper vetting, it may directly put California consumers at risk and cause irreparable harm to patients.

2) The Board currently oversees a license category titled the Registered Dental Hygienist in Alternative Practice (RDHAP) who is allowed to provide dental hygiene services autonomously for up to 18 months without a prescription on patients located in underserved areas, the homebound, residential institutions, and dental practices. In an effort to improve the oversight of this license category, the Board requests to require the licensees submit information to the Board as to how and where they are providing their dental hygiene services so we can monitor the practice for any issues including deviation in the standard of care. The Board requests to **amend BPC 1926.3** to the following:

(a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board within 30 calendar days, the physical facility of registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer of their working location upon licensure and at every biennial license renewal. ~~A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.~~

Justification: By having newly licensed and existing RDHAPs notify the Board of how and where they intend to practice (portable equipment, mobile dental hygiene clinic, or stand-alone practice), it would assist the Board's oversight and documentation efforts of these licensees especially since they are allowed to practice autonomously without the supervision of a licensed dentist. Currently, the Board has no direct knowledge of where these licensees are providing their dental hygiene services as there's no reporting requirement established. By amending this section of law, it would establish a reporting requirement for RDHAPs to enhance the Board's oversight of the profession and improved statistical gathering for future reporting.

3) There is an issue pertaining to dental hygiene educational programs and recent accreditation language revisions from the United States Department of Education (USDE) that needs revision to the CA law. In 2020 unbeknownst to the Board, the USDE revised its terminology to no longer use "national" and "regional" accreditation but instead to use "institutional" and "programmatic" accreditation for institutions of higher education. Within the Board's laws pertaining to educational programs (specifically, BPC section 1941(c)), it states "regional" accreditation recognized by the USDE only with no reference to other accreditation bodies or terminology. The Board requests to revise BPC section 1941(c) with the following revision:

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency <u>or a dental hygiene board-recognized agency whose mission includes the accreditation of institutions offering allied health education programs,</u> 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.

Justification: By approving the proposed amended language above, it would accomplish two things. First, it would align the 2020 approved United States Department of Education language for "institutional" and "programmatic" accreditation to be recognized by the Board; and second, to still be able to continue using "regional" accreditation in the law that's still widely accepted in most California institutions of higher education.

Additionally, the Dental Board no longer approves dental educational programs and relies on CODA's accreditation process. Therefore, it is appropriate to strike "approved by the dental board" in BPC section 1941(c).

4) Need for additional statutory language to allow the Board's Executive Officer to rescind or withdraw a citation under certain circumstances. The Board requests the following additional statutory language to create a new section, BPC section 1950.1, to address this issue:

<u>a) The Executive Officer may rescind or withdraw a citation in the following circumstances:</u>

(1) If the licensee presents new evidence after the appeal process and demonstrates the licensee would not have violated the Dental Practice Act when the initial citation was issued.

(2) If the citation is a result of an administrative action and the licensee maintains compliance of the law for which the citation was issued after a three-year period.

Justification: In the normal process of issuing citations, the Board's Enforcement staff and Executive Officer complete their program responsibilities in an effort of due process for the licensee. However, a situation arose during a continuing education (CE) audit where a citation was issued correctly to the licensee who initially failed the audit but later submitted documentation to validate her CE compliance for the license renewal and, if the documents were received timely, would not have been issued a citation. Unfortunately, the current law does not provide a provision for the Board's Executive Officer to withdraw or rescind a citation that was issued or issued in error. The newly proposed and requested statutory language section would resolve this problem under specific circumstances.

5) **Incorrect information in CORP section 13401.5(q).** This is a Board request to revise the Corporations Code to correct an error in CORP section 13401.5(q) where it states that a Registered Dental Hygienist in Alternative Practice (RDHAP) may employ Registered Dental Hygienists (RDH) and/or Registered Dental Hygienists in Extended Functions (RDHEF). This section is in direct contradiction to Business and Professions Code sections 1927 and 1929 where they specifically state an RDHAP can only hire another RDHAP to provide dental hygiene services to assist in the practice and no reference to RDHs or RDHEFs exists.

Justification: Because the Corporations Code is in direct contradiction to the Business and Professions Code, the Board requests to revise the section of the Corporations Code to accurately reflect what's stated in the sections of the Business and Professions Code to eliminate any confusion to the public or interested stakeholders.

6) **Scope of Practice Issues:** The Board would also appreciate the opportunity to inform the Legislative Committee about the following dental hygiene practice issues for consideration:

a) **Local anesthesia and soft-tissue curettage under general supervision of a licensed dentist** – identify the difference between the supervision requirements for RDHs and RDHAPs performing the same procedures. An RDHAP may perform local anesthesia and soft-tissue curettage autonomously without a dentist's physical presence under specified safeguards, while an RDH with the same underlying education and training in these procedures requires the dentist to be physically present (direct supervision) in the dental office. This issue warrants legislative review of whether the differing supervision requirements remain appropriate.

b) **Dental hygiene diagnosis** – identify the relationship among current California law, Commission on Dental Accreditation (CODA) educational standards, and contemporary dental hygiene terminology and practice. California law recognizes nursing diagnosis as part of the professional practice framework for registered nurses. Dental hygiene education similarly incorporates the dental hygiene process of care, and CODA defines dental hygiene diagnosis as the identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat.

SECTION 11. APPENDICES

The issue is whether California's current statutory language appropriately reflects contemporary dental hygiene education and practice.

c) **RDHEF restorative duties** – identify the limitations of the existing RDHEF license and whether its current statutory framework continues to meet California's workforce and access-to-care needs.

d) **RDHAP therapeutic agents and emergency supplies** – identify the disconnect between services RDHAPs are already authorized to provide and their ability to obtain the prescription-only agents and supplies necessary to provide those services. For example, RDHAPs may administer local anesthesia; certain RDHAP practices are required to have oxygen available; and prescription-strength fluoride may be appropriate for patients within their practice, yet current law does not provide a clear mechanism for an RDHAP to independently purchase or procure these prescription-only agents and supplies.

e) **The RDHAP 18-month requirement** – identify continuity-of-care problems for homebound, medically fragile, disabled, or institutionalized patients who may have difficulty obtaining the required periodic authorization. This discussion should include whether a Nurse Practitioner or Physician Assistant involved in the patient's medical care could provide the required authorization for treatment and whether the RDHAP's assessment and clinical report could be used by the authorized healthcare provider when determining whether continued dental hygiene care is appropriate.

These issues are presented to identify potential practice hurdles to provide dental hygiene care to all Californians. Although scope of practice issues are not the focus of the Board since it's a consumer protection agency and professional stakeholders should address it, access to dental hygiene care is very important to maintain the oral health needs of the citizens of the state.

- New issues raised by the Committees.

  No new issues from the Committees have been noted by the Board.

Section 11
Attachments

Please provide the following attachments:

A. Board's administrative manual.

   The Board is currently revising its administrative manual, so the previous 2022 edition has been attached as a placeholder until the new version is complete which is expected in early 2027.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

   The Board's 2025 Occupational Analysis for the RDH and RDHAP licensure categories has been attached.

APPENDIX

Attachment A ?

Attachment B ?

Attachment C ?

Attachment D ?

Attachment E ?

Attachment F ?

Attachment G ?.

Attachment H ?

Attachment I ?

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Year-end organizational charts for the last four fiscal years have been attached.

DHBC
Dental Hygiene
Board of California

Member Guidelines & Procedure Manual

September 2022

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Chapter 1
INTRODUCTION

The Dental Hygiene Board of California (DHBC) is the only self-regulating dental hygiene agency of its kind in the United States. The California Legislature established the Dental Hygiene Committee of California in 2008 as an independent committee within the Department of Consumer Affairs (DCA). In 2018 through Senate Bill 1482 (Ch. 858, Statutes of 2018), the Legislature approved for the Committee to become a full autonomous Board (DHBC) under the purview of DCA. In California, the DHBC holds authority to regulate the dental hygiene profession under the guidance of statutes contained in the Business and Professions Code (BPC), Sections 1900 - 1967.4 and sections of the California Code of Regulations (CCR). The following is a summary of the DHBC's responsibilities:

- Pursue legislation;
- Author and enforce regulations;
- Grant, renew, and withdraw approval of dental hygiene educational programs;
- Conduct feasibility studies for new dental hygiene educational programs;
- Develop and maintain the dental hygiene Law and Ethics Examination in conjunction with the Office of Professional Examination Services;
- Issue, suspend, and revoke dental hygiene licenses and permits;
- Oversee licenses placed on probation;
- Conduct investigation of and administer enforcement for licensing violations; and
- Participate in outreach and support of the dental and dental hygiene community.

DHBC members are appointed by the Governor and the Legislature. The Governor appoints seven board members, and the State Assembly Speaker appoints one public member while the Senate Rules Committee appoints a second public member. A standard term of appointment is four years in duration. The Governor and Legislature shall have the power to remove any member from the DHBC for neglect of duty required by law, for incompetence, or for unprofessional or dishonorable conduct. In the event that a member resigns, the resigning member shall send a letter to the Governor notifying the Governor of the member's resignation

and effective last date of service. A copy of the letter of resignation shall be sent to the Director of DCA, the DHBC President, and the DHBC Executive Officer (EO).

This procedure manual is provided to guide members in the discharge of their duties and to ensure DHBC effectiveness and efficiency.

Chapter 2
COMPOSITION

Members - The DHBC shall consist of nine members. There shall be four public members, four registered dental hygienist (RDH) members, and one dentist member. Each licensed member shall possess, at the time of appointment and throughout the member's term on the DHBC, a valid California license in good standing to practice in the member's respective field of dentistry or dental hygiene.

- Public members - No public member shall have been licensed under this chapter within five years of the public member's date of appointment, nor shall the public member possess or acquire any financial interest in a business related to the practice of dentistry or dental hygiene during the public member's term on the DHBC.
- RDH members - Of the RDH members, one shall be licensed either in alternative practice or in extended functions; one shall be a dental hygiene educator; and two shall be RDHs.
- Dentist member - The dentist member shall be licensed either as a general dentist or a public health dentist.

Mid - term vacancies shall be filled by Governor or Legislative appointment depending upon which board member creates the vacancy, and the newly appointed member shall serve the remainder of his or her predecessor's unexpired term.

Member Officers - The DHBC shall elect a President, a Vice President, and a Secretary from its membership. The election shall be held at the final meeting of the calendar year. The newly elected member officers shall assume their respective offices on January 1st of the following year. Each term of service for a member officer position is one year. No person shall serve as

a member officer for more than two consecutive years unless extenuating circumstances prevail, requiring the majority of the members vote in favor of an extension. If an office becomes vacant during the year, an election shall be held at the next meeting.

President - The President is the spokesperson for the DHBC. The President represents the DHBC by attending hearings and other meetings with legislators, DCA, and stakeholders. The President attends Dental Board of California meetings as necessary. The President may testify, sign letters, and address the media on behalf of the DHBC. The President shall copy the EO on all written communications made on behalf of the DHBC and the EO shall forward the communication to all members.

The President is the chief official responsible for DHBC business. The President chairs and facilitates DHBC meetings, approves DHBC meeting agendas, signs specified full Board enforcement orders, establishes committees, appoints the Chairperson and members of each committee, and when necessary, assigns members at large to serve in the absence of committee members. The President may establish task forces to research policy questions or other issues as needed.

The President is the immediate supervisor of the EO. Specific instructions for work on policy matters by the EO from DHBC members shall be coordinated through the President. The President shall meet and communicates with the EO on a regular basis. The President holds approval authority for the EO's timesheets, travel expense claims, and leave requests. The President performs the following duties to lead the EO evaluation process:

- The President shall obtain an Executive Officer Performance Evaluation Guide from DCA Office of Human Resources (DCA OHR).
- The President shall distribute the Executive Officer Performance Evaluation Guide to DHBC members.
- The President shall collect each member's input and creates a draft EO Performance Appraisal and Salary Administration.
- The President shall present a draft EO Performance Appraisal and Salary Administration to the DHBC annually.

- The President shall ensure that discussion of EO Performance Appraisal and Salary Administration is noticed on the DHBC meeting agenda for which it will be deliberated. Deliberation on EO Performance Appraisal and Salary Administration shall be conducted annually. Deliberation on the EO Performance Appraisal and Salary Administration shall be conducted in closed session unless the EO requests to the President in writing that the matter be discussed in open session.
- Before the close of deliberations, the President shall ensure that the DHBC approves an EO Performance Appraisal and Salary Administration Report.
- The President shall provide the EO with a written EO Performance Appraisal and Salary Administration Report annually.
- The President shall initiate the Exempt Position Request (EPR) process through the DCA OHR should the board determine that a salary adjustment or elevation in exempt position level of the EO is warranted.

Vice President - The Vice President assists the President at the President's request and may assume the duties above in the President's absence.

Secretary - The Secretary calls the roll at each DHBC meeting and reports whether a quorum is established. The Secretary also calls the roll vote for each agendized action item voted upon and records the official vote results for the record.

Executive Officer - The EO is the chief administrative officer responsible for implementing the policies and directives of the DHBC.

- Recruitment and Selection - The DHBC shall institute an open recruitment plan to maintain a pool of qualified candidates. The DHBC shall also work with the DCA OHR for recruitment procedures. The selection of an EO shall be included as an item of business which must be noticed in a written agenda and transacted at a public meeting.
- Appointment - The appointed EO is exempt from civil service and serves at the pleasure of the DHBC. Appointment of the EO is subject to approval by the Director of the DCA.
- Supervision – The President is the direct supervisor of the EO. The EO, with the assistance of an Assistant EO, manages and supervises the staff.

- Vacancy – In the event the EO's position becomes vacant, the DHBC shall appoint the Assistant EO to serve as Interim EO until a permanent appointment can be made. The Interim EO's salary shall be set at an amount within the EO's salary range and the salary shall be applied to the first day of service as an Interim EO. The DHBC shall hold a special meeting within 30 days of the EO's vacancy to appoint an Interim EO, confirm the salary amount, and to initiate the selection process for a new EO.

Staff - Employees of the DHBC, with the exception of the EO, are civil service employees. Their conditions of employment (including pay, benefits, discipline, and evaluations) are governed by a myriad of civil service laws and regulations as well as collective bargaining labor agreements. Because of this complexity, it is appropriate that the DHBC delegate all authority and responsibility for managing the DHBC staff to the EO and AEO.

Chapter 3
TRAINING & CERTIFICATION REQUIREMENTS

DHBC members are required to complete the following training. Upon completion of each course, members shall send a copy of their Certificate of Completion to the EO or maintain the record in the online Learning Management System (LMS). The EO shall retain a copy of each certificate in the member's personnel file and shall forward additional copies to the appropriate oversight agencies as required.

- Board Member Orientation
- California Ethics Training for State Officials
- Conflict of Interest Certification
- Defensive Driver Training
- Sexual Harassment Prevention

Board Member Orientation Training - Every newly appointed and/or reappointed member is required to complete a New Board Member Orientation training program presented by the DCA within one year of assuming office. The training covers functions, responsibilities, and

obligations entailed in service as a DHBC member. For more information and assistance with scheduling, please contact:

SOLID Training Solutions
1747 Market Blvd., Ste. 270
Sacramento, CA 95834
(916) 574-8316
SOLID@dca.ca.gov

California Ethics Training for State Officials - Every newly appointed and/or reappointed member is required to complete the California Ethics Training for State Officials course within six months of appointment and every two years thereafter. The Attorney General's Website, http://oag.ca.gov/ethics, contains both an interactive version of the training as well as an accessible text-only version.

Conflict of Interest Certification - Every newly appointed and/or reappointed member is required to certify, within 10 days of appointment, and each year thereafter, specific documents to the general effect that he or she will perform all duties of a DHBC member in an impartial manner, free from bias caused by personal financial interests or the interest of persons who have supported the member. These documents, along with further explanation of conflict-of-interest restrictions and requirements, are available through the Board Member Resource Center on the DCA Website or through the Fair Political Practices Commission (FPPC) at:

http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml.

https://www.fppc.ca.gov/

Defensive Driver Training - Each member who will drive a vehicle in the course of any official function as a DHBC member, including commuting to DHBC meetings, shall complete, within 10 days of appointment, and every four years thereafter, the Department of General Service's (DGS) Defensive Driver Training. This training can be accessed through the DGS Website at:

www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx.

Sexual Harassment Prevention - Every newly appointed and/or reappointed member is required to complete Sexual Harassment Prevention training within six months of appointment and every two years thereafter. DCA's Equal Opportunity Employment Office can provide instructions on how to obtain this training.

Equal Employment Opportunity Office
1625 N. Market Blvd., Ste. N330
Sacramento, CA 95834
(916) 574-8280

http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml

Chapter 4
BAGLEY-KEENE OPEN MEETING ACT

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of state regulatory boards and committee meetings of those boards when the committee consists of more than two members. The act specifies meeting notice and agenda requirements and prohibits discussing or taking action on items not included in the agenda.

All members are encouraged to read the entire Bagley-Keene Open Meeting Act guide prepared by DCA Legal Affairs and accessible through the DCA Internet Web Site at:

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf.

Key points include the following:

- The DHBC shall post notice to the public on the Internet at least 10 calendar days before regular meetings are held. Alternate format notices shall be made available, upon request, for persons with disabilities.
- The notice shall include the agenda.
- During the meeting, the only items that shall be discussed are the items on the noticed agenda, with the exception that the public may raise issues during the Public Comment portion of the meeting.

- Issues raised during the meeting but not agenized may, at the discretion of the President, be placed on a future meeting's agenda for discussion.
- For all action items at DHBC meetings, as well as subcommittee meetings of three or more members, the law now requires the DHBC to conduct a roll call vote for each action item voted upon for the record including the abstention of each member present for that action item. The DHBC shall include this information in its meeting minutes.
- Provision is made to allow special meetings for certain circumstances in which adherence to the 10-day notice requirement would impose a substantial hardship on the state body or where immediate action is required to protect public interest.
- Members shall not contact other members in order to discuss, deliberate, or take action outside the meeting on a matter within the subject matter of the DHBC.
- Members are strongly discouraged from using cell phones during any meeting as this may give the impression of unlawful member-to-member communication.
- Members may seek further clarification and instruction from the EO.
- With the advancement of technology, many meetings are now conducted through online teleconference or video methods. Unless there are new laws that change the parameters of the Open Meetings Act, the same key points must be followed for meetings consisting of two or more board or committee members.

Chapter 5
OPERATIONS

General Rules of Conduct -

- Members shall recognize the valuable contributions of all DHBC members.
- Members shall commit appropriate time and effort to DHBC responsibilities including reviewing meeting notes, administrative cases, and other materials provided by staff.
- Members shall adhere to the principles of fairness and impartiality in the discharge of their duty to protect the public, without bias, through the enforcement of DHBC laws and the creation of regulations to govern the practice of dental hygiene.
- Members shall conduct their business in an open manner so that the public may be both informed and involved in accordance with the Bagley-Keene Open Meeting Act.

- Members shall neither privately nor publicly lobby for, nor shall they publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals when those views or goals are in opposition to a position adopted by the DHBC.
- Members shall never participate in making a governmental decision, or in any way attempt to use their official position to influence a governmental decision, in which there is a financial interest to the member or the potential of such. Any DHBC member who feels they are entering into a situation where there is a potential for a conflict of interest shall immediately consult the EO or DHBC's legal counsel.
- Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the DHBC.
- Members shall not disclose or otherwise make known the contents or nature of sensitive, private, or confidential documents or information related to DHBC business.
- Members shall not speak or act on behalf of the DHBC without first notifying the EO and obtaining permission from the President.

Full Committee Meetings - The DHBC shall meet at least two times each calendar year with an option for a third meeting, if necessary, to conduct DHBC business. The DHBC shall make a reasonable effort to vary the location of meetings, as economically feasible, to best serve the public and licensees.

Member attendance and active participation is critical to the success of DHBC meetings; therefore, if at any time a member cannot attend a meeting, it is imperative that the member notify the EO as soon as possible so that the EO can verify that a sufficient number of members will be present at the meeting to establish a quorum. To vote on an item of business, a quorum must be present. The presence of five members is necessary to establish a quorum. When a quorum is not present, but members are in attendance at a noticed meeting, members may discuss items of business but they may not take any action.

The President may ascertain from any member whose level of attendance and active participation at noticed meetings and whose timely submittal of mail votes is below standard whether or not the member is able or willing to continue to serve.

Agendas - Any member may submit items to the EO for consideration for future meeting agendas. The President and EO shall review all proposed agenda items received at least 30 days prior to the noticed meeting and the President shall determine which items shall be placed on that meeting's agenda. The EO shall provide the agenda to all members at least 10 days prior to the meeting and the EO shall provide the meeting packet to all members by email no later than seven days prior to the meeting.

Agendas shall focus on the specific tasks assigned by the DHBC and shall include:

- Time for public comment.
- Time for members to recommend new issues to be brought to the DHBC's attention.
- Time for a lunch break if the meeting is a full day.
- Committee agendas shall only contain items dealing with subjects assigned to the respective committee.
- Teleconference agendas shall include the meeting identification and passcode for the public to access the meeting.

Committees - Committees are advisory groups formed to research and deliberate on specific categories of concern, then recommend actions to the full Board for approval. The President shall appoint members to fill positions on each standing committee. A member may serve on multiple committees. Members who attend a committee meeting when not appointed to that committee may sit in the audience but shall not participate in the meeting discussion or voting. There are four standing committees:

- Licensing and Examination Committee
- Enforcement Committee
- Legislative and Regulatory Committee
- Education Committee

Licensing and Examination Committee - The purpose of the Licensing and Examination Committee is to advise the DHBC on policy matters relating to examination and licensure.

Enforcement Committee - The purpose of the Enforcement Committee is to advise the DHBC on policy matters related to protecting the health and safety of consumers. This includes evaluation of disciplinary statutes and maintenance of regulations and guidelines pertaining to enforcement.

Legislative and Regulatory Committee - The purpose of the Legislative and Regulatory Committee is to review and track legislation that affects the DHBC and to recommend positions on legislation. The committee also provides information and recommendations on regulatory additions or changes.

Education Committee - The purpose of the Education Committee is to advise the DHBC on granting, renewing, or withdrawing approval of educational programs and curriculum content. The committee also provides information and recommendations on feasibility studies for new educational programs.

Ad Hoc Committees - The President may establish ad hoc committees as needed. Any member may request that an ad hoc committee be established. The ad hoc committee is charged with an in-depth review of a specific issue and a recommendation to the DHBC.

Staff Assistance – The DHBC staff are available to provide support and consultation to the DHBC members and committees; however, members must funnel all communications and requests for staff assistance through the EO.

Recordkeeping - All public meetings are recorded using either audio and/or video recording equipment. Recordings shall be maintained until either 30 days from the meeting or until after the minutes are approved or accepted, whichever is later. Teleconferences may also be recorded for the minutes and record.

Minutes - Meeting minutes are a summary, not a transcript, of the proceedings. Only a quorum may approve meeting minutes and when less than a quorum is present, they may accept the minutes. A vote shall be taken regarding whether or not to accept/approve the minutes at the next meeting following the meeting for which the minutes pertain. Approved or accepted minutes for the open session portions of DHBC meetings shall be made available for

distribution to the public and placed on the DHBC's Internet Web Site within 30 working days of approval/acceptance.

Voting - All votes shall be captured in a roll call format pursuant to the Bagley-Keene Open Meeting Act and reflected as such in the minutes.

Chapter 6
DISCIPLINARY MATTERS INVOLVING LICENSEES

When a disciplinary matter involving a licensee arises, the Enforcement Analyst shall prepare a comprehensive report on the issue and provide it to all DHBC members. At the close of the report, the Enforcement Analyst shall propose various positions or stipulations for members to consider regarding the matter and shall provide each member a mail ballot and copy of the voting policy.

Voting on Disciplinary Matters - Each member may vote by mail ballot in favor of one of the proposed disciplinary positions or stipulations, or the member may vote to hold for discussion by writing on his or her ballot "hold for discussion" as well as the reason for the request to hold for discussion. If two or more members vote to hold for discussion, the matter is set aside until it can be discussed during a closed session at the next meeting. Members shall cast new votes after the discussion.

The DHBC shall approve, by a majority vote, any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A two-week deadline is generally given for return of the mail ballot to the DHBC's office.

If the matter is held for discussion, legal counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Security Regarding Disciplinary Matters - Members shall not directly participate in complaint handling or investigations. The following guidelines apply but members should contact the EO or DHBC legal counsel for answers to specific questions.

- No member shall access a licensee's or candidate's file.
- Members shall not intervene on behalf of a licensee, candidate for licensure, or respondent for any reason.
- If a member is contacted by a licensee, candidate for licensure, respondent, or by a respondent's attorney, the member shall refer the person making contact to the EO and shall immediately notify the EO of the contact event.

Chapter 7
SALARY PER DIEM

Members fill non-salaried positions but are paid $100 per day for each meeting, training, or other day actually spent in the discharge of official DHBC duties. Members are reimbursed travel and other expenses necessarily incurred in the performance of official duties. They are paid from the DHBC's funds (BPC Section 103). Salary per diem and travel reimbursement shall be rendered in accordance with the following guidelines:

- The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a DHBC or committee meeting until that meeting is adjourned. Travel time is not included in this component.
- No salary per diem or reimbursement for travel-related expenses shall be paid to members except for attendance at official meetings unless a substantial official service is performed by the member. In the event of attendance at gatherings, events, hearings, conferences, or meetings other than official DHBC or committee meetings in which a substantial official service is performed, the member shall notify the EO and gain approval from the DHBC President prior to the member's attendance.
- For DHBC-specified work, members may be compensated for actual time spent performing work authorized by the President. This may include, but is not limited to,

authorized attendance at other gatherings, events, meetings, trainings, hearings, or conferences.

- Reimbursable work does not include miscellaneous reading and information gathering for business not related to any meeting, preparation time for a presentation, or participation at meetings not related to official duties.

Chapter 8
TRAVEL REIMBURSEMENT

Members shall obtain the President's approval prior to embarking on any travel in support of the DHBC except for DHBC meetings and mandatory training.

Rules governing members' reimbursement of authorized travel expenses are consistent with rules that apply to management-level state staff. Members shall coordinate with the EO as soon as possible upon return from travel to file travel expense claims.

Chapter 9
ADDITIONAL RESOURCES

Sample Mail Ballot ***Model with Separate Hold Provisions***

To: All DHBC Members

From: Enforcement Analyst

Date:

RE: Mail Ballot for [First] [Last], License No. _____ Case No. _____

THIS MAIL BALLOT MUST BE RETURNED TO THE DHBC NO LATER THAN _____
(If the ballot does not reach the DHBC by this date your vote may not be counted and the DHBC may lose jurisdiction to act).

Please review the attached documents and vote on the above case. Upon completion of this mail ballot, please return it to me in the enclosed envelope or fax it to me at (916) 263-2688 by the date noted above.

The decision presented is a:

___ Proposed Decision. The DHBC will lose jurisdiction to act on _____ [Government Code Section 11517(d)].

___ Stipulated Decision

___ Default Decision

___ Probationary License

Please choose one option:

___ I vote to adopt (Choose this option if you accept the decision as written).

___ I vote to reject (Choose this option if you have questions or concerns).

___ I vote to recuse myself (Choose this option if you believe you have a conflict).

___ I vote to hold for discussion (Choose this option if you would like to discuss at the next DHBC meeting)

_____ _____

DHBC Member Signature **Date**

If you have procedural questions about the decision, please contact me at (916) 576-5005.

EXPLANATION OF ENFORCEMENT TERMS

Accusation - Charges filed against a licensee alleging violations of the laws and regulations relating to the practice of dental hygiene.

Default Decision - Licensee fails to respond to the Accusation by filing a Notice of Defense or fails to appear at the administrative hearing.

Denied - The application for licensure as a dental hygienist is denied.

Decision - The order of the DHBC in a disciplinary action.

Interim Suspension Order (ISO) - An order issued upon petition by the DHBC, suspending a licensee from all or a part of his or her practice in dental hygiene.

Petition to Revoke Probation - Charges filed against a probationer seeking revocation of their license based upon violation(s) of probation.

Probation - Terms and conditions placed on a licensee for a specific period of time as a result of disciplinary action.

Probationary License - A conditional license issued to an applicant with terms and conditions for a specific period of time.

Public Reprimand - Licensee was reprimanded for a minor violation(s).

Revoked - Licensee's right to practice is ended and the license is taken back.

Revoked, Stayed, Probation - "Stayed" means the revocation is postponed. Professional practice may continue so long as the licensee complies with the specific terms and conditions ordered. Violation of probation may result in the revocation that was postponed.

Statement of Issues - Charges filed against an applicant to deny licensure.

Stipulated Decision - A Settlement agreed to in lieu of a formal hearing to resolve the accusation and impose discipline.

Surrender - Licensee stipulates to surrender the license. The right to practice is ended.

Suspension - Licensee is prohibited from practicing for a specific period of time.

EXPLANATION OF MAIL BALLOT TERMS

Adopt - A vote to adopt the proposed action means that you accept the action as presented.

Default Decision - If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if 1) the respondent petitions for reconsideration before the effective date of the decision; and 2) the DHBC grants the petition.

Hold for Discussion - In addition to voting, you should mark this box if you have a question or concern about the decision and would like to discuss the matter with fellow members during a closed session. If you vote to reject, you may also wish to hold the case. TWO votes must be received to hold a case. If the case is a **stipulated decision**, the DHBC staff can explain why they entered into the agreement. If the case is either type, you may contact the DHBC's assigned legal counsel to discuss the merits of the case.

Proposed Decision - Following a hearing, the administrative law judge shall draft a proposed decision recommending an outcome based on the facts and the DHBC's disciplinary guidelines. At its discretion, the DHBC may impose a lesser penalty than that in the proposed decision. If the DHBC desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing, and review all exhibits prior to acting on the case.

Recusal - Mark this box if you believe you cannot participate in making the decision because you have a specific conflict. Common examples are if the person is a member of your family, a close personal friend, or business partner. If you are unsure if you should recuse yourself, you should contact the EO or the assigned DHBC legal counsel.

Reject - A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the DHBC's decision. This

vote should be used if you believe an additional term or condition of probation should be added (or deleted), or would otherwise modify the proposed penalty.

Stipulated Decision - At any time during the disciplinary process, the parties to the matter (the EO and the respondent) can agree to a disposition of the case. With the EO's consent, the Deputy Attorney General can negotiate a stipulated decision (also referred to as a stipulated agreement) based on the DHBC's disciplinary guidelines. The DHBC may adopt the stipulated decision as proposed, may counter-offer and recommend other provisions, or may reject the agreement. If respondent declines to accept a proposed counteroffer, the case continues in the standard disciplinary process.

Summary of Outcomes - If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to DHBC policy. After reviewing the record, the DHBC will be able to adopt the decision as previously written or modify the decision as it deems appropriate, except that a cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing unless a counteroffer is made during a closed session. If a default decision is rejected, the case will be set for hearing.

ACRONYMS

Agencies

AGO	Attorney General's Office
DBC	Dental Board of California
DCA	Department of Consumer Affairs
DHBC	Dental Hygiene Board of California
DHCC	Dental Hygiene Committee of California
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
OPES	Office of Professional Examination Services
PSI	Psychological Services Incorporated

Organizations

ADHA	American Dental Hygienists Association
CDHA	California Dental Hygienists Association
CDA	California Dental Association
CDHEA	California Dental Hygiene Educators Association
CAPS	California Assoc. of Private Post-Secondary Schools
CCC	California Community Colleges
CODA	Commission on Dental Accreditation
CRDTS	Central Regional Dental Testing Services, Inc.
WREB	Western Regional Examination Board

Codes

BPC	Business and Professions Code
CAC	California Administrative Code
CCR	California Code of Regulations
CGCGOV	California Government Code

Titles

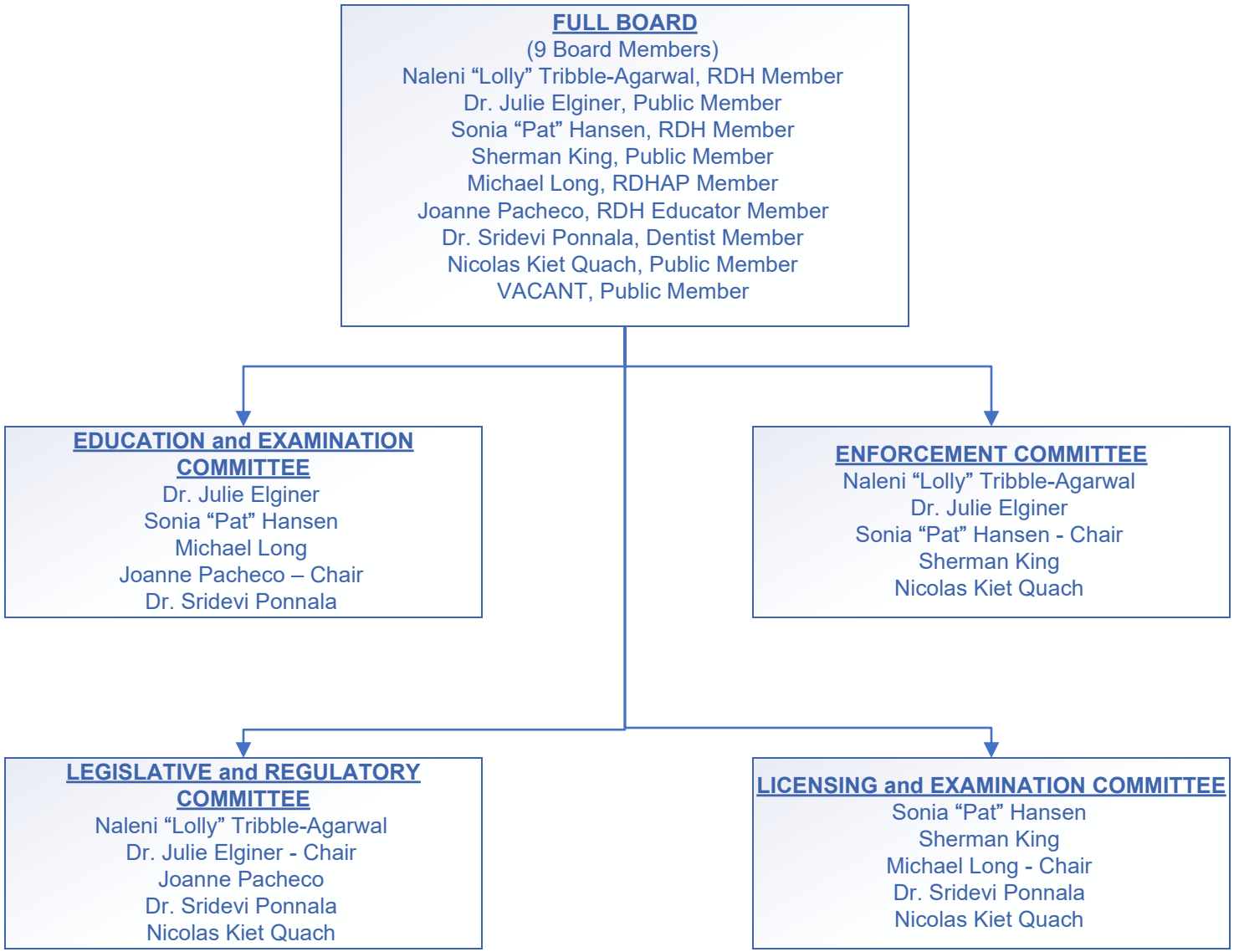
AG	Attorney General
ALJ	Administrative Law Judge
DA	District Attorney
DAG	Deputy Attorney General
EO	Executive Officer

Licenses

FNP	Fictitious Name Permit
LBC	Licensure by Credential
RDH	Registered Dental Hygienist
RDHAP	Registered Dental Hygienist in Alternative Practice
RDHEF	Registered Dental Hygienist in Extended Functions
SLN	Soft Tissue Curettage, Local Anesthetic, and Nitrous Oxide and Oxygen Administration

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FULL BOARD
(9 Board Members)
Naleni “Lolly” Tribble-Agarwal, RDH Member
Dr. Julie Elginer, Public Member
Sonia “Pat” Hansen, RDH Member
Sherman King, Public Member
Michael Long, RDHAP Member
Joanne Pacheco, RDH Educator Member
Dr. Sridevi Ponnala, Dentist Member
Nicolas Kiet Quach, Public Member
VACANT, Public Member
EDUCATION and EXAMINATION COMMITTEE
Dr. Julie Elginer
Sonia “Pat” Hansen
Michael Long
Joanne Pacheco – Chair
Dr. Sridevi Ponnala
ENFORCEMENT COMMITTEE
Naleni “Lolly” Tribble-Agarwal
Dr. Julie Elginer
Sonia “Pat” Hansen - Chair
Sherman King
Nicolas Kiet Quach
LEGISLATIVE and REGULATORY COMMITTEE
Naleni “Lolly” Tribble-Agarwal
Dr. Julie Elginer - Chair
Joanne Pacheco
Dr. Sridevi Ponnala
Nicolas Kiet Quach
LICENSING and EXAMINATION COMMITTEE
Sonia “Pat” Hansen
Sherman King
Michael Long - Chair
Dr. Sridevi Ponnala
Nicolas Kiet Quach

DHBC
Dental Hygiene
Board of California

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
OFFICE OF PROFESSIONAL EXAMINATION SERVICES

DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION

July 2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Shana Larrucea, Research Data Specialist
Karen Okicich, MA, Research Data Supervisor II
Heidi Lincer, PhD, Chief

This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist (RDH) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDHs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the RDH profession and provide the basis for constructing a valid and legally defensible California RDH Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed RDHs working throughout California. The purpose of these interviews was to identify the tasks performed by RDHs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and interviews, OPES test specialists developed a preliminary list of tasks performed by RDHs in their practice, along with a list of the knowledge needed to perform those tasks.

In November 2024, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDH practice in California. RDHs participated in the workshops as subject matter experts (SMEs). The SMEs represented the profession in terms of location of practice and years licensed. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions for a two-part OA questionnaire to be completed by a sample of RDHs statewide.

After the workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDHs who participated in the telephone interviews and the November 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered December 2024–February 2025.

In the first part of the OA questionnaire, RDHs were asked to provide demographic information related to their work settings and practice. In the second part, RDHs were asked to rate specific tasks by frequency (i.e., how

often the RDH performs the task in their current practice) and importance (i.e., how important the task is to effective performance in their current practice). The RDHs were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance in their current practice).

In December 2024, on behalf of the Board, OPES sent an email to a sample of 7,970 actively practicing RDHs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDHs for whom the Board had an email address on file. Three reminder emails were sent after the initial invitation was made.

A total of 1,297 RDHs, or approximately 16.3% of the RDHs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 887 (11.1%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a second workshop with SMEs in February 2025. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that each statement was critical for safe and competent entry-level performance as an RDH in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the California RDH description of practice.

The description of practice is structured into four content areas weighted relative to each of the other content areas. The new description of practice identifies the tasks and knowledge critical to safe and competent RDH practice in California at the time of licensure.

Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure. The description of practice developed as a result of this OA also provides a basis for developing the California Registered Dental Hygienist Laws and Ethics Examination.

OVERVIEW OF THE REGISTERED DENTAL HYGIENIST DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.	20
2. Dental Hygiene Treatment	This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.	40
3. Health and Safety	This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.	15
4. Dental Hygiene Laws and Ethics	This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.	25
TOTAL		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist (RDH) profession in California. The purpose of the OA is to identify critical activities performed by RDHs in California. The results of this OA provide a description of practice for the RDH profession and a basis for developing a valid and legally defensible Registered Dental Hygienist Laws and Ethics Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California RDHs participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current RDH practice in California. These SMEs represented the occupation in terms of geographic location of practice and years licensed. The SMEs provided technical expertise and information regarding different aspects of current RDH practice. During the workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDH practice, organized the tasks and knowledge statements into content areas, evaluated the responses to the OA questionnaire, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The RDH occupation is described as follows in BPC § 1908, 1909, and 1910:

BPC § 1908

(a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

(b) The practice of dental hygiene does not include any of the following procedures:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, condensing, carving, or removal of permanent restorations.

(3) Surgery or cutting on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Administering local or general anesthesia or oral parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to BPC § 1909.

BPC § 1909

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

(1) Soft-tissue curettage.

(2) Administration of local anesthesia.

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

BPC § 1910

A registered dental hygienist is authorized to perform the following procedures under general supervision:

(a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.

(b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.

(c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.

(d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

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CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, laws and regulations, industry publications) and from telephone interviews with licensed registered dental hygienists working throughout California. The statements were then organized into major content areas of practice.

In November 2024, OPES test specialists facilitated a workshop. Five SMEs with varying years of experience and practicing in different geographic locations participated in the workshop. The SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. The SMEs also performed a preliminary linkage of the tasks and knowledge statements. The purpose of the linkage was to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDA. The linkage ensured that all tasks were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task. The SMEs also evaluated the scales that would be used for rating tasks and knowledge statements. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

Finally, the SMEs reviewed and revised the proposed demographic questions for the online OA questionnaire.

OPES used the final list of tasks, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of RDHs statewide.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit RDHs' ratings of the tasks and knowledge statements. The surveyed RDHs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDHs. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was sent to the 7 SMEs who participated in the telephone interviews and the 5 SMEs who participated in the OA workshop. OPES received feedback on the pilot study from 4 respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDH practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered December 18, 2024–February 9, 2025.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In December 2024, on behalf of the Board, OPES sent an email to a sample of 7,970 actively practicing RDHs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent biweekly after the initial invitation. The email invitation to practitioners is Appendix B.

A total of 1,297 RDHs, or approximately 16.3% of the RDHs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 887 (11.1%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDHs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding RDHs reported a range of years of experience from 0–5 (21.9%) to more than 16 (46.2%), which accounted for most respondents. The rest of the respondents held their RDH license for 6–10 years (15.4%) or 11–15 years (16.5%).

Table 2 and Figure 2 show other licenses or certificates that respondents reported holding in addition to their RDH license. Most respondents reported holding an administration of local anesthesia certificate (91.9%), while 90.4% of respondents reported that they held an administration of nitrous oxide and oxygen certificate. In addition, 85.2% of respondents reported holding a periodontal soft tissue curettage certificate. Respondents also reported that they held a certificate in radiographic decision-making (30.8%). A small percentage of respondents reported that they held an RDA license (17.1%), an interim therapeutic restorations certificate (14.1%), or an RDAEF license (0.8%).

Table 3 and Figure 3 show that most respondents work 31–40 hours per week (44.5%), while 25.7% of respondents work 21–30 hours per week. Smaller percentages of respondents reported working 11–20 hours (14.8%), 1–10 hours (8.7%), or more than 40 hours (6.3%).

Table 4 and Figure 4 show that 85.1% of the respondents reported that their primary work setting was located in an urban area, and 14.9% reported that it was located in a rural area.

Table 5 and Figure 5 show that 89.5% of respondents reported that they worked in general dentistry, while 3.7% described their primary work setting as periodontics, and 0.7% as pedodontics. A small percentage of respondents (6.1%) described their primary work setting as "other."

Table 6 and Figure 6 show that 61.9% of respondents reported working in 1 dental office, while 24.4% reported working in 2 dental offices, and 13.8% reported working in 3 or more dental offices.

Table 7 shows that 3.9% of respondents are employed as an RDH instructor, while 96.1% of respondents are not RDH instructors.

Table 8 shows the geographical regions where respondents perform most of their work. A breakdown of regional data organized by county is Appendix C.

Additional demographic information from respondents can be found in Tables 1–8 and Figures 1–6.

TABLE 1 – NUMBER OF YEARS LICENSED AS A REGISTERED DENTAL HYGIENIST

YEARS	NUMBER (N)	PERCENT
0–5	194	21.9
6–10	137	15.4
11–15	146	16.5
16 or more	410	46.2
Total	887	100

FIGURE 1 – NUMBER OF YEARS LICENSED AS A REGISTERED DENTAL HYGIENIST

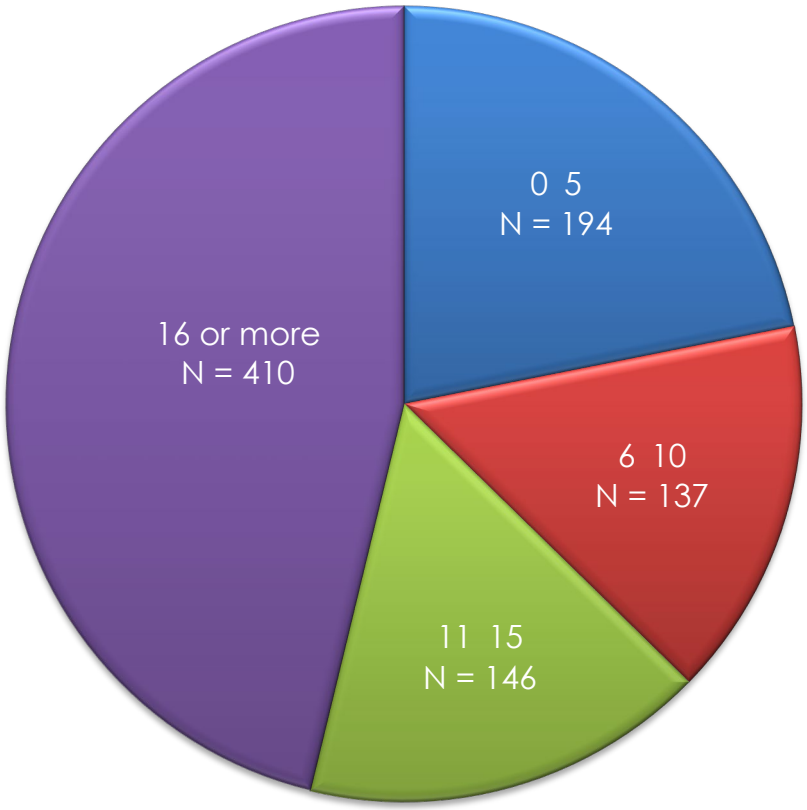


TABLE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO REGISTERED DENTAL HYGIENIST

LICENSE/CERTIFICATE*	NUMBER (N)	PERCENT**
RDA	152	17.1
RDAEF	7	0.8
Periodontal Soft Tissue Curettage	756	85.2
Administration of Local Anesthesia	815	91.9
Administration of Nitrous Oxide and Oxygen	802	90.4
Radiographic Decision-making	273	30.8
Interim Therapeutic Restorations	125	14.1
None	16	1.8

*NOTE: Respondents were asked to select all that apply.
**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO REGISTERED DENTAL HYGIENIST

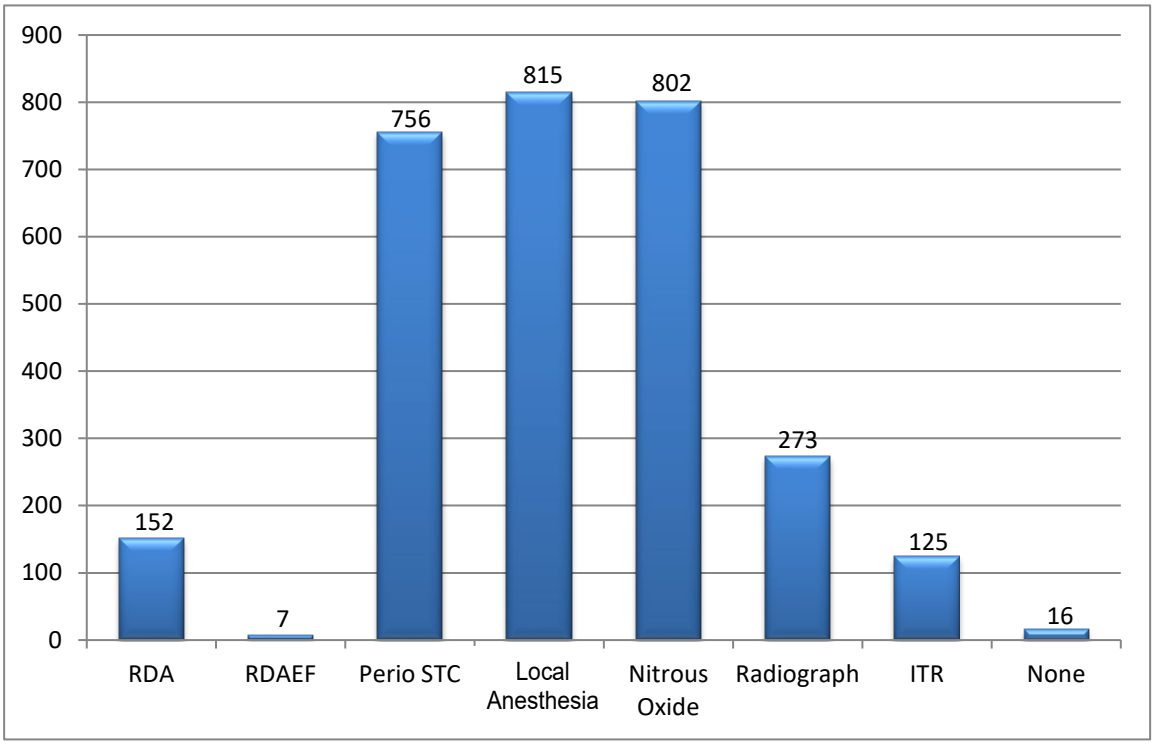


TABLE 3 – NUMBER OF HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1–10	77	8.7
11–20	131	14.8
21–30	228	25.7
31–40	395	44.5
41 or more	56	6.3
Total	867	100

FIGURE 3 – NUMBER OF HOURS WORKED PER WEEK

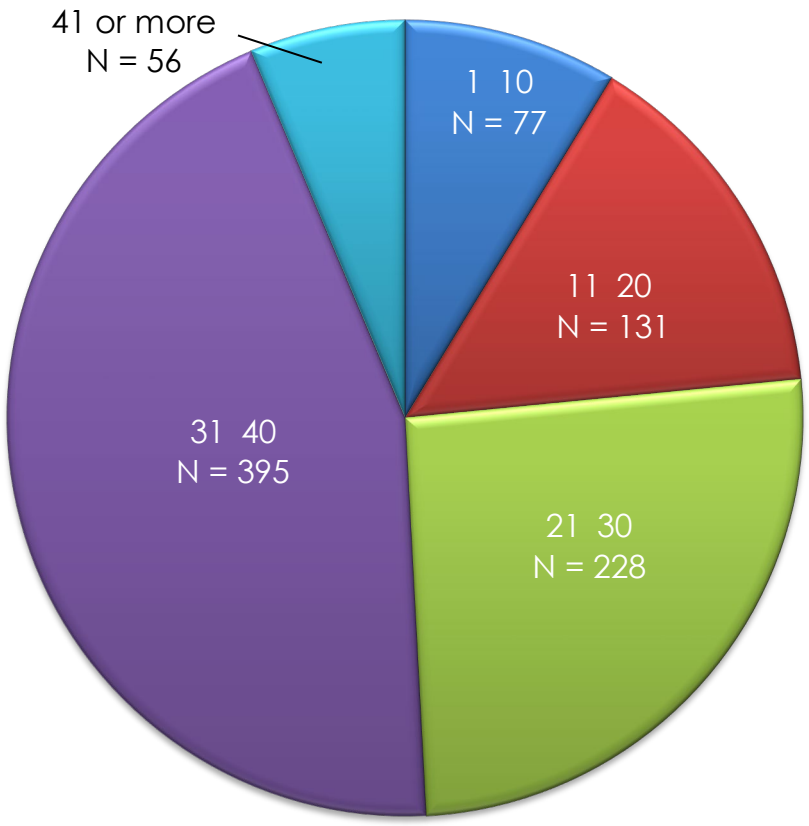


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	755	85.1
Rural (fewer than 50,000 people)	132	14.9
Total	887	100

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

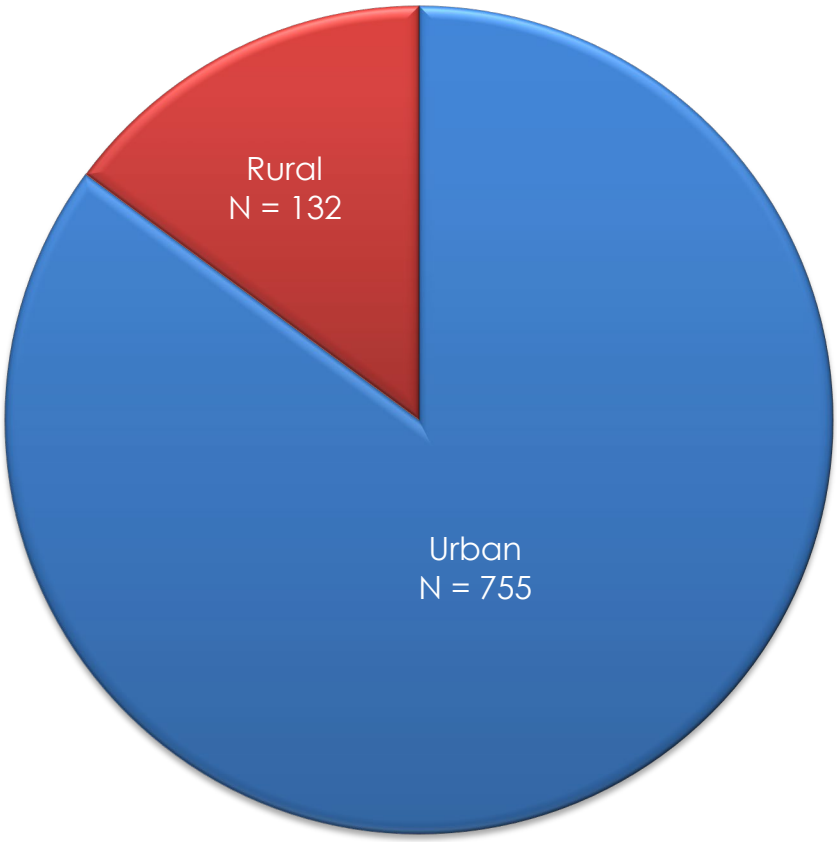


TABLE 5 – DENTAL PRACTICE DESCRIPTION

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	794	89.5
Periodontic dentistry	33	3.7
Pedodontic dentistry	6	0.7
Other	54	6.1
Total	887	100

FIGURE 5 – DENTAL PRACTICE DESCRIPTION

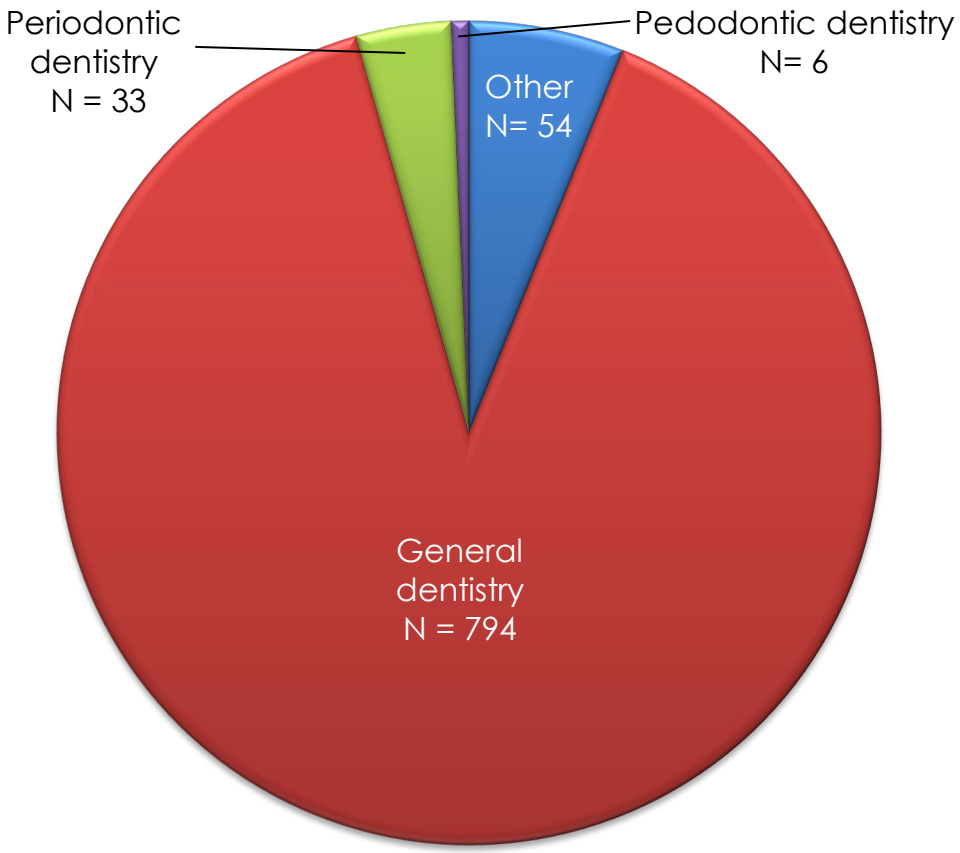


TABLE 6 – NUMBER OF OFFICES IN WHICH REGISTERED DENTAL HYGIENIST WORKED

OFFICES	NUMBER (N)	PERCENT*
1	549	61.9
2	216	24.4
3 or more	122	13.8
Total	887	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – NUMBER OF OFFICES IN WHICH REGISTERED DENTAL HYGIENIST WORKED

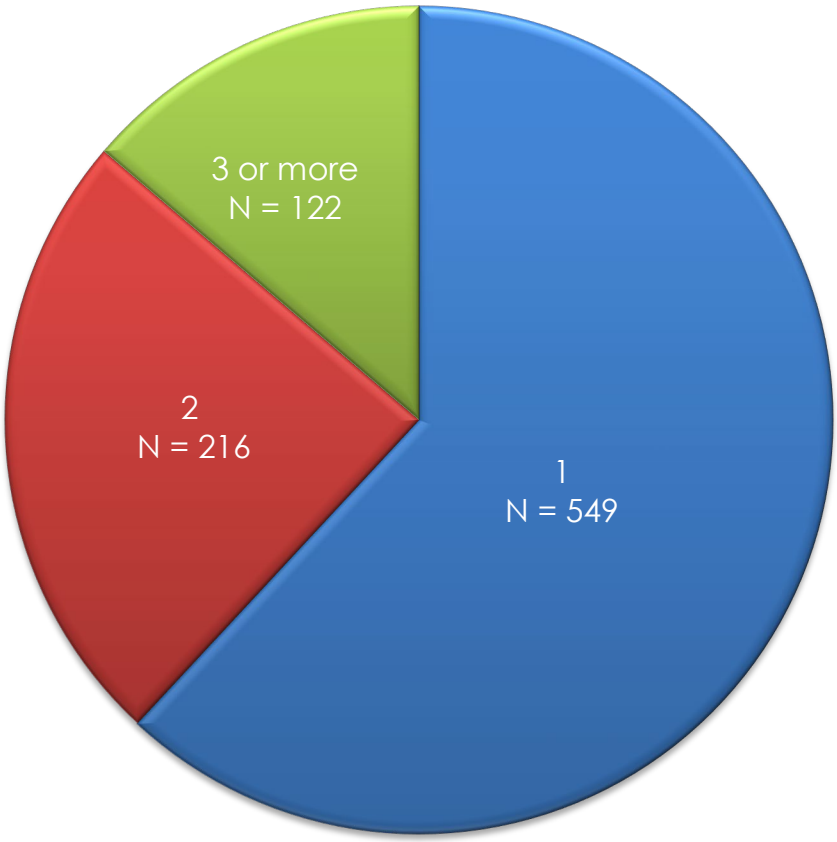


TABLE 7 – EMPLOYED AS AN INSTRUCTOR AT AN ACCREDITED HYGIENE SCHOOL

INSTRUCTOR	NUMBER (N)	PERCENT
Yes	35	3.9
No	852	96.1
Total	887	100

TABLE 8 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT**
Los Angeles County and Vicinity	227	25.6
San Francisco Bay Area	180	20.3
San Joaquin Valley	88	9.9
Sacramento Valley	68	7.7
San Diego County and Vicinity	101	11.4
Shasta/Cascade	21	2.4
Riverside and Vicinity	57	6.4
Sierra Mountain Valley	52	5.9
North Coast	34	3.8
South Coast and Central Coast	59	6.7
Total	887	**100.1

*NOTE: Appendix C shows a more detailed breakdown of the frequencies by region.
**NOTE: Percentages do not add to 100 due to rounding.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 9 displays the reliability coefficients for the task statement rating scales in each content area. Table 10 displays the reliability coefficients for the knowledge statement rating scale in each content area. These results indicate that the responding RDHs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 9 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	FREQUENCY	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	16	.882	.876
2. Dental Hygiene Treatment	18	.859	.814
3. Health and Safety	9	.870	.819
4. Dental Hygiene Laws and Ethics	29	.922	.941

TABLE 10 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	54	.981
2. Dental Hygiene Treatment	40	.972
3. Health and Safety	25	.968
4. Dental Hygiene Laws and Ethics	63	.985

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

Task criticality index = mean [(Fi) X (Ii)]

The tasks were grouped by content area and sorted in descending order by their criticality index. The tasks included in the questionnaire, their mean frequency and importance ratings, and their associated criticality indices are Appendix D.

OPES test specialists convened a workshop consisting of 7 SMEs in February 2025. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDH practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to RDH practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the questionnaire, sorted in descending order by content area, and presented along with their mean importance ratings, are Appendix E.

The SMEs who participated in the February 2025 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to RDH practice, the SMEs determined that no cutoff value should be set, and that all knowledge statements should be retained.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the February 2025 workshop confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs who participated in the February 2025 workshop were also asked to finalize the weights of the content areas that would form the Registered Dental Hygienist description of practice. OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level RDH practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to RDH practice. The content area weights for "Dental Hygiene Treatment" increased, while the content area weights for the rest of the content areas decreased. A summary of the preliminary and final content area weights for the RDH description of practice is presented in Table 11.

TABLE 11 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	22	20
2. Dental Hygiene Treatment	23	40
3. Health and Safety	16	15
4. Dental Hygiene Laws and Ethics	39	25
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis for the RDH description of practice. The final description of practice is presented in Table 12.

TABLE 12 – REGISTERED DENTAL HYGIENIST DESCRIPTION OF PRACTICE (2025)

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%)
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%)	T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	K1. Knowledge of methods for identifying patient dental hygiene needs. K2. Knowledge of techniques for establishing patient rapport and trust. K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.
	T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	K4. Knowledge of standards for measuring patient vital signs based on patient health status. K5. Knowledge of signs of elevated and abnormal vital sign readings. K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.
	T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment. K8. Knowledge of the relationship between systemic and oral health. K9. Knowledge of methods for collecting information about patient medical and dental history. K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures. K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History 10%), continued	T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment. K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.
	T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	K14. Knowledge of the relationship between dental history and current oral health.
	T6. Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	K15. Knowledge of the relationship between diet and oral health. K16. Knowledge of the relationship between substance and tobacco use and oral health. K17. Knowledge of the relationship between oral hygiene habits and oral health.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	K18. Knowledge of types of muscles and physiological structures in the head and neck region. K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region. K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region. K21. Knowledge of signs of temporal mandibular dysfunction.
	T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions. K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues. K24. Knowledge of techniques for performing extraoral examinations. K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.
	T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity. K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues. K28. Knowledge of methods for performing intraoral examinations. K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.
	T10. Assess dental deposits and stains to determine extent of calculus formation.	K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation. K31. Knowledge of classifications of dental deposits. K32. Knowledge of types of extrinsic and intrinsic dental stains. K33. Knowledge of methods for assessing dental deposits and stains.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	K34. Knowledge of classifications of dental caries and restorations. K35. Knowledge of techniques for identifying pulpal damage. K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture. K37. Knowledge of techniques for performing dental caries detection and risk assessment.
	T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	K38. Knowledge of classifications of occlusion and malocclusion. K39. Knowledge of effects of occlusion and malocclusion on oral health. K40. Knowledge of methods for identifying occlusion and malocclusion.
	T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	K41. Knowledge of components and structures of the periodontium. K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium. K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions. K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases. K45. Knowledge of factors that impact gingival plaque accumulation. K46. Knowledge of techniques for assessing the periodontium.
	T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.	K47. Knowledge of components of peri-implants, implants, and prosthetics. K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation. K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer. K51. Knowledge of methods for detecting intraoral and extraoral cancer. K52. Knowledge of types of intraoral and extraoral cancers.
	T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.	K53. Knowledge of types of radiographic imaging. K54. Knowledge of criteria for determining type of diagnostic images to be performed.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%)
This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2A. Developing a Care Plan (7%)	T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	K55. Knowledge of criteria for establishing oral hygiene indices. K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.
	T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.
2B. Dental Hygiene Procedures (10%)	T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	K59. Knowledge of techniques for performing scaling and root planing using hand instruments. K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.
	T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	K61. Knowledge of techniques for performing oral prophylaxis using hand instruments. K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.
	T21. Perform soft tissue curettage under supervision of a dentist to address periodontal disease.	K63. Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.
	T22. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	K64. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain. K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T23. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	K66. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T24. Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	K67. Knowledge of procedures for cleaning and polishing removable appliances. K68. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2C. Prophylaxis Procedures (9%)	T25. Apply fluoride and other caries-preventing agents to protect teeth.	K69. Knowledge of methods used to prevent caries. K70. Knowledge of procedures to apply fluoride to teeth.
	T26. Apply pit and fissure sealants to prevent dental caries.	K71. Knowledge of types of pit and fissure sealants and their uses. K72. Knowledge of factors that impact retention of pit and fissure sealants. K73. Knowledge of indications and contraindications for using pit and fissure sealants. K74. Knowledge of techniques for applying pit and fissure sealants.
	T27. Apply antimicrobial agents to prevent or control periodontal disease.	K75. Knowledge of types of antimicrobial agents and their active ingredients. K76. Knowledge of indications and contraindications for using antimicrobial agents. K77. Knowledge of techniques for delivering antimicrobial agents.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2D. Pain and Anxiety Management (7%)	Administer topical anesthetic to control patient pain.	K78. Knowledge of procedures to administer topical anesthetic. K79. Knowledge of conditions that require application of topical anesthesia. K80. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.
	T28. Administer local anesthetic to patients for pain control under supervision of a dentist.	K81. Knowledge of procedures to administer local anesthetic. K82. Knowledge of conditions that require administration of local anesthetic. K83. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.
	T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	K84. Knowledge of procedures to administer nitrous oxide. K85. Knowledge of conditions that require administration of nitrous oxide. K86. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2E. Patient Education (7%)	T30. Educate patients about oral hygiene to promote oral health.	K87. Knowledge of effects of poor oral hygiene and care related to oral health. K88. Knowledge of methods for educating patients about oral hygiene.
	T31. Educate patients about dietary recommendations to promote oral health.	K89. Knowledge of effects of foods and beverages on oral health. K90. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.
	T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.	K91. Knowledge of individualized oral hygiene instructions to address specific patient needs.
	T33. Provide patients with post-treatment instructions to promote patient compliance.	K92. Knowledge of symptoms patients may encounter after treatment. K93. Knowledge of techniques for pain management after treatment. K94. Knowledge of methods for educating patients about post-treatment instruction.

CONTENT AREA 3: HEALTH AND SAFETY (15%)

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T35. Provide patients with safety precautions to ensure protection during dental hygiene treatment.	K95. Knowledge of methods for using safety precautions with patients. K96. Knowledge of types of safety equipment for protecting patients. K97. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
T36. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K98. Knowledge of equipment for providing protective barriers and air evacuation systems. K99. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K100. Knowledge of types of infectious diseases and their modes of transmission.
T37. Sanitize hands according to protocols to prevent the transmission of diseases.	K101. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments. K102. Knowledge of types of infectious diseases and their modes of transmission.
T38. Wear personal protective equipment to prevent contamination.	K103. Knowledge of techniques for using personal protective equipment.
T39. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K104. Knowledge of techniques for preventing the spread of infectious diseases. K105. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T40. Identify signs of medical emergencies to address situations that require immediate intervention.	K106. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock. K107. Knowledge of signs of medical crisis and emergency. K108. Knowledge of methods for obtaining emergency medical assistance. K109. Knowledge of methods for administering emergency first aid and CPR.

CONTENT AREA 3: HEALTH AND SAFETY (15%), continued

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T41. Disinfect treatment area and equipment before and after dental hygiene treatment.	K110. Knowledge of methods for disinfecting treatment areas and equipment. K111. Knowledge of barrier techniques for protecting treatment areas and equipment. K112. Knowledge of methods for monitoring dental waterlines and water quality. K113. Knowledge of methods for disinfecting evacuation lines. K114. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T42. Sterilize instruments to prevent patient-to-patient disease transmission.	K115. Knowledge of types of sterilization processes and related equipment. K116. Knowledge of procedures for sterilizing instruments. K117. Knowledge of techniques for storing instruments before and after sterilization.
T43. Adhere to disposal safety protocols to discard biohazard materials or sharps.	K118. Knowledge of techniques for safely disposing of biohazard materials. K119. Knowledge of techniques for safely disposing of sharps.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%)

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4A. Patient Autonomy and Consent for Treatment (7%)	T44. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K120. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T45. Respect patient autonomy in making decisions about their care.	K121. Knowledge of laws about patient right to make treatment decisions. K122. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T46. Obtain informed consent to authorize dental hygiene treatment.	K123. Knowledge of requirements regarding informed consent for treatment.
	T47. Comply with requirements to provide oral care to minor patients.	K124. Knowledge of requirements for treating minor patients. K125. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K126. Knowledge of requirements regarding access to information related to treatment of minors.
	T48. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K127. Knowledge of requirements regarding the release of confidential patient information.
	T49. Comply with requirements regarding requests for records to protect patient rights.	K128. Knowledge of requirements regarding patient right to access treatment records. K129. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T50. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K130. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T51. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K131. Knowledge of requirements regarding geographic limitations in providing telehealth. K132. Knowledge of requirements regarding standards of care and delivery of telehealth.

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CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4B. Mandated Reporting Requirements (3%)	T52. Report known or suspected child or neglect to protect the health and safety of minors.	K133. Knowledge of signs of child abuse and neglect. K134. Knowledge of laws regarding mandated reporting of child abuse and neglect. K135. Knowledge of procedures for filing mandated reports with protective authorities.
	T53. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K136. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K137. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K135. Knowledge of procedures for filing mandated reports with protective authorities.
	T54. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K138. Knowledge of signs of abuse, neglect, and exploitation of older adults. K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K135. Knowledge of procedures for filing mandated reports with protective authorities.
4C. Professional Dental Hygiene Practice (8%)	T55. Adhere to requirements regarding scope of practice to respect professional boundaries.	K140. Knowledge of legal requirements regarding RDH scope of practice.
	T56. Maintain professional conduct within and outside work hours to uphold professional integrity.	K141. Knowledge of requirements regarding professional conduct. K142. Knowledge of the relationship between personal and professional actions and public trust. K143. Knowledge of the principles of universality. K144. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (8%), continued	T57. Comply with license requirements to keep dental hygiene license current and valid.	K145. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K146. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K147. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.
	T58. Maintain patient records according to requirements for documentation, storage, and disposal.	K148. Knowledge of requirements regarding documentation of treatments provided. K149. Knowledge of requirements regarding the storage and disposal of treatment records. K150. Knowledge of protocols for documenting in patient dental records.
	T59. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K151. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K152. Knowledge of requirements regarding the collection of fees and surcharges.
	T60. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K153. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.
4D. Obligation to the Patient and Society (7%)	T61. Practice within scope of competence to provide treatment consistent with level of training and experience.	K154. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K155. Knowledge of ethical standards about remaining current on professional developments.
	T62. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K156. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K157. Knowledge of the principles of complementarity. K158. Knowledge of standards that prohibit discrimination in professional services and conduct.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (7%), continued	T63. Provide services in a manner that protects all patients to minimize harm to patients and others.	K159. Knowledge of the principles of non-maleficence. K160. Knowledge of methods for preventing harm to patients.
	T64. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K161. Knowledge of ethical standards about conflict-of-interest situations. K162. Knowledge of methods for managing conflict of interest situations.
	T65. Maintain professionalism while providing oral health services to patients.	K163. Knowledge of the relationship between personal values and professional objectivity. K164. Knowledge of methods for managing the impact of personal values on treatment. K165. Knowledge of methods for maintaining objectivity in providing services to patients. K166. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T66. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K167. Knowledge of standards about practicing when impaired. K168. Knowledge of standards about practicing under the influence of alcohol or other substances.
	T67. Maintain standard of care to align with patient oral health care needs.	K169. Knowledge of standards about providing services in the best interest of patients. K170. Knowledge of standards about excessive treatment and limiting patient care.
	T68. Promote well-being of patients to protect their best interest and welfare.	K171. Knowledge of standards about acting in the best interest of patients. K172. Knowledge of methods for enhancing the well-being of patients.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (7%), continued	T69. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K173. Knowledge of procedures regarding the management of safety needs. K174. Knowledge of methods for addressing patient safety needs.
	T70. Refer patients to other providers to address situations that require additional treatment or expertise.	K175. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.
	T71. Collaborate with other professionals to meet patient oral health care needs.	K176. Knowledge of standards about participating with other professionals in providing patient care. K177. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T72. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K178. Knowledge of signs of colleague impairments that jeopardize professional judgment. K179. Knowledge of types of colleague behaviors that require intervention or action. K180. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION OUTLINE

CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDH requires meeting educational, examination, and experience requirements, including the California RDH Laws and Ethics Examination.

The California description of practice was used to develop the examination outline for the California RDH Laws and Ethics Examination. SMEs who participated in the February 2025 workshop were asked to identify the tasks and knowledge statements that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content areas should remain in the examination outline for the California RDH Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In February 2025, OPES facilitated a workshop with 7 SMEs. Before the workshop, OPES organized that tasks and knowledge statements from the preliminary California RDH Laws and Ethics Examination Outline into a proposed examination outline with 3 content areas. The SMEs determined the final content areas, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDH Laws and Ethics Examination is presented in Table 13. A summary of content area weights for the California RDH Laws and Ethics Examination Outline is presented in Table 14. Appendix F provides a conversion chart indicating the original task and knowledge statement numbers in the California RDH Description of Practice and the new task and knowledge statement numbers in the California RDH Laws and Ethics Examination Outline.

TABLE 13 – CALIFORNIA REGISTERED DENTAL HYGIENEST LAWS AND ETHICS EXAMINATION OUTLINE CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT AREA WEIGHTS
1. Consent, Confidentiality, and Patient Privacy	**35**
1A. Informed Consent and Patient Autonomy	20
1B. Patient Privacy and Protecting Private Health Information	9
1C. Limits to Confidentiality and Mandated Reporting	6
2. Standards for Professional Dental Hygiene Practice	**35**
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements	20
2B. Professional Practices	15
3. Obligation to the Patient and Professional Role	**30**
3A. Obligation to the Patient	20
3B. Obligation to Professional Dental Hygiene Role	10
Total	**100**

TABLE 14 – CALIFORNIA REGISTERED DENTAL HYGIENEST LAWS AND ETHICS EXAMINATION OUTLINE (2025)

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%)

This content area assesses a candidate's knowledge of California laws and regulations pertaining to consent for treatment, confidentiality, and patient privacy.

	Tasks	Knowledge Statements
1A. Informed Consent and Patient's Rights Regarding Treatment Decisions (20%)	T1. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K1. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T2. Respect patient autonomy in making decisions about their care.	K2. Knowledge of laws about patient right to make treatment decisions. K3. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T3. Obtain informed consent to authorize dental hygiene treatment.	K4. Knowledge of requirements regarding informed consent for treatment.
	T4. Comply with requirements to provide oral care to minor patients.	K5. Knowledge of requirements for treating minor patients. K6. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K7. Knowledge of requirements regarding access to information related to treatment of minors.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%), continued

This content area assesses a candidate's knowledge of California laws and regulations pertaining to consent for treatment, confidentiality, and patient privacy.

	Tasks	Knowledge Statements
1B. Patient Privacy and Protected Health Information (9%)	T5. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K8. Knowledge of requirements regarding the release of confidential patient information.
	T6. Comply with requirements regarding requests for records to protect patient rights.	K9. Knowledge of requirements regarding patient right to access treatment records. K10. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T7. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K11. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T8. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K12. Knowledge of requirements regarding geographic limitations in providing telehealth. K13. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%), CONTNUED

This content area assesses a candidate's knowledge of California laws and regulations pertaining to mandated reporting.

	Tasks	Knowledge Statements
1C. Limits to Confidentiality and Mandated Reporting (6%)	T9. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K14. Knowledge of signs of child abuse and neglect. K15. Knowledge of laws regarding mandated reporting of child abuse and neglect. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T10. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K17. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K18. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T11. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K19. Knowledge of signs of abuse, neglect, and exploitation of older adults. K20. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE PRACTICE (35%)
This content area assesses a candidate's knowledge of California laws and regulations to maintain standards in the dental hygiene practice.

	Tasks	Knowledge Statements
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements (20%)	T12. Adhere to requirements regarding scope of practice to respect professional boundaries.	K21. Knowledge of legal requirements regarding RDH scope of practice.
	T13. Maintain professional conduct within and outside work hours to uphold professional integrity.	K22. Knowledge of requirements regarding professional conduct. K23. Knowledge of the relationship between personal and professional actions and public trust. K24. Knowledge of the principles of universality. K25. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.
	T14. Comply with license requirements to keep dental hygiene license current and valid.	K26. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K27. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K28. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE PRACTICE (35%), CONTINUED

This content area assesses a candidate's knowledge of California laws and regulations to maintain standards in the dental hygiene practice.

	Tasks	Knowledge Statements
2B. Professional Practices (15%)	T15. Maintain patient records according to requirements for documentation, storage, and disposal.	K29. Knowledge of requirements regarding documentation of treatments provided. K30. Knowledge of requirements regarding the storage and disposal of treatment records. K31. Knowledge of protocols for documenting in patient dental records.
	T16. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K32. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K33. Knowledge of requirements regarding the collection of fees and surcharges.
	T17. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided. records to protect patient rights.	K34. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)
This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%)	T18. Practice within scope of competence to provide treatment consistent with level of training and experience.	K35. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K36. Knowledge of ethical standards about remaining current on professional developments.
	T19. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K37. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K38. Knowledge of the principles of complementarity. K39. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T20. Provide services in a manner that protects all patients to minimize harm to patients and others.	K40. Knowledge of the principles of non-maleficence. K41. Knowledge of methods for preventing harm to patients.
	T21. Maintain standard of care to align with patient oral health care needs.	K42. Knowledge of standards about providing services in the best interest of patients. K43. Knowledge of standards about excessive treatment and limiting patient care.
	T22. Promote well-being of patients to protect their best interest and welfare.	K44. Knowledge of standards about acting in the best interest of patients.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED
This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

	Tasks	Knowledge Statements
3A. Obligations to the Patient (20%), continued	T23. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K45. Knowledge of methods for enhancing the well-being of patients. K46. Knowledge of procedures regarding the management of safety needs. K47. Knowledge of methods for addressing patient safety needs.
	T24. Refer patients to other providers to address situations that require additional treatment or expertise.	K48. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED
This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

	Tasks	Knowledge Statements
3B. Obligations within Professional Role (10%)	T25. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K49. Knowledge of ethical standards about conflict-of-interest situations. K50. Knowledge of methods for managing conflict of interest situations.
	T26. Maintain professionalism while providing oral health services to patients.	K51. Knowledge of the relationship between personal values and professional objectivity. K52. Knowledge of methods for managing the impact of personal values on treatment. K53. Knowledge of methods for maintaining objectivity in providing services to patients. K54. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T27. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K55. Knowledge of standards about practicing when impaired. K56. Knowledge of standards about practicing under the influence of alcohol or other substances.
	T28. Collaborate with other professionals to meet patient oral health care needs.	K57. Knowledge of standards about participating with other professionals in providing patient care. K58. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED
This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

	Tasks	Knowledge Statements
3B. Obligations within Professional Role (10%), continued	T29. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K59. Knowledge of signs of colleague impairments that jeopardize professional judgment. K60. Knowledge of types of colleague behaviors that require intervention or action. K61. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

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CHAPTER 7 | CONCLUSION

The OA of the RDH profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDH practice. Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure.

Use of the California Registered Dental Hygienist Laws and Ethics Examination outline contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE

Message from the Dental Hygiene Board of California

Dear Licensed Dental Hygienists:

Thank you for taking this survey for the occupational analysis of the dental hygiene profession by the Dental Hygiene Board of California (Board).

The Board is collecting information about the tasks currently performed by dental hygienists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the dental hygiene examinations reflect current practice in California. We worked with different groups of dental hygienists to develop a survey to capture this information. The survey should take about an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by February 2, 2025.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other dental hygienists, and only group data will be analyzed.

If you have questions or need assistance with the survey, please contact Shana Larrucea with the Office of Professional Examination Services at Shana.Larrucea@dca.ca.gov.

Thank you, on behalf of the Board, for completing this survey. We value your contributions and appreciate your dedication to the dental hygiene profession in California!

Sincerely,

Anthony Lum
Executive Officer
Dental Hygiene Board of California

2025 Registered Dental Hygienist Occupational Analysis

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a dental hygienist in California within the last 12 months.

The Board recognizes that every licensed dental hygienist may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Do you currently work as a licensed dental hygienist in California?

- ◯ Yes
- ◯ No

2025 Registered Dental Hygienist Occupational Analysis

Part I - Personal Data

2. How long have you been working as a licensed dental hygienist in California?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 15 years
- ◯ 16 or more years

3. Which of the following California licenses or certifications do you hold? (Select all that apply)

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Radiographic Decision Making
- ☐ Interim Therapeutic Restorations
- ☐ Other (please specify)

4. How many hours per week do you work as a licensed dental hygienist?

- ◯ 1 to 10 hours
- ◯ 11 to 20 hours
- ◯ 21 to 30 hours
- ◯ 31 to 40 hours
- ◯ 41 or more hours

5. How would you describe your primary work setting?

- ◯ General
- ◯ Endodontic
- ◯ Orthodontic
- ◯ Periodontic
- ◯ Pedodontic
- ◯ Oral surgery
- ◯ Other (Please specify)

6. What is the location of your primary work setting?

- ◯ Urban (50,000 people or more)
- ◯ Rural (fewer than 50,000 people)

7. How many different offices employ you as a dental hygienist?

- ◯ 1
- ◯ 2
- ◯ 3 or more

8. Are you an instructor at a dental hygiene school?

- ◯ Yes
- ◯ No

Part I - Personal Data

9. In what California county do you perform the majority of your work?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 72 tasks. Please rate each task as it relates to your current job as a dental hygienist.
Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).
The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.
If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.
FREQUENCY SCALE
HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.
0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.
2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.
3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.
4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.
5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.
IMPORTANCE RATING SCALE
HOW IMPORTANT are these tasks in the effective performance of your current job?
0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.
2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.
3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.
4 - VERY IMPORTANT. This task is very important for effective performance in my current job.
5 - CRITICALLY IMPORTANT. This task is extremely important for effective

performance in my current job.

2025 Registered Dental Hygienist Occupational Analysis

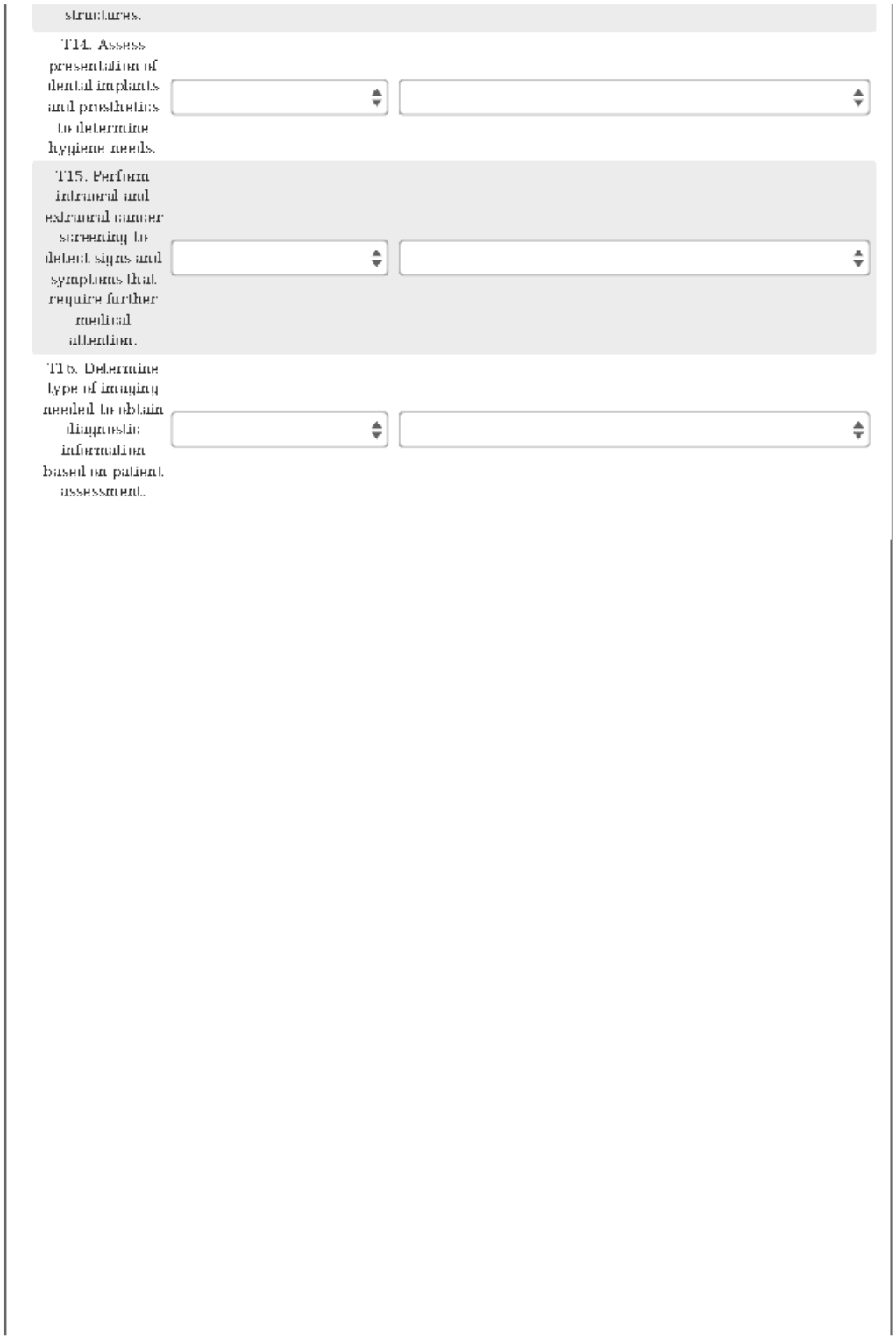
Part II - Task Ratings

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.		
T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.		
T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.		
T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.		
T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.		
T6. Evaluate		

patient diet and oral health habits to determine implications for systemic and oral health.		
T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.		
T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.		
T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.		
T10. Assess dental deposits and stains to determine extent of calculus formation.		
T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.		
T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.		
T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and		



structures.

T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.

T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.

T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.

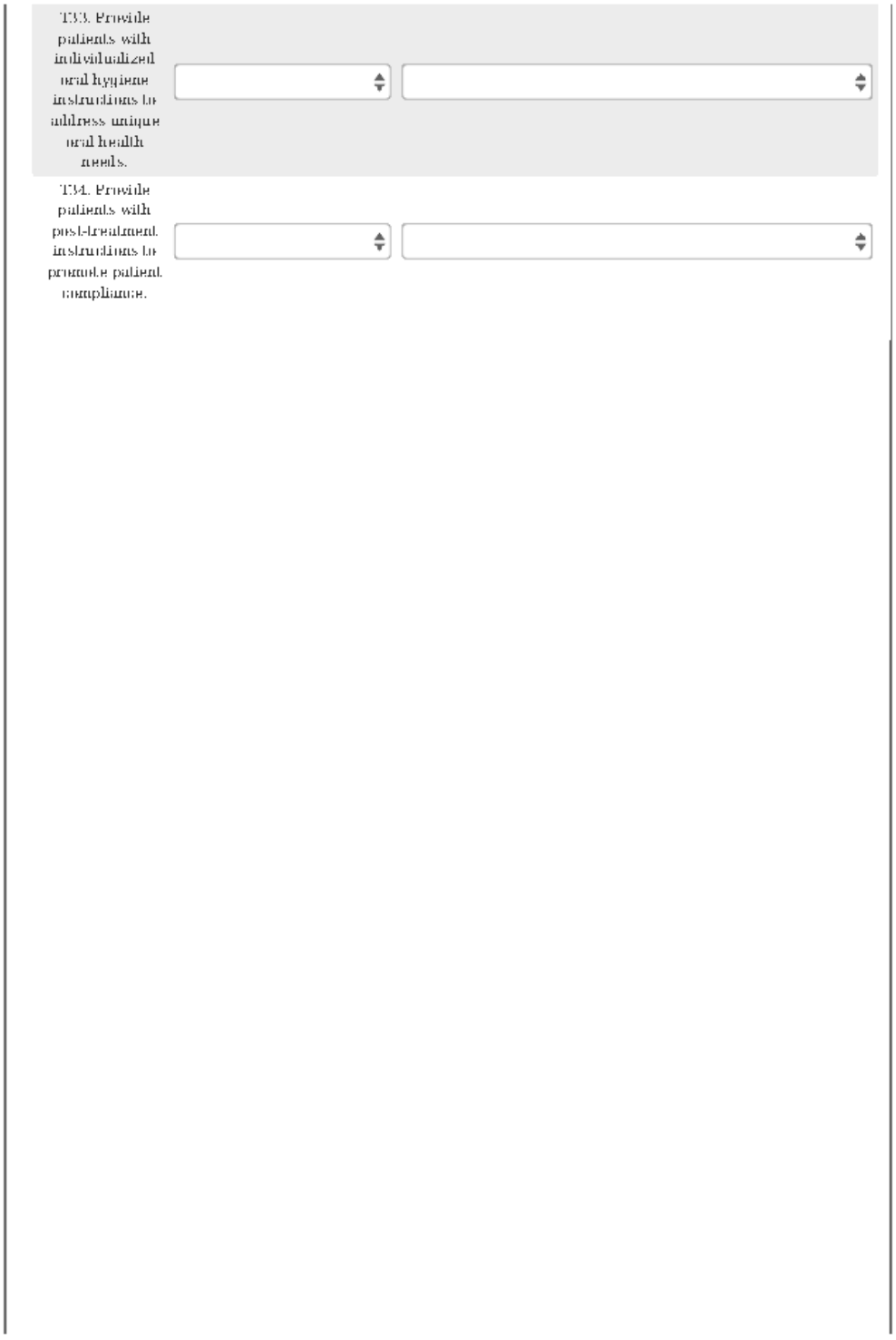
Part II - Task Ratings

Content Area 2: Dental Hygiene Treatment

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.		
T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.		
T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.		
T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.		
T21. Perform soft tissue curettage under supervision of a dentist to address periodontal disease.		
T22. Perform manual polishing to remove supragingival and subgingival biofilm and stain.		
T23. Evaluate the presence or absence of biofilm, calculus,		

and stain before and after instrumentation.		
T24. Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.		
T25. Apply fluoride and other caries-preventing agents to protect teeth.		
T26. Apply pit and fissure sealants to prevent dental caries.		
T27. Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.		
T28. Administer topical anesthetic to control patient pain.		
T29. Administer local anesthetic to patients for pain control under supervision of a dentist.		
T30. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.		
T31. Educate patients about oral hygiene to promote oral health.		
T32. Educate patients about dietary recommendations to promote oral health.		


T33. Provide patients with individualized oral hygiene instructions to address unique oral health needs.
T34. Provide patients with post-treatment instructions to promote patient compliance.

Part II - Task Ratings

Content Area 3: Health and Safety

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T35. Provide patients with safety precautions to ensure protection during dental hygiene treatment.		
T36. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.		
T37. Sanitize hands according to protocols to prevent the transmission of diseases.		
T38. Wear personal protective equipment to prevent contamination.		
T39. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.		
T40. Identify signs of medical emergencies to address		

situations that require immediate intervention.		
T41. Disinfect treatment area and equipment before and after dental hygiene treatment.		
T42. Sterilize instruments to prevent patient-to-patient disease transmission.		
T43. Adhere to disposal safety protocols to discard biohazard materials or sharps.		

Part II - Task Ratings

Content Area 4: Dental Hygiene Law and Ethics

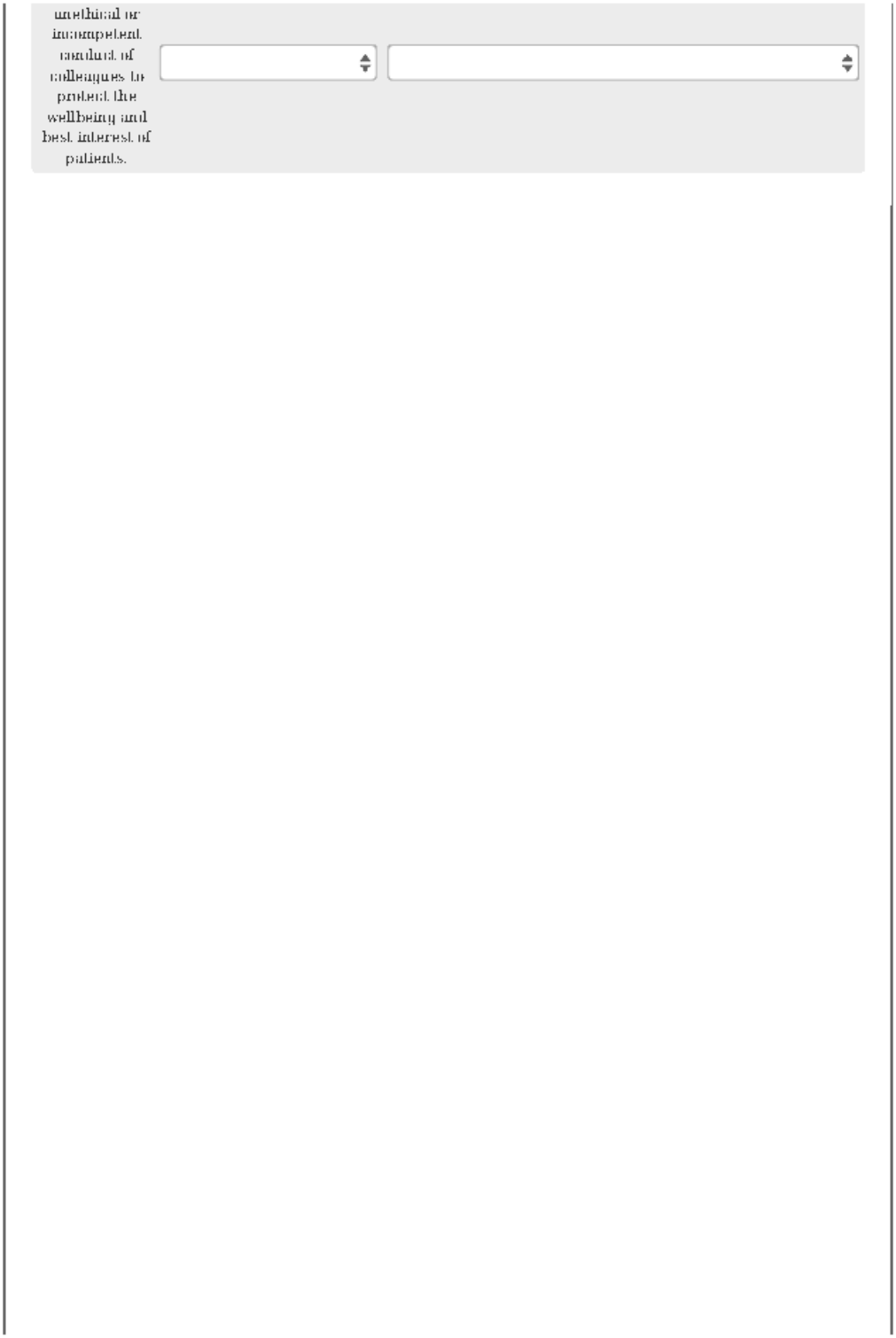
13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T44. Disclose all relevant treatment options to assist patients in making informed treatment decisions.		
T45. Respect patient autonomy in making decisions about their care.		
T46. Obtain informed consent to authorize dental hygiene treatment.		
T47. Comply with requirements to provide oral care to minor patients		
T48. Maintain patient confidentiality to protect their inherent right to privacy in treatment.		
T49. Comply with requirements regarding requests for records to protect patient rights.		
T50. Comply with the provisions of the Health Information Portability and		

Accountability Act (HIPAA) to protect sensitive patient information.		
T51. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.		
T52. Report known or suspected child abuse or neglect to protect the health and safety of minors.		
T53. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.		
T54. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.		
T55. Adhere to requirements regarding scope of practice to respect professional boundaries.		
T56. Maintain professional conduct within and outside work hours to uphold professional integrity.		
T57. Comply		

with license requirements to keep dental hygiene license current and valid.		
158. Maintain patient records according to requirements for documentation, storage, and disposal.		
159. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.		
160. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.		
161. Practice within scope of competence to provide treatment consistent with level of training and experience.		
162. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.		
163. Provide services in a manner that protects all patients to minimize harm to patients and others.		

T64. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.		
T65. Maintain professionalism while providing oral health services to patients.		
T66. Adhere to standards regarding providing while impaired to prevent harm to patients.		
T67. Maintain standard of care to align with patient oral health care needs.		
T68. Promote well-being of patients to protect their best interest and welfare.		
T69. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.		
T70. Refer patients to other providers to address situations that require additional treatment or expertise.		
T71. Collaborate with other professionals to meet patient oral health care needs.		
T72. Address		


unethical or inappropriate conduct of colleagues to protect the well-being and best interest of patients.

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 182 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a dental hygienist. If a knowledge statement is NOT part of your current job, rate the statement "0" (zero) for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

0 – DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.
1 – OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.
2 – FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.
3 – MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.
4 – VERY IMPORTANT. This knowledge is very important for effective performance of my current job.
5 – CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.

Part III - Knowledge Ratings

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

14.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of methods for identifying patient dental hygiene needs.	○	○	○	○	○	○
K2. Knowledge of techniques for establishing patient rapport and trust.	○	○	○	○	○	○
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	○	○	○	○	○	○
K4. Knowledge of standards for measuring patient vital signs based on patient health status.	○	○	○	○	○	○
K5. Knowledge of signs of elevated and abnormal vital sign readings.	○	○	○	○	○	○
K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	○	○	○	○	○	○
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	○	○	○	○	○	○
K8. Knowledge of the relationship between systemic and oral health.	○	○	○	○	○	○
K9. Knowledge of methods for collecting information about patient medical and dental history.	○	○	○	○	○	○
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	○	○	○	○	○	○
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	○	○	○	○	○	○
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	○	○	○	○	○	○

K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	○	○	○	○	○	○
K14. Knowledge of the relationship between dental history and current oral health.	○	○	○	○	○	○
K15. Knowledge of the relationship between diet and oral health.	○	○	○	○	○	○
K16. Knowledge of the relationship between substance and tobacco use and oral health.	○	○	○	○	○	○
K17. Knowledge of the relationship between oral hygiene habits and oral health.	○	○	○	○	○	○
K18. Knowledge of types of muscles and physiological structures in the head and neck region.	○	○	○	○	○	○
K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	○	○	○	○	○	○
K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	○	○	○	○	○	○
K21. Knowledge of signs of temporal mandibular dysfunction.	○	○	○	○	○	○
K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.	○	○	○	○	○	○
K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	○	○	○	○	○	○
K24. Knowledge of techniques for performing extraoral examinations.	○	○	○	○	○	○
K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	○	○	○	○	○	○
K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	○	○	○	○	○	○
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	○	○	○	○	○	○
K28. Knowledge of methods for performing intraoral examinations.	○	○	○	○	○	○
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	○	○	○	○	○	○
K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	○	○	○	○	○	○
K31. Knowledge of classifications of	○	○	○	○	○	○

dental deposits.						
K32. Knowledge of types of extrinsic and intrinsic dental stains.						
K33. Knowledge of methods for assessing dental deposits and stains.						
K34. Knowledge of classifications of dental caries and restorations.						
K35. Knowledge of techniques for identifying pulpal damage.						
K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.						
K37. Knowledge of techniques for performing dental caries detection and risk assessment.						
K38. Knowledge of classifications of occlusion and malocclusion.						
K39. Knowledge of effects of occlusion and malocclusion on oral health.						
K40. Knowledge of methods for identifying occlusion and malocclusion.						
K41. Knowledge of components and structures of the periodontium.						
K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium.						
K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions.						
K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases.						
K45. Knowledge of factors that impact gingival plaque accumulation.						
K46. Knowledge of techniques for assessing the periodontium.						
K47. Knowledge of components of peri-implants, implants, and prosthetics.						
K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.						
K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.						
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.						
K51. Knowledge of methods for detecting intraoral and extraoral cancer.						
K52. Knowledge of types of intraoral and						

extraoral cancers.						
K53. Knowledge of types of radiographic imaging.						
K54. Knowledge of criteria for determining type of diagnostic images to be performed.						

Part III - Knowledge Ratings

Content Area 2: Dental Hygiene Treatment

15.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K55. Knowledge of criteria for establishing oral hygiene indices.	○	○	○	○	○	○
K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	○	○	○	○	○	○
K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	○	○	○	○	○	○
K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	○	○	○	○	○	○
K59. Knowledge of techniques for performing scaling and root planing using hand instruments.	○	○	○	○	○	○
K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	○	○	○	○	○	○
K61. Knowledge of techniques for performing oral prophylaxis using hand instruments.	○	○	○	○	○	○
K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	○	○	○	○	○	○
K63. Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.	○	○	○	○	○	○
K64. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	○	○	○	○	○	○
K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	○	○	○	○	○	○
K66. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	○	○	○	○	○	○
K67. Knowledge of procedures for	○	○	○	○	○	○

cleaning and polishing removable appliances.	○	○	○	○	○	○
K68. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	○	○	○	○	○	○
K69. Knowledge of methods used to prevent caries.	○	○	○	○	○	○
K70. Knowledge of procedures to apply fluoride to teeth.	○	○	○	○	○	○
K71. Knowledge of types of pit and fissure sealants and their uses.	○	○	○	○	○	○
K72. Knowledge of factors that impact retention of pit and fissure sealants.	○	○	○	○	○	○
K73. Knowledge of indications and contraindications for using pit and fissure sealants.	○	○	○	○	○	○
K74. Knowledge of techniques for applying pit and fissure sealants.	○	○	○	○	○	○
K75. Knowledge of types of antimicrobial agents and their active ingredients.	○	○	○	○	○	○
K76. Knowledge of indications and contraindications for using antimicrobial agents.	○	○	○	○	○	○
K77. Knowledge of techniques for delivering antimicrobial agents.	○	○	○	○	○	○
K78. Knowledge of procedures to administer topical anesthetic.	○	○	○	○	○	○
K79. Knowledge of conditions that require application of topical anesthesia.	○	○	○	○	○	○
K80. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	○	○	○	○	○	○
K81. Knowledge of procedures to administer local anesthetic.	○	○	○	○	○	○
K82. Knowledge of conditions that require administration of local anesthetic.	○	○	○	○	○	○
K83. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	○	○	○	○	○	○
K84. Knowledge of procedures to administer nitrous oxide.	○	○	○	○	○	○
K85. Knowledge of conditions that require administration of nitrous oxide.	○	○	○	○	○	○
K86. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	○	○	○	○	○	○

K87. Knowledge of effects of poor oral hygiene and care related to oral health.	○	○	○	○	○	○
K88. Knowledge of methods for educating patients about oral hygiene.	○	○	○	○	○	○
K89. Knowledge of effects of foods and beverages on oral health.	○	○	○	○	○	○
K90. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	○	○	○	○	○	○
K91. Knowledge of individualized oral hygiene instructions to address specific patient needs.	○	○	○	○	○	○
K92. Knowledge of symptoms patients may encounter after treatment.	○	○	○	○	○	○
K93. Knowledge of techniques for pain management after treatment.	○	○	○	○	○	○
K94. Knowledge of methods for educating patients about post-treatment instructions.	○	○	○	○	○	○

Part III - Knowledge Ratings

Content Area 3: Health and Safety

16.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K95. Knowledge of methods for using safety precautions with patients.	○	○	○	○	○	○
K96. Knowledge of types of safety equipment for protecting patients.	○	○	○	○	○	○
K97. Knowledge of techniques for protecting patients during diagnostic tests and imaging.	○	○	○	○	○	○
K98. Knowledge of equipment for providing protective barriers and air evacuation systems.	○	○	○	○	○	○
K99. Knowledge of techniques for using barriers, air evacuation systems, and rinses.	○	○	○	○	○	○
K100. Knowledge of types of infectious diseases and their modes of transmission.	○	○	○	○	○	○
K101. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	○	○	○	○	○	○
K102. Knowledge of types of infectious diseases and their modes of transmission.	○	○	○	○	○	○
K103. Knowledge of techniques for using personal protective equipment.	○	○	○	○	○	○
K104. Knowledge of techniques for preventing the spread of infectious diseases.	○	○	○	○	○	○
K105. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	○	○	○	○	○	○
K106. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	○	○	○	○	○	○
K107. Knowledge of signs of medical crisis and emergency.	○	○	○	○	○	○
K108. Knowledge of methods for obtaining emergency medical assistance.	○	○	○	○	○	○

K109. Knowledge of methods for administering emergency first aid and CPR.	○	○	○	○	○	○
K110. Knowledge of methods for disinfecting treatment areas and equipment.	○	○	○	○	○	○
K111. Knowledge of barrier techniques for protecting treatment areas and equipment.	○	○	○	○	○	○
K112. Knowledge of methods for monitoring dental waterlines and water quality.	○	○	○	○	○	○
K113. Knowledge of methods for disinfecting evacuation lines.	○	○	○	○	○	○
K114. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	○	○	○	○	○	○
K115. Knowledge of types of sterilization processes and related equipment.	○	○	○	○	○	○
K116. Knowledge of procedures for sterilizing instruments.	○	○	○	○	○	○
K117. Knowledge of techniques for storing instruments before and after sterilization.	○	○	○	○	○	○
K118. Knowledge of techniques for safely disposing of biohazard materials.	○	○	○	○	○	○
K119. Knowledge of techniques for safely disposing of sharps.	○	○	○	○	○	○

Part III - Knowledge Ratings

Content Area 4: Dental Hygiene Law and Ethics

17.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K120. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	◯	◯	◯	◯	◯	◯
K121. Knowledge of laws about patient right to make treatment decisions.	◯	◯	◯	◯	◯	◯
K122. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	◯	◯	◯	◯	◯	◯
K123. Knowledge of requirements regarding informed consent for treatment.	◯	◯	◯	◯	◯	◯
K124. Knowledge of requirements for treating minor patients.	◯	◯	◯	◯	◯	◯
K125. Knowledge of requirements regarding consent to treat and refuse treatment of minors.	◯	◯	◯	◯	◯	◯
K126. Knowledge of requirements regarding access to information related to treatment of minors.	◯	◯	◯	◯	◯	◯
K127. Knowledge of requirements regarding the release of confidential patient information.	◯	◯	◯	◯	◯	◯
K128. Knowledge of requirements regarding patient right to access treatment records.	◯	◯	◯	◯	◯	◯
K129. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	◯	◯	◯	◯	◯	◯
K130. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	◯	◯	◯	◯	◯	◯
K131. Knowledge of requirements regarding geographic limitations in providing telehealth.	◯	◯	◯	◯	◯	◯
K132. Knowledge of requirements regarding standards of care and delivery	◯	◯	◯	◯	◯	◯

of telehealth.						
K133. Knowledge of signs of child abuse and neglect.	○	○	○	○	○	○
K134. Knowledge of laws regarding mandated reporting of child abuse and neglect.	○	○	○	○	○	○
K135. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K136. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	○	○	○	○	○	○
K137. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	○	○	○	○	○	○
K138. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K139. Knowledge of signs of abuse, neglect, and exploitation of older adults.	○	○	○	○	○	○
K140. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	○	○	○	○	○	○
K141. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K142. Knowledge of legal requirements regarding RDH scope of practice.	○	○	○	○	○	○
K143. Knowledge of requirements regarding professional conduct.	○	○	○	○	○	○
K144. Knowledge of the relationship between personal and professional actions and public trust.	○	○	○	○	○	○
K145. Knowledge of the principles of universality.	○	○	○	○	○	○
K146. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	○	○	○	○	○	○
K147. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	○	○	○	○	○	○
K148. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	○	○	○	○	○	○
K149. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	○	○	○	○	○	○
K150. Knowledge of requirements regarding documentation of treatments provided.	○	○	○	○	○	○
K151. Knowledge of requirements	○	○	○	○	○	○

regarding the storage and disposal of treatment records.	○	○	○	○	○	○
K152. Knowledge of protocols for documenting in patient dental records.	○	○	○	○	○	○
K153. Knowledge of requirements regarding disclosures and notification of fees and fee changes.	○	○	○	○	○	○
K154. Knowledge of requirements regarding the collection of fees and surcharges.	○	○	○	○	○	○
K155. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	○	○	○	○	○	○
K156. Knowledge of ethical standards about the use of techniques or approaches within level of competence.	○	○	○	○	○	○
K157. Knowledge of ethical standards about remaining current on professional developments.	○	○	○	○	○	○
K158. Knowledge of methods regarding cultural sensitivity in working with diverse patients.	○	○	○	○	○	○
K159. Knowledge of the principles of complementarity.	○	○	○	○	○	○
K160. Knowledge of standards that prohibit discrimination in professional services and conduct.	○	○	○	○	○	○
K161. Knowledge of the principles of non-maleficence.	○	○	○	○	○	○
K162. Knowledge of methods for preventing harm to patients.	○	○	○	○	○	○
K163. Knowledge of ethical standards about conflict-of-interest situations.	○	○	○	○	○	○
K164. Knowledge of methods for managing conflict of interest situations.	○	○	○	○	○	○
K165. Knowledge of the relationship between personal values and professional objectivity.	○	○	○	○	○	○
K166. Knowledge of methods for managing the impact of personal values on treatment.	○	○	○	○	○	○
K167. Knowledge of methods for maintaining objectivity in providing services to patients.	○	○	○	○	○	○
K168. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	○	○	○	○	○	○
K169. Knowledge of standards about practicing when impaired.	○	○	○	○	○	○
K170. Knowledge of standards about						

practicing under the influence of alcohol or other substances.	◯	◯	◯	◯	◯	◯
K171. Knowledge of standards about providing services in the best interest of patients.	◯	◯	◯	◯	◯	◯
K172. Knowledge of standards about excessive treatment and limiting patient care.	◯	◯	◯	◯	◯	◯
K173. Knowledge of standards about acting in the best interest of patients.	◯	◯	◯	◯	◯	◯
K174. Knowledge of methods for enhancing the well-being of patients.	◯	◯	◯	◯	◯	◯
K175. Knowledge of procedures regarding the management of safety needs.	◯	◯	◯	◯	◯	◯
K176. Knowledge of methods for addressing patient safety needs.	◯	◯	◯	◯	◯	◯
K177. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	◯	◯	◯	◯	◯	◯
K178. Knowledge of standards about participating with other professionals in providing patient care.	◯	◯	◯	◯	◯	◯
K179. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	◯	◯	◯	◯	◯	◯
K180. Knowledge of signs of colleague impairments that jeopardize professional judgment.	◯	◯	◯	◯	◯	◯
K181. Knowledge of types of colleague behaviors that require intervention or action.	◯	◯	◯	◯	◯	◯
K182. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	◯	◯	◯	◯	◯	◯

Thank you!

Thank you for taking the time to complete this survey! The Dental Hygiene Board of California values your contribution to this study.

APPENDIX B | QUESTIONNAIRE EMAIL INVITATION

2025 Registered Dental Hygienist Occupational Analysis

Good afternoon,

The Dental Hygiene Board of California (Board) is conducting an occupational analysis (OA) of the dental hygienist profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.

We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by February 9, 2025. It will take approximately 30 to 60 minutes to complete.

We value your contributions and appreciate your dedication to the dental hygienist profession in California!

Sincerely,
Shana Larrucea
Office of Professional Examination Services

Shana.larrucea@dca.ca.gov

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	144
Orange	83
TOTAL	227

NORTH COAST

County of Practice	Frequency
Del Norte	1
Humboldt	4
Mendocino	4
Sonoma	25
TOTAL	34

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	33
San Bernardino	24
TOTAL	57

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	9
Colusa	0
Glenn	0
Lake	1
Sacramento	47
Sutter	4
Yolo	6
Yuba	1
TOTAL	68

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	100
TOTAL	101

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	38
Contra Costa	30
Marin	9
Napa	7
San Francisco	15
San Mateo	23
Santa Clara	38
Santa Cruz	10
Solano	10
TOTAL	180

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	25
Kern	13
Kings	6
Madera	2
Merced	3
San Joaquin	16
Stanislaus	15
Tulare	8
TOTAL	88

SHASTA/CASCADE

County of Practice	Frequency
Lassen	0
Plumas	1
Shasta	11
Siskiyou	2
Tehama	6
Trinity	1
TOTAL	21

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	2
Calaveras	0
El Dorado	9
Inyo	1
Mariposa	0
Nevada	5
Placer	33
Sierra	0
Tuolumne	2
TOTAL	52

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	11
San Benito	2
San Luis Obispo	13
Santa Barbara	12
Ventura	21
TOTAL	59

APPENDIX D | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T3.	Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	4.72	4.67	22.37
T13.	Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	4.68	4.62	21.85
T10.	Assess dental deposits and stains to determine extent of calculus formation.	4.70	4.49	21.26
T9.	Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.54	4.50	20.89
T4.	Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	4.49	4.51	20.84
T15.	Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	4.35	4.55	20.49
T1.	Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	4.49	4.40	20.34
T5.	Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	4.36	4.17	18.77
T16.	Determine type of imaging needed to obtain diagnostic information based on patient assessment.	4.07	4.20	17.87
T14.	Assess presentation of dental implants and prosthetics to determine hygiene needs.	4.19	4.13	17.79
T11.	Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	4.18	4.07	17.64
T8.	Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	3.85	3.94	16.41

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments, continued

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T6.	Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	3.70	3.77	14.74
T2.	Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	3.31	3.77	13.86
T7.	Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	2.92	3.23	10.89
T12.	Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	2.93	3.16	10.39

Content Area 2: Dental Hygiene Treatment

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T31.	Educate patients about oral hygiene to promote oral health.	4.81	4.62	22.40
T20.	Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	4.79	4.58	22.08
T23.	Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	4.67	4.46	21.11
T33.	Provide patients with individualized oral hygiene instructions to address unique oral health needs.	4.64	4.46	20.99
T19.	Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	4.25	4.66	20.06
T34.	Provide patients with post-treatment instructions to promote patient compliance.	4.47	4.33	19.80
T18.	Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	4.37	4.29	19.31
T24.	Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	4.29	4.26	18.91
T22.	Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	4.72	3.86	18.50
T17.	Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	4.04	3.95	17.06
T32.	Educate patients about dietary recommendations to promote oral health.	3.88	3.94	15.96
T25.	Apply fluoride and other caries-preventing agents to protect teeth.	3.98	3.84	15.80

Content Area 2: Dental Hygiene Treatment, continued

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T29.	Administer local anesthetic to patients for pain control under supervision of a dentist.	3.56	4.11	15.38
T28.	Administer topical anesthetic to control patient pain.	3.69	3.83	14.83
T21.	Perform soft tissue curettage under supervision of a dentist to address periodontal disease.	2.83	3.35	11.01
T27.	Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.	2.74	3.16	10.16
T26.	Apply pit and fissure sealants to prevent dental caries.	1.80	2.93	6.54
T30.	Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	1.62	2.57	5.42

Content Area 3: Health and Safety

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T41.	Disinfect treatment area and equipment before and after dental hygiene treatment.	4.85	4.93	24.03
T39.	Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	4.86	4.92	23.98
T38.	Wear personal protective equipment to prevent contamination.	4.85	4.87	23.78
T37.	Sanitize hands according to protocols to prevent the transmission of diseases.	4.83	4.86	23.57
T43.	Adhere to disposal safety protocols to discard biohazard materials or sharps.	4.77	4.90	23.40
T42.	Sterilize instruments to prevent patient-to-patient disease transmission.	4.72	4.89	23.32
T36.	Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	4.41	4.43	20.37
T35.	Provide patients with safety precautions to ensure protection during dental hygiene treatment.	4.22	4.11	18.33
T40.	Identify signs of medical emergencies to address situations that require immediate intervention.	3.62	4.67	16.93

Content Area 4: Dental Hygiene Laws and Ethics

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T57.	Comply with license requirements to keep dental hygiene license current and valid.	4.81	4.81	23.30
T61.	Practice within scope of competence to provide treatment consistent with level of training and experience.	4.78	4.70	22.75
T48.	Maintain patient confidentiality to protect their inherent right to privacy in treatment.	4.76	4.69	22.54
T63.	Provide services in a manner that protects all patients to minimize harm to patients and others.	4.75	4.67	22.48
T65.	Maintain professionalism while providing oral health services to patients.	4.79	4.59	22.14
T67.	Maintain standard of care to align with patient oral health care needs.	4.75	4.61	21.98
T50.	Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	4.60	4.57	21.68
T55.	Adhere to requirements regarding scope of practice to respect professional boundaries.	4.59	4.63	21.58
T68.	Promote well-being of patients to protect their best interest and welfare.	4.69	4.55	21.50
T45.	Respect patient autonomy in making decisions about their care.	4.61	4.44	20.70
T56.	Maintain professional conduct within and outside work hours to uphold professional integrity.	4.64	4.38	20.58
T62.	Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	4.43	4.32	19.81

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T58.	Maintain patient records according to requirements for documentation, storage, and disposal.	4.26	4.29	19.76
T66.	Adhere to standards regarding practicing while impaired to prevent harm to patients.	4.11	4.39	19.13
T44.	Disclose all relevant treatment options to assist patients in making informed treatment decisions.	4.30	4.33	19.09
T46.	Obtain informed consent to authorize dental hygiene treatment.	4.15	4.26	18.88
T47.	Comply with requirements to provide oral care to minor patients.	4.15	4.31	18.77
T70.	Refer patients to other providers to address situations that require additional treatment or expertise.	3.89	4.31	17.47
T71.	Collaborate with other professionals to meet patient oral health care needs.	3.78	4.15	16.43
T69.	Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	3.53	4.39	15.67
T64.	Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	3.50	3.86	15.11
T49.	Comply with requirements regarding requests for records to protect patient rights.	3.29	3.59	14.35
T72.	Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	2.28	4.10	9.34
T59.	Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	2.27	2.86	9.25

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T60.	Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	2.35	2.69	9.10
T51.	Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	2.02	2.51	8.00
T52.	Report known or suspected child abuse or neglect to protect the health and safety of minors.	1.49	4.43	6.44
T53.	Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	1.45	4.51	6.34
T54.	Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	1.42	4.51	6.26

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APPENDIX E | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

	Knowledge Statement	Importance
K10.	Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	4.78
K1.	Knowledge of methods for identifying patient dental hygiene needs.	4.66
K51.	Knowledge of methods for detecting intraoral and extraoral cancer.	4.63
K50.	Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	4.62
K12.	Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	4.61
K44.	Knowledge of factors that increase risk for onset and progression of periodontal diseases.	4.61
K27.	Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	4.60
K8.	Knowledge of the relationship between systemic and oral health.	4.578
K7.	Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	
K11.	Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	4.56
K13.	Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	4.56
K17.	Knowledge of the relationship between oral hygiene habits and oral health.	4.54
K26.	Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	4.54
K30.	Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	4.54
K45.	Knowledge of factors that impact gingival plaque accumulation.	4.53
K46.	Knowledge of techniques for assessing the periodontium.	4.53
K3.	Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	4.52
K9.	Knowledge of methods for collecting information about patient medical and dental history.	4.52
K29.	Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	4.52

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K28.	Knowledge of methods for performing intraoral examinations.	4.49
K5.	Knowledge of signs of elevated and abnormal vital sign readings.	4.48
K42.	Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	4.48
K2.	Knowledge of techniques for establishing patient rapport and trust.	4.47
K14.	Knowledge of the relationship between dental history and current oral health.	4.47
K41.	Knowledge of components and structures of the periodontium.	4.45
K43.	Knowledge of classifications of periodontal and peri-implant diseases and conditions.	4.45
K49.	Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	4.44
K16.	Knowledge of the relationship between substance and tobacco use and oral health.	4.43
K52.	Knowledge of types of intraoral and extraoral cancers.	4.42
K53.	Knowledge of types of radiographic imaging.	4.42
K23.	Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	4.38
K48.	Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	4.36
K4.	Knowledge of standards for measuring patient vital signs based on patient health status.	4.35
K6.	Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	4.32
K25.	Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	4.30
K15.	Knowledge of the relationship between diet and oral health.	4.29
K31.	Knowledge of classifications of dental deposits.	4.26
K33.	Knowledge of methods for assessing dental deposits and stains.	4.26

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K54.	Knowledge of criteria for determining type of diagnostic images to be performed.	4.26
K24.	Knowledge of techniques for performing extraoral examinations.	4.22
K22.	Knowledge of types of anatomical structures and landmarks of the extraoral regions.	4.19
K36.	Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	4.19
K18.	Knowledge of types of muscles and physiological structures in the head and neck region.	4.18
K47.	Knowledge of components of peri-implants, implants, and prosthetics.	4.15
K37.	Knowledge of techniques for performing dental caries detection and risk assessment.	4.12
K21.	Knowledge of signs of temporal mandibular dysfunction.	4.09
K34.	Knowledge of classifications of dental caries and restorations.	4.09
K32.	Knowledge of types of extrinsic and intrinsic dental stains.	4.06
K39.	Knowledge of effects of occlusion and malocclusion on oral health.	4.01
K20.	Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	3.94
K19.	Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	3.87
K40.	Knowledge of methods for identifying occlusion and malocclusion.	3.84
K38.	Knowledge of classifications of occlusion and malocclusion.	3.83
K35.	Knowledge of techniques for identifying pulpal damage.	3.70

Content Area 2: Dental Hygiene Treatment

	Knowledge Statement	Importance
K81.	Knowledge of procedures to administer local anesthetic.	4.75
K59.	Knowledge of techniques for performing scaling and root planing using hand instruments.	4.74
K61.	Knowledge of techniques for performing oral prophylaxis using hand instruments.	4.74
K83.	Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	4.73
K82.	Knowledge of conditions that require administration of local anesthetic.	4.71
K60.	Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	4.69
K63.	Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.	4.69
K62.	Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	4.68
K65.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.64
K66.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.64
K87.	Knowledge of effects of poor oral hygiene and care related to oral health.	4.64
K88.	Knowledge of methods for educating patients about oral hygiene.	4.60
K80.	Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	4.57
K69.	Knowledge of methods used to prevent caries.	4.55
K91.	Knowledge of individualized oral hygiene instructions to address specific patient needs.	4.55
K92.	Knowledge of symptoms patients may encounter after treatment.	4.54
K94.	Knowledge of methods for educating patients about post-treatment instructions.	4.53
K93.	Knowledge of techniques for pain management after treatment.	4.50
K58.	Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	4.49

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K89.	Knowledge of effects of foods and beverages on oral health.	4.478
K57.	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	4.46
K64.	Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	4.46
K78.	Knowledge of procedures to administer topical anesthetic.	4.44
K70.	Knowledge of procedures to apply fluoride to teeth.	4.42
K79.	Knowledge of conditions that require application of topical anesthesia.	4.42
K68.	Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	4.39
K90.	Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	4.36
K86.	Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	4.35
K76.	Knowledge of indications and contraindications for using antimicrobial agents.	4.29
K77.	Knowledge of techniques for delivering antimicrobial agents.	4.27
K84.	Knowledge of procedures to administer nitrous oxide.	4.26
K67.	Knowledge of procedures for cleaning and polishing removable appliances.	4.23
K75.	Knowledge of types of antimicrobial agents and their active ingredients.	4.19
K85.	Knowledge of conditions that require administration of nitrous oxide.	4.19
K55.	Knowledge of criteria for establishing oral hygiene indices.	4.09
K56.	Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	4.03
K73.	Knowledge of indications and contraindications for using pit and fissure sealants.	3.93
K72.	Knowledge of factors that impact retention of pit and fissure sealants.	3.89
K74.	Knowledge of techniques for applying pit and fissure sealants.	3.82

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K71.	Knowledge of types of pit and fissure sealants and their uses.	3.80

Content Area 3: Health and Safety

	Knowledge Statement	Importance
K104.	Knowledge of techniques for preventing the spread of infectious diseases.	4.83
K107.	Knowledge of signs of medical crisis and emergency.	4.83
K109.	Knowledge of methods for administering emergency first aid and CPR.	4.83
K110.	Knowledge of methods for disinfecting treatment areas and equipment.	4.83
K106.	Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	4.82
K108.	Knowledge of methods for obtaining emergency medical assistance.	4.81
K105.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.80
K101.	Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	4.78
K103.	Knowledge of techniques for using personal protective equipment.	4.77
K111.	Knowledge of barrier techniques for protecting treatment areas and equipment.	4.77
K116.	Knowledge of procedures for sterilizing instruments.	4.77
K100.	Knowledge of types of infectious diseases and their modes of transmission.	4.76
K102.	Knowledge of types of infectious diseases and their modes of transmission.	4.75
K114.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.73
K115.	Knowledge of types of sterilization processes and related equipment.	4.73
K118.	Knowledge of techniques for safely disposing of biohazard materials.	4.73
K119.	Knowledge of techniques for safely disposing of sharps.	4.73
K117.	Knowledge of techniques for storing instruments before and after sterilization.	4.71
K95.	Knowledge of methods for using safety precautions with patients.	4.66

Content Area 3: Health and Safety, continued

	Knowledge Statement	Importance
K96.	Knowledge of types of safety equipment for protecting patients.	4.65
K97.	Knowledge of techniques for protecting patients during diagnostic tests and imaging.	4.63
K98.	Knowledge of equipment for providing protective barriers and air evacuation systems.	4.63
K99.	Knowledge of techniques for using barriers, air evacuation systems, and rinses.	4.63
K113.	Knowledge of methods for disinfecting evacuation lines.	4.55
K112.	Knowledge of methods for monitoring dental waterlines and water quality.	4.52

Content Area 4: Dental Hygiene Laws and Ethics

	Knowledge Statement	Importance
K147.	Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	4.71
K142.	Knowledge of legal requirements regarding RDH scope of practice.	4.70
K149.	Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	4.70
K150.	Knowledge of requirements regarding documentation of treatments provided.	4.67
K162.	Knowledge of methods for preventing harm to patients.	4.63
K182.	Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	4.63
K143.	Knowledge of requirements regarding professional conduct.	4.62
K171.	Knowledge of standards about providing services in the best interest of patients.	4.61
K139.	Knowledge of signs of abuse, neglect, and exploitation of older adults.	4.59
K136.	Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	4.58
K173.	Knowledge of standards about acting in the best interest of patients.	4.58
K175.	Knowledge of procedures regarding the management of safety needs.	4.58
K137.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	4.57
K176.	Knowledge of methods for addressing patient safety needs.	4.57
K152.	Knowledge of protocols for documenting in patient dental records.	4.56
K133.	Knowledge of signs of child abuse and neglect.	4.54
K144.	Knowledge of the relationship between personal and professional actions and public trust.	4.54
K146.	Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	4.54
K170.	Knowledge of standards about practicing under the influence of alcohol or other substances.	4.53
K174.	Knowledge of methods for enhancing the well-being of patients.	4.53
K134.	Knowledge of laws regarding mandated reporting of child abuse and neglect.	4.52

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K140.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	4.52
K172.	Knowledge of standards about excessive treatment and limiting patient care.	4.51
K157.	Knowledge of ethical standards about remaining current on professional developments.	4.49
K169.	Knowledge of standards about practicing when impaired.	4.49
K130.	Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	4.48
K156.	Knowledge of ethical standards about the use of techniques or approaches within level of competence.	4.46
K177.	Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	4.46
K148.	Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	4.45
K178.	Knowledge of standards about participating with other professionals in providing patient care.	4.44
K160.	Knowledge of standards that prohibit discrimination in professional services and conduct.	4.43
K122.	Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	4.41
K123.	Knowledge of requirements regarding informed consent for treatment.	4.41
K181.	Knowledge of types of colleague behaviors that require intervention or action.	4.41
K167.	Knowledge of methods for maintaining objectivity in providing services to patients.	4.40
K168.	Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	4.40
K180.	Knowledge of signs of colleague impairments that jeopardize professional judgment.	4.40
K135.	Knowledge of procedures for filing mandated reports with protective authorities.	4.30
K138.	Knowledge of procedures for filing mandated reports with protective authorities.	4.37
K161.	Knowledge of the principles of non-maleficence.	4.37
K124.	Knowledge of requirements for treating minor patients.	4.36
K121.	Knowledge of laws about patient right to make treatment decisions.	4.34

Content Area 4: Dental Hygiene Laws and Ethics, continued

Knowledge Statement	Importance
K165. Knowledge of the relationship between personal values and professional objectivity.	4.34
K163. Knowledge of ethical standards about conflict-of-interest situations.	4.33
K166. Knowledge of methods for managing the impact of personal values on treatment.	4.33
K158. Knowledge of methods regarding cultural sensitivity in working with diverse patients.	4.32
K141. Knowledge of procedures for filing mandated reports with protective authorities.	4.31
K127. Knowledge of requirements regarding the release of confidential patient information.	4.30
K179. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	4.30
K125. Knowledge of requirements regarding consent to treat and refuse treatment of minors.	4.30
K145. Knowledge of the principles of universality.	4.30
K120. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	4.28
K126. Knowledge of requirements regarding access to information related to treatment of minors.	4.26
K164. Knowledge of methods for managing conflict of interest situations.	4.21
K128. Knowledge of requirements regarding patient right to access treatment records.	4.13
K129. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	4.05
K159. Knowledge of the principles of complementarity.	4.01
K151. Knowledge of requirements regarding the storage and disposal of treatment records.	3.95
K155. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	3.32
K153. Knowledge of requirements regarding disclosures and notification of fees and fee changes.	3.20
K132. Knowledge of requirements regarding standards of care and delivery of telehealth.	3.01
K131. Knowledge of requirements regarding geographic limitations in providing telehealth.	3.00
K154. Knowledge of requirements regarding the collection of fees and surcharges.	2.99

APPENDIX F | TASKS AND KNOWLEDGE STATEMENTS RENUMBERED FOR THE CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

RENUMBERING OF TASKS

Original Task Number in California RDH Description of Practice	New Task Number in California RDH Laws and Ethics Examination Outline
44	1
45	2
46	3
47	4
48	5
49	6
50	7
51	8
52	9
53	10
54	11
55	12
56	13
57	14
58	15
59	16
60	17
61	18
62	19
63	20
64	25
65	26
66	27
67	21
68	22
69	23
70	24
71	28
72	29

RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDH Description of Practice	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
120	1
121	2
122	3
123	4
124	5
125	6
126	7
127	8
128	9
129	10
130	11
131	12
132	13
133	14
134	15
135	16
136	17
137	18
138	16
139	19
140	20
141	16
142	21
143	22
144	23
145	24
146	25
147	26
148	27
149	28
150	29
151	30
152	31
153	32
154	33
155	34
156	35
157	36
158	37
159	38
160	39

RENUMBERING OF KNOWLEDGE STATEMENTS, continued

Original Knowledge Statement Number in California RDH Description of Practice	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
161	40
162	41
163	49
164	50
165	51
166	52
167	53
168	54
169	55
170	56
171	42
172	43
173	44
174	45
175	46
176	47
177	48
178	57
179	58
180	59
181	60
182	61

DHBC
Dental Hygiene
Board of California

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE PROFESSION

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
OFFICE OF PROFESSIONAL EXAMINATION SERVICES

DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE PROFESSION

July 2025

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDHAPs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the RDHAP profession and provide the basis for constructing a valid and legally defensible California RDHAP Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed RDHAPs working throughout California. The purpose of these interviews was to identify the tasks performed by RDHAPs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and interviews, OPES test specialists developed a preliminary list of tasks performed by RDHAPs in their practice, along with a list of the knowledge needed to perform those tasks.

In November 2024, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDHAP practice in California. RDHAPs participated in the workshops as subject matter experts (SMEs). The SMEs represented the profession in terms of location of practice and years licensed. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions for a two-part OA questionnaire to be completed by a sample of RDHAPs statewide.

After the workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDHAPs who participated in the telephone interviews and the November 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered December 2024–February 2025.

In the first part of the OA questionnaire, RDHAPs were asked to provide demographic information related to their work settings and practice. In the second part, RDHAPs were asked to rate specific tasks by frequency (i.e., how often the RDHAP performs the task in their current practice) and importance

(i.e., how important the task is to effective performance in their current practice). The RDHAPs were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance in their current practice).

In December 2024, on behalf of the Board, OPES sent an email to all 747 actively practicing RDHAPs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDHAPs for whom the Board had an email address on file. Three reminder emails were sent after the initial invitation was made.

A total of 165 RDHAPs, or approximately 22.1% of the RDHAPs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 76 (10.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a second workshop with SMEs in February 2025. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that each statement was critical for safe and competent entry-level performance as an RDHAP in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the California RDHAP description of practice.

The description of practice is structured into four content areas weighted relative to each of the other content areas. The new description of practice identifies the tasks and knowledge critical to safe and competent RDHAP practice in California at the time of licensure.

Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure. The description of practice developed as a result of this OA provides a basis for developing the California Registered Dental Hygienist in Alternative Practice Laws and Ethics Examination.

OVERVIEW OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE
DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.	20
2. Dental Hygiene Treatment	This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.	40
3. Health and Safety	This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.	15
4. Dental Hygiene Laws and Ethics	This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, and practice standards in dental hygiene in alternative practice.	25
TOTAL		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to identify critical activities performed by RDHAPs in California. The results of this OA provide a description of practice for the RDHAP profession and a basis for developing a valid and legally defensible Registered Dental Hygienist in Alternative Practice Laws and Ethics Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California RDHAPs participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current RDHAP practice in California. These SMEs represented the occupation in terms of geographic location of practice and years licensed. The SMEs provided technical expertise and information regarding different aspects of current RDHAP practice. During the workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDHAP practice, organized the tasks and knowledge statements into content areas, evaluated the responses to the OA questionnaire, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The RDHAP occupation is described as follows in BPC § 1908, 1910, and 1926:

BPC § 1908

(a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

(b) The practice of dental hygiene does not include any of the following procedures:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, condensing, carving, or removal of permanent restorations.

(3) Surgery or cutting on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Administering local or general anesthesia or oral parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to BPC § 1909.

BPC § 1910

A registered dental hygienist is authorized to perform the following procedures under general supervision:

(a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.

(b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.

BPC § 1926

A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

(a) Residences of the homebound.

(b) Schools.

(c) Residential facilities and other institutions and medical settings that a residential facility patient has been transferred to for outpatient services.

(d) Dental health professional shortage areas, as certified by the Department of Health Care Access and information in accordance with existing office guidelines. If the dental health professional shortage area certification is removed, a registered dental hygienist in alternative practice with an existing practice in the area may continue to provide dental hygiene services and shall annually provide patients treated at an existing practice with a list of dentists in the previous dental health professional shortage area who may be able to see the patient for comprehensive services.

(e) Dental offices.

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CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, laws and regulations, industry publications) and from telephone interviews with licensed registered dental hygienists in alternative practice working throughout California. The statements were then organized into major content areas of practice.

In November 2024, OPES test specialists facilitated a workshop. Five SMEs with varying years of experience and practicing in different geographic locations participated in the workshop. The SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. The SMEs also performed a preliminary linkage of the tasks and knowledge statements. The purpose of the linkage was to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDHAP. The linkage ensured that all tasks were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task. The SMEs also evaluated the scales that would be used for rating tasks and knowledge statements. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

Finally, the SMEs reviewed and revised the proposed demographic questions for the online OA questionnaire.

OPES used the final list of tasks, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of RDHAPs statewide.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit RDHAPs' ratings of the tasks and knowledge statements. The surveyed RDHAPs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDHAPs. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was sent to the 7 SMEs who participated in the telephone interviews and the 5 SMEs who participated in the OA workshop. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDHAP practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered December 18, 2024–February 9, 2025.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In December 2024, on behalf of the Board, OPES sent an email to the 747 actively practicing RDHAPs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent biweekly after the initial invitation. The email invitation to practitioners is Appendix B.

A total of 165 RDHAPs, or approximately 22.1% of the RDHAPs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 76 (10.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDHAPs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, a little over half of the responding RDHAPs reported the number of years licensed 0–5 years as 52.6%, while the rest of the respondents reported the number of years licensed as 6–10 years (17.1%), 11–15 years (19.7%), and 16 or more years (10.5%).

Table 2 and Figure 2 show other licenses or certificates that respondents reported holding in addition to their RDHAP license. Most respondents reported holding an administration of local anesthesia certificate (93.4%), while 89.5% of respondents reported that they held an administration of nitrous oxide and oxygen certificate, and 85.5% of respondents reported that they held a periodontal soft tissue curettage certificate. Respondents also reported that they held a certificate in radiographic decision-making (46.1%), an RDA license (26.3%), and an interim therapeutic restorations certificate (25%). A small percentage of respondents reported that they held an RDAEF license (5.3%) or no other license or certificate (3.9%).

Table 3 and Figure 3 show that most respondents reported working 1–10 hours per week (34.2%), while 23.7% of respondents reported working 11–20 hours per week, 15.8% of respondents reported working 21–30 hours per week, and 19.7% of respondents reported working 31–40 hours per week. A smaller percentage of respondents reported working 41 or more hours per week (6.6%).

Table 4 and Figure 4 show that 68.4% of respondents reported that their primary work setting was located in an urban area, and 31.6% reported that it was located in a rural area.

Table 5 and Figure 5 show that 59.2% of respondents reported that they worked in general dentistry, while 32.9% described their primary work setting as "other." Smaller percentages of respondents described their primary work setting as pedodontics (6.6%) and periodontics (1.3%).

Table 6 and Figure 6 show that 60.5% of respondents reported working in 1 dental office, while 17.1% reported working in 2 dental offices, and 9.2% reported working in 3 or more dental offices.

Table 7 shows that 9.2% of respondents are employed as an RDHAP instructor, while 90.8% of respondents are not RDHAP instructors.

Table 8 shows the geographical regions where respondents perform most of their work. A breakdown of regional data organized by county is Appendix C.

Additional demographic information from respondents can be found in Tables 1–8 and Figures 1–6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

YEARS	NUMBER (N)	PERCENT
0–5	40	52.6
6–10	13	17.1
11–15	15	19.7
16 or more	8	10.5
Total	76	99.9*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

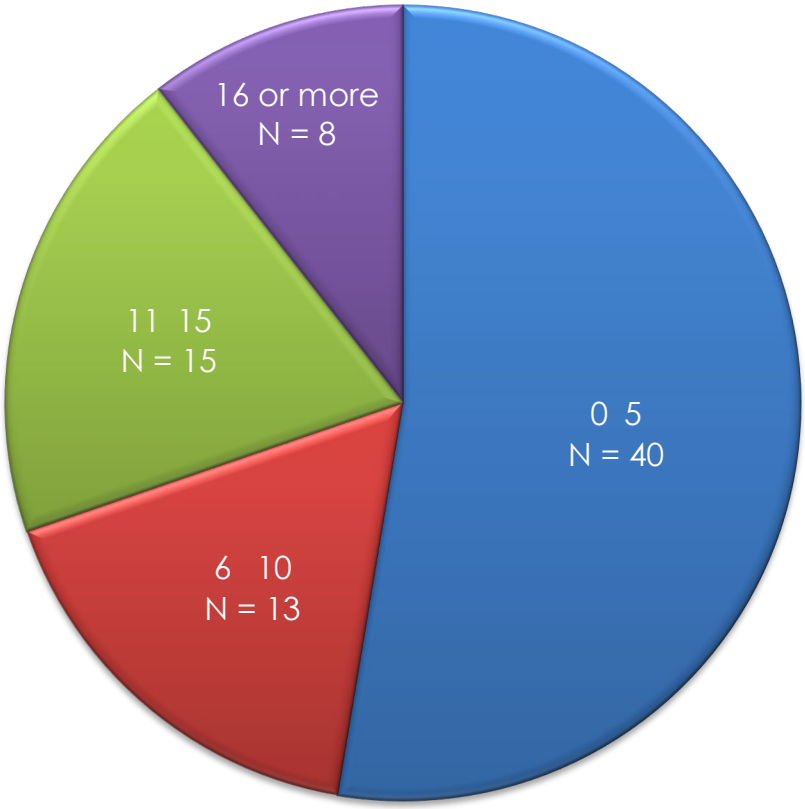


TABLE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO RDHAP

LICENSE/CERTIFICATE*	NUMBER (N)	PERCENT**
RDA	20	26.3
RDAEF	4	5.3
Periodontal Soft Tissue Curettage	65	85.5
Administration of Local Anesthesia	71	93.4
Administration of Nitrous Oxide and Oxygen	68	89.5
Radiographic Decision-Making	35	46.1
Interim Therapeutic Restorations	19	25.0
None	3	3.9

*NOTE: Respondents were asked to select all that apply.
**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO RDHAP

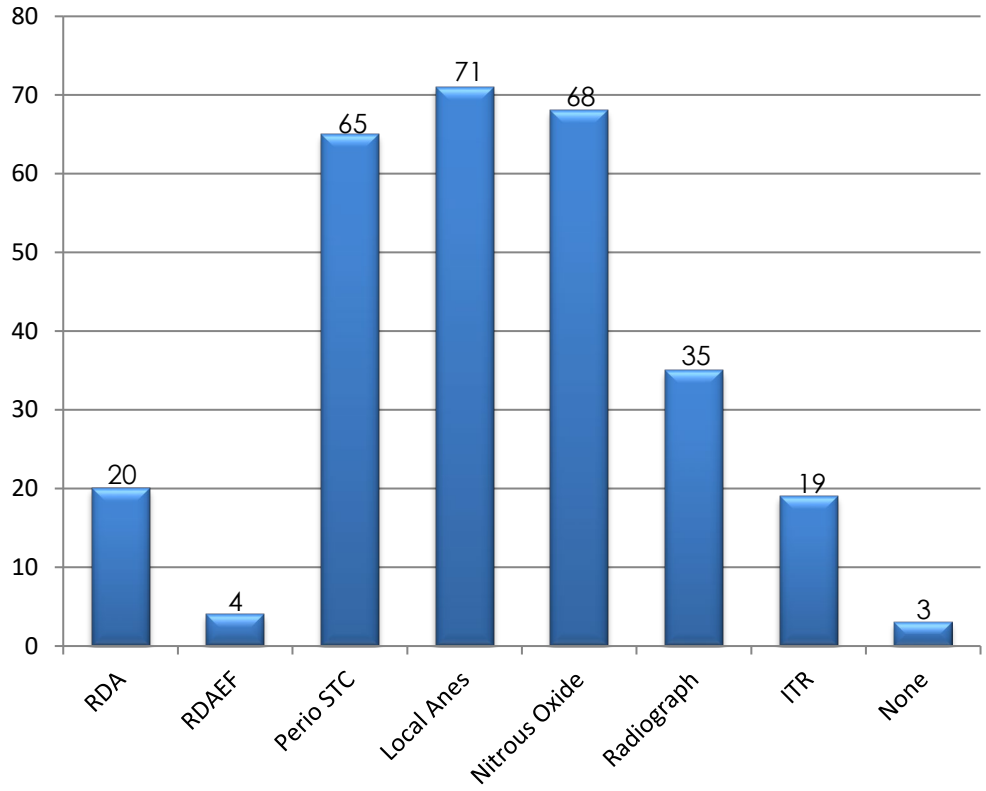


TABLE 3 – NUMBER OF HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1–10	26	34.2
11–20	18	23.7
21–30	12	15.8
31–40	15	19.7
41 or more	5	6.6
Total	76	100

FIGURE 3 – NUMBER OF HOURS WORKED PER WEEK

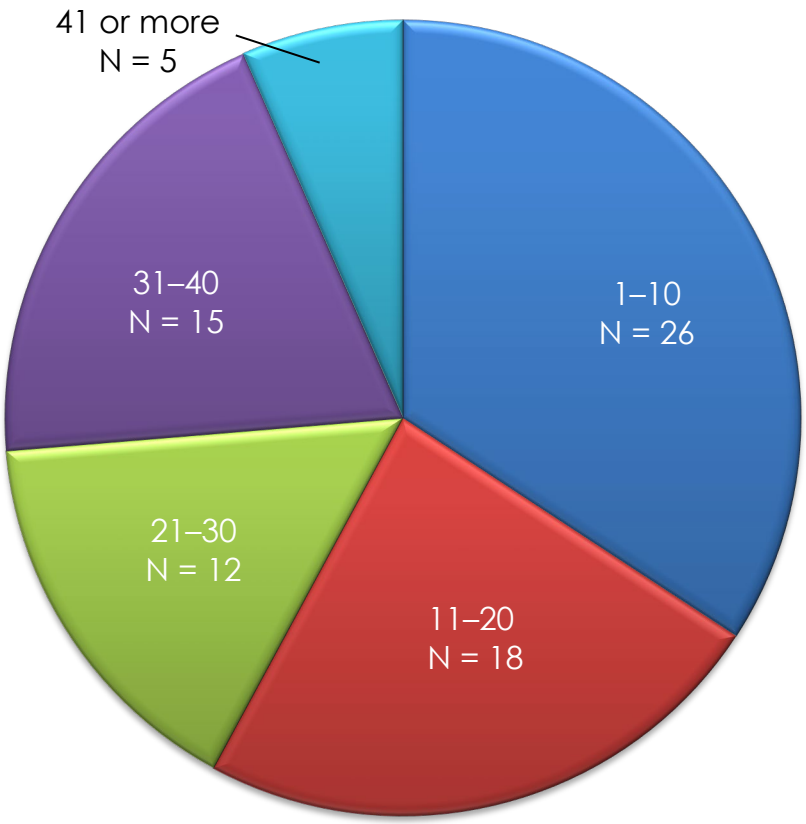


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	52	68.4
Rural (fewer than 50,000 people)	24	31.6
Total	76	100

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

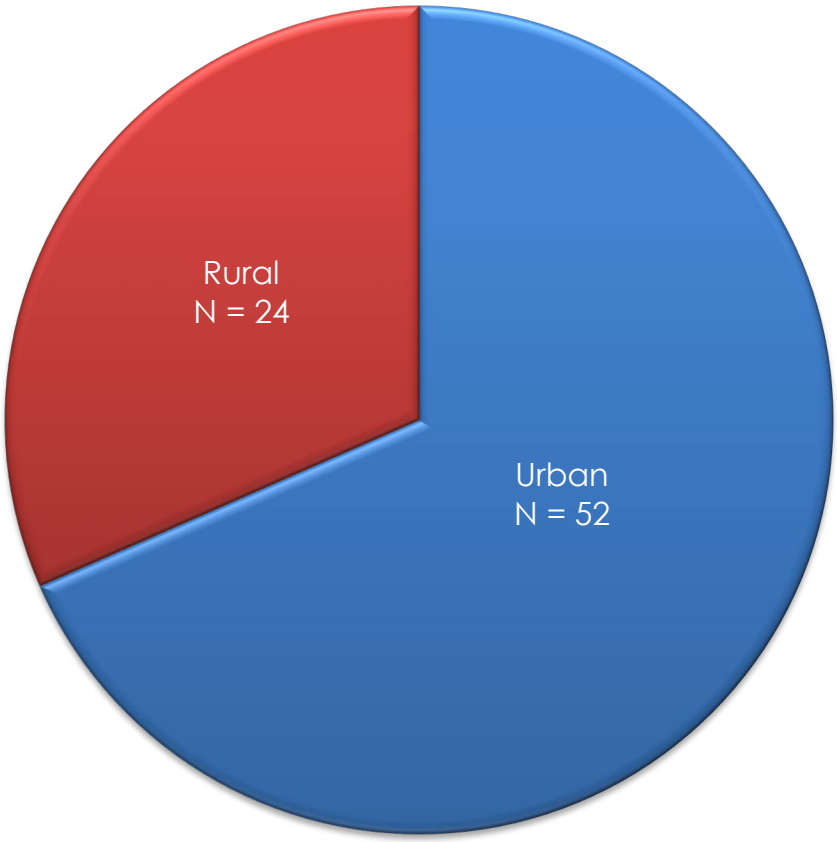


TABLE 5 – DENTAL PRACTICE DESCRIPTION

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	45	59.2
Periodontic dentistry	1	1.3
Pedodontic dentistry	5	6.6
Other	25	32.9
Total	76	100

FIGURE 5 – DENTAL PRACTICE DESCRIPTION

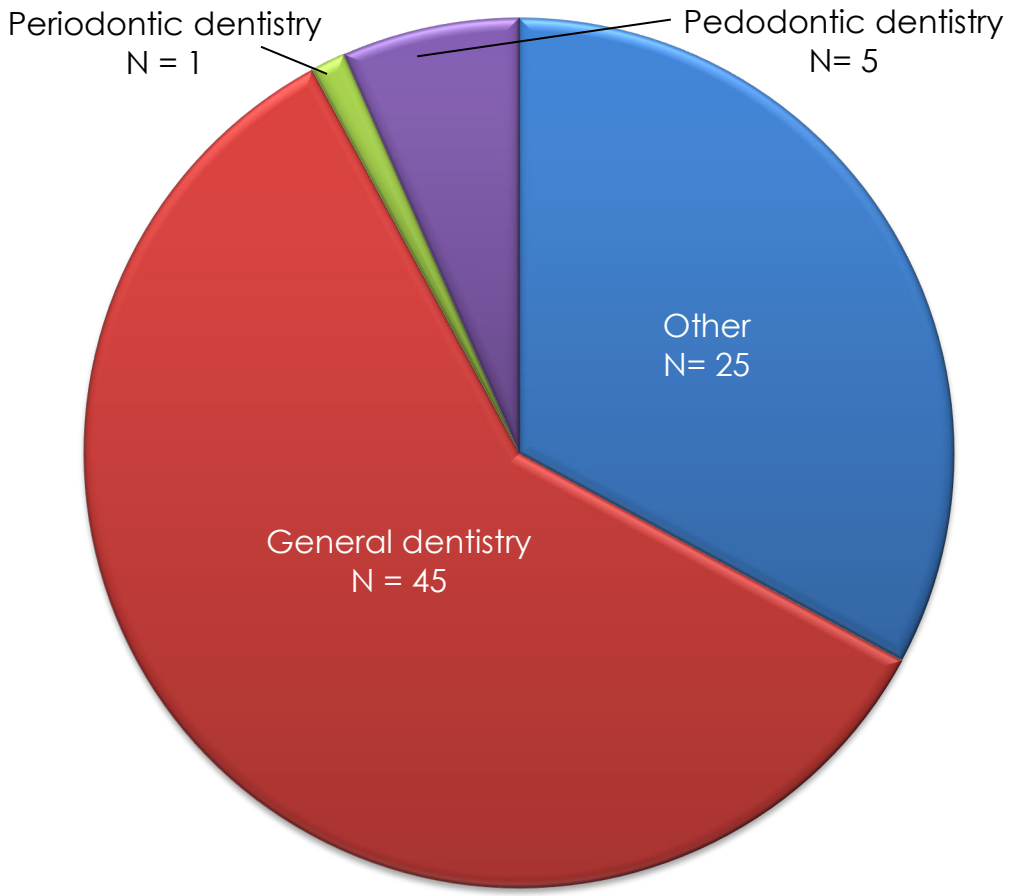


TABLE 6 – NUMBER OF OFFICES IN WHICH RDHAP WORKED

OFFICES	NUMBER (N)	PERCENT
1	46	60.5
2	13	17.1
3 or more	7	9.2
Missing	10	13.2
Total	76	100

FIGURE 6 – NUMBER OF OFFICES IN WHICH RDHAP WORKED

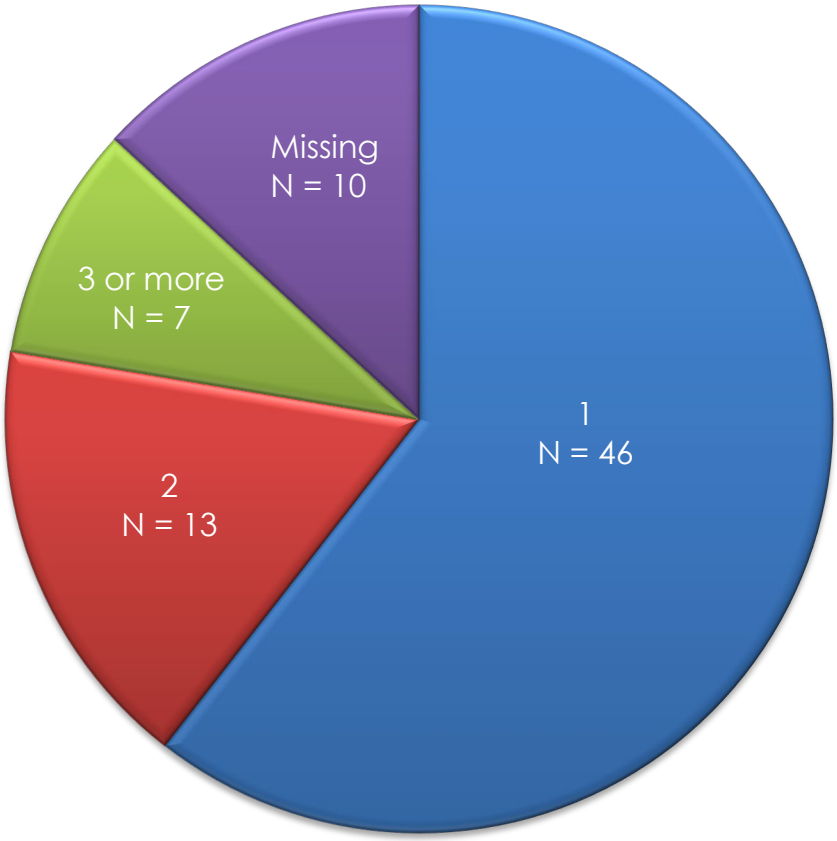


TABLE 7 – EMPLOYED AS AN INSTRUCTOR AT AN ACCREDITED HYGIENE SCHOOL

INSTRUCTOR	NUMBER (N)	PERCENT
Yes	7	9.2
No	69	90.8
Total	76	100

TABLE 8 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT**
Los Angeles County and Vicinity	18	23.7
San Francisco Bay Area	14	18.4
San Joaquin Valley	11	14.5
Sacramento Valley	4	5.3
San Diego County and Vicinity	7	9.2
Shasta/Cascade	4	5.3
Riverside and Vicinity	8	10.5
Sierra Mountain Valley	1	1.3
North Coast	5	6.6
South Coast and Central Coast	4	5.3
Total	76	**100.1

*NOTE: Appendix C shows a more detailed breakdown of the frequencies by region.
**NOTE: Percentages do not add to 100 due to rounding.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 9 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency α = .942; Importance α = .954). Table 10 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .992). These results indicate that the responding RDHAPs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 9 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	FREQUENCY	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	16	.944	.868
2. Dental Hygiene Treatment	17	.899	.944
3. Health and Safety	9	.809	.801
4. Dental Hygiene Laws and Ethics	36	.894	.908

TABLE 10 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	54	.983
2. Dental Hygiene Treatment	39	.972
3. Health and Safety	25	.959
4. Dental Hygiene Laws and Ethics	73	.983

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

Task criticality index = mean [(Fi) X (Ii)]

The tasks were grouped by content area and sorted in descending order by their criticality index. The tasks included in the questionnaire, their mean frequency and importance ratings, and their associated criticality indices are Appendix D.

OPES test specialists convened a workshop consisting of 7 SMEs in February 2025. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDHAP practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to RDHAP practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the questionnaire, sorted in descending order by content area, and presented along with their mean importance ratings, are Appendix E.

The SMEs who participated in the February 2025 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to RDHAP practice, the SMEs determined that no cutoff value should be set, and that all knowledge statements should be retained.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the February 2025 workshop confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs who participated in the February 2025 workshop were also asked to finalize the weights of the content areas that would form the Registered Dental Hygienist in Alternative Practice description of practice. OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level RDHAP practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to RDHAP practice. The content area weights for "Dental Hygiene Treatment" increased, while the weights for "Patient Evaluation and Dental Hygiene Assessment" and "Dental Hygiene Law and Ethics" decreased. A summary of the preliminary and final content area weights for the RDHAP description of practice is presented in Table 11.

TABLE 11 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	23	20
2. Dental Hygiene Treatment	24	40
3. Health and Safety	15	15
4. Dental Hygiene Laws and Ethics	38	25
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis for the Registered Dental Hygienist in Alternative Practice description of practice. The final description of practice is presented in Table 12.

TABLE 12 – REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE DESCRIPTION OF PRACTICE (2025)

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%)
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%)	T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	K1. Knowledge of methods for identifying patient dental hygiene needs. K2. Knowledge of techniques for establishing patient rapport and trust. K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.
	T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	K4. Knowledge of standards for measuring patient vital signs based on patient health status. K5. Knowledge of signs of elevated and abnormal vital sign readings. K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.
	T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment. K8. Knowledge of the relationship between systemic and oral health. K9. Knowledge of methods for collecting information about patient medical and dental history. K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures. K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%), continued	T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment. K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.
	T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	K14. Knowledge of the relationship between dental history and current oral health.
	T6. Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	K15. Knowledge of the relationship between diet and oral health. K16. Knowledge of the relationship between substance and tobacco use and oral health. K17. Knowledge of the relationship between oral hygiene habits and oral health.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	K18. Knowledge of types of muscles and physiological structures in the head and neck region. K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region. K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region. K21. Knowledge of signs of temporal mandibular dysfunction.
	T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions. K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues. K24. Knowledge of techniques for performing extraoral examinations. K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.
	T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity. K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues. K28. Knowledge of methods for performing intraoral examinations. K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.
	T10. Assess dental deposits and stains to determine extent of calculus formation.	K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation. K31. Knowledge of classifications of dental deposits. K32. Knowledge of types of extrinsic and intrinsic dental stains. K33. Knowledge of methods for assessing dental deposits and stains.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	K34. Knowledge of classifications of dental caries and restorations. K35. Knowledge of techniques for identifying pulpal damage. K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture. K37. Knowledge of techniques for performing dental caries detection and risk assessment.
	T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	K38. Knowledge of classifications of occlusion and malocclusion. K39. Knowledge of effects of occlusion and malocclusion on oral health. K40. Knowledge of methods for identifying occlusion and malocclusion.
	T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	K41. Knowledge of components and structures of the periodontium. K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium. K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions. K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases. K45. Knowledge of factors that impact gingival plaque accumulation. K46. Knowledge of techniques for assessing the periodontium.
	T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.	K47. Knowledge of components of peri-implants, implants, and prosthetics. K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation. K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued
This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer. K51. Knowledge of methods for detecting intraoral and extraoral cancer. K52. Knowledge of types of intraoral and extraoral cancers.
	T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.	K53. Knowledge of types of radiographic imaging. K54. Knowledge of criteria for determining type of diagnostic images to be performed.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%)
This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2A. Developing a Care Plan (5%)	T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	K55. Knowledge of criteria for establishing oral hygiene indices. K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.
	T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.
2B. Dental Hygiene Procedures (15%)	T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	K59. Knowledge of techniques for performing scaling and root planing using hand instruments. K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.
	T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	K61. Knowledge of techniques for performing oral prophylaxis using hand instruments. K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.
	T21. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	K63. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain. K64. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T22. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T23. Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	K66. Knowledge of procedures for cleaning and polishing removable appliances. K67. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2C. Prophylaxis Procedures (10%)	T24. Apply fluoride and other caries-preventing agents to protect teeth.	K68. Knowledge of methods used to prevent caries. K69. Knowledge of procedures to apply fluoride to teeth.
	T25. Apply pit and fissure sealants to prevent dental caries.	K70. Knowledge of types of pit and fissure sealants and their uses. K71. Knowledge of factors that impact retention of pit and fissure sealants. K72. Knowledge of indications and contraindications for using pit and fissure sealants. K73. Knowledge of techniques for applying pit and fissure sealants.
	T26. Apply antimicrobial agents to prevent or control periodontal disease.	K74. Knowledge of types of antimicrobial agents and their active ingredients. K75. Knowledge of indications and contraindications for using antimicrobial agents. K76. Knowledge of techniques for delivering antimicrobial agents.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2D. Pain and Anxiety Management (5%)	T27. Administer topical anesthetic to control patient pain.	K77. Knowledge of procedures to administer topical anesthetic. K78. Knowledge of conditions that require application of topical anesthesia. K79. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.
	T28. Administer local anesthetic to patients for pain control under supervision of a dentist.	K80. Knowledge of procedures to administer local anesthetic. K81. Knowledge of conditions that require administration of local anesthetic. K82. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.
	T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	K83. Knowledge of procedures to administer nitrous oxide. K84. Knowledge of conditions that require administration of nitrous oxide. K85. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2E. Patient Education (5%)	T30. Educate patients about oral hygiene to promote oral health.	K86. Knowledge of effects of poor oral hygiene and care related to oral health. K87. Knowledge of methods for educating patients about oral hygiene.
	T31. Educate patients about dietary recommendations to promote oral health.	K88. Knowledge of effects of foods and beverages on oral health. K89. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.
	T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.	K90. Knowledge of individualized oral hygiene instructions to address specific patient needs.
	T33. Provide patients with post-treatment instructions to promote patient compliance.	K91. Knowledge of symptoms patients may encounter after treatment. K92. Knowledge of techniques for pain management after treatment. K93. Knowledge of methods for educating patients about post-treatment instructions.

CONTENT AREA 3: HEALTH AND SAFETY (15%)

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T34. Provide patients with safety precautions to ensure protection during dental hygiene treatment.	K94. Knowledge of methods for using safety precautions with patients. K95. Knowledge of types of safety equipment for protecting patients. K96. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
T35. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K97. Knowledge of equipment for providing protective barriers and air evacuation systems. K98. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K99. Knowledge of types of infectious diseases and their modes of transmission.
T36. Sanitize hands according to protocols to prevent the transmission of diseases.	K100. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments. K101. Knowledge of types of infectious diseases and their modes of transmission.
T37. Wear personal protective equipment to prevent contamination.	K102. Knowledge of techniques for using personal protective equipment.
T38. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K103. Knowledge of techniques for preventing the spread of infectious diseases. K104. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T39. Identify signs of medical emergencies to address situations that require immediate intervention.	K105. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock. K106. Knowledge of signs of medical crisis and emergency. K107. Knowledge of methods for obtaining emergency medical assistance. K108. Knowledge of methods for administering emergency first aid and CPR.

CONTENT AREA 3: HEALTH AND SAFETY (15%), continued

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T40. Disinfect treatment area and equipment before and after dental hygiene treatment.	K109. Knowledge of methods for disinfecting treatment areas and equipment. K110. Knowledge of barrier techniques for protecting treatment areas and equipment. K111. Knowledge of methods for monitoring dental waterlines and water quality. K112. Knowledge of methods for disinfecting evacuation lines. K113. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T41. Sterilize instruments to prevent patient-to-patient disease transmission.	K114. Knowledge of types of sterilization processes and related equipment. K115. Knowledge of procedures for sterilizing instruments. K116. Knowledge of techniques for storing instruments before and after sterilization.
T42. Adhere to disposal safety protocols to discard biohazard materials or sharps.	K117. Knowledge of techniques for safely disposing of biohazard materials. K118. Knowledge of techniques for safely disposing of sharps.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%)

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4A. Patient Autonomy and Consent for Treatment (8%)	T43. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K119. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T44. Respect patient autonomy in making decisions about their care.	K120. Knowledge of laws about patient right to make treatment decisions. K121. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T45. Obtain informed consent to authorize dental hygiene treatment.	K122. Knowledge of requirements regarding informed consent for treatment.
	T46. Comply with requirements to provide oral care to minor patients.	K123. Knowledge of requirements for treating minor patients. K124. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K125. Knowledge of requirements regarding access to information related to treatment of minors.
	T47. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K126. Knowledge of requirements regarding the release of confidential patient information.
	T48. Comply with requirements regarding requests for records to protect patient rights.	K127. Knowledge of requirements regarding patient right to access treatment records. K128. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T49. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K129. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T50. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K130. Knowledge of requirements regarding geographic limitations in providing telehealth. K131. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4B. Mandated Reporting Requirements (2%)	T51. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K132. Knowledge of signs of child abuse and neglect. K133. Knowledge of laws regarding mandated reporting of child abuse and neglect. K134. Knowledge of procedures for filing mandated reports with protective authorities.
	T52. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K135. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K136. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K137. Knowledge of procedures for filing mandated reports with protective authorities.
	T53. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K138. Knowledge of signs of abuse, neglect, and exploitation of older adults. K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K140. Knowledge of procedures for filing mandated reports with protective authorities.
4C. Professional Dental Hygiene Practice (10%)	T54. Adhere to requirements regarding scope of practice to respect professional boundaries.	K141. Knowledge of legal requirements regarding RDHAP scope of practice.
	T55. Maintain professional conduct within and outside work hours to uphold professional integrity.	K142. Knowledge of requirements regarding professional conduct. K143. Knowledge of the relationship between personal and professional actions and public trust. K144. Knowledge of the principles of universality. K145. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (10%), continued	T56. Comply with license requirements to keep dental hygiene license current and valid.	K146. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K147. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K148. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.
	T57. Maintain patient records according to requirements for documentation, storage, and disposal.	K149. Knowledge of requirements regarding documentation of treatments provided. K150. Knowledge of requirements regarding the storage and disposal of treatment records. K151. Knowledge of protocols for documenting in patient dental records.
	T58. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K152. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K153. Knowledge of requirements regarding the collection of fees and surcharges.
	T59. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K154. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.
	T60. Obtain written prescription by a dentist to provide dental hygiene treatment.	K155. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.
	T61. Submit claims to third party payers for dental hygiene services performed.	K156. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed. K157. Knowledge of procedures for receiving insurance reimbursements.
	T62. Employe dental professionals to assist in maintaining a practice.	K158. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (10%), continued	T63. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	K159. Knowledge of laws related to operating a mobile or portable dental hygiene in alternative practice business.
	T64. Adhere to laws regarding billing, billing codes, and documentation.	K160. Knowledge of laws regarding discounted fees and services to patients.
	T65. Coordinate treatment with dentist and other healthcare professionals to provide patient with needed care.	K161. Knowledge of methods for coordinating patient dental care with other providers. K162. Knowledge of types or referrals needed for providing patients with needed care.
	T66. Provide dental hygiene services in nontraditional settings.	K163. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings. K164. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (5%), continued	T67. Practice within scope of competence to provide treatment consistent with level of training and experience.	K165. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K166. Knowledge of ethical standards about remaining current on professional developments.
	T68. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity	K167. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K168. Knowledge of the principles of complementarity. K169. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T69. Provide services in a manner that protects all patients to minimize harm to patients and others.	K170. Knowledge of the principles of non-maleficence. K171. Knowledge of methods for preventing harm to patients.
	T70. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K172. Knowledge of ethical standards about conflict-of-interest situations. K173. Knowledge of methods for managing conflict of interest situations.
	T71. Maintain professionalism while providing oral health services to patients.	K174. Knowledge of the relationship between personal values and professional objectivity. K175. Knowledge of methods for managing the impact of personal values on treatment. K176. Knowledge of methods for maintaining objectivity in providing services to patients. K177. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T72. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K178. Knowledge of standards about practicing when impaired. K179. Knowledge of standards about practicing under the influence of alcohol or other substances.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued
This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (5%), continued	T73. Maintain standard of care to align with patient oral health care needs.	K180. Knowledge of standards about providing services in the best interest of patients. K181. Knowledge of standards about excessive treatment and limiting patient care.
	T74. Promote well-being of patients to protect their best interest and welfare.	K182. Knowledge of standards about acting in the best interest of patients. K183. Knowledge of methods for enhancing the well-being of patients.
	T75. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K184. Knowledge of procedures regarding the management of safety needs. K185. Knowledge of methods for addressing patient safety needs.
	T76. Refer patients to other providers to address situations that require additional treatment or expertise.	K186. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.
	T77. Collaborate with other professionals to meet patient oral health care needs.	K187. Knowledge of standards about participating with other professionals in providing patient care. K188. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T78. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K189. Knowledge of signs of colleague impairments that jeopardize professional judgment. K190. Knowledge of types of colleague behaviors that require intervention or action. K191. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

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CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE

CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDHAP is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB) or the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and the California RDHAP Laws and Ethics Examination.

The SMEs who participated in the February 2025 workshop were asked to develop a preliminary examination outline for the California RDHAP Laws and Ethics Examination by identifying the tasks and knowledge statements that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content areas should remain in the examination outline for the California RDHAP Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In February 2025, OPES facilitated a workshop with 7 SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDHAP Laws and Ethics Examination Outline into a proposed examination outline with 3 content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDHAP Laws and Ethics Examination consists of 3 content areas and is presented in Table 13. A summary of content area weights for the California RDHAP Laws and Ethics Examination Outline is presented in Table 14. Appendix F provides a conversion chart indicating the original task and knowledge statement numbers in the California RDHAP Description of Practice and the new task and knowledge statement numbers in the California RDHAP Laws and Ethics Examination Outline.

TABLE 13 – CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION OUTLINE

CONTENT AREA	PERCENT AREA WEIGHTS
1. Consent, Confidentiality, and Patient Privacy	**30**
1A. Informed Consent and Patient Autonomy	15
1B. Patient Privacy and Protecting Private Health Information	9
1C. Limits to Confidentiality	6
2. Standards for Professional Dental Hygiene Alternative Practice	**40**
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements	15
2B. Alternative Practices Standards	10
2C. Professional Practices	15
3. Obligation to the Patient and Professional Role	**30**
3A. Obligation to the Patient	20
3B. Obligation to Professional Dental Hygiene Alternative Practice Role	10
Total	**100**

TABLE 14 – REGISTERED DENTAL HYGIENEST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE (2025)

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%)

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1A. Informed Consent, Confidentiality, and Patient Privacy (15%)	T1. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K1. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T2. Respect patient autonomy in making decisions about their care.	K2. Knowledge of laws about patient right to make treatment decisions. K3. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T3. Obtain informed consent to authorize dental hygiene treatment.	K4. Knowledge of requirements regarding informed consent for treatment.
	T4. Comply with requirements to provide oral care to minor patients.	K5. Knowledge of requirements for treating minor patients. K6. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K7. Knowledge of requirements regarding access to information related to treatment of minors.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1B. Patient Privacy and Protecting Private Health Information (9%)	T5. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K8. Knowledge of requirements regarding the release of confidential patient information.
	T6. Comply with requirements regarding requests for records to protect patient rights.	K9. Knowledge of requirements regarding patient right to access treatment records. K10. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T7. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K11. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T8. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K12. Knowledge of requirements regarding geographic limitations in providing telehealth. K13. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1C. Limits to Confidentiality (6%)	T9. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K14. Knowledge of signs of child abuse and neglect. K15. Knowledge of laws regarding mandated reporting of child abuse and neglect. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T10. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K17. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K18. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T11. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K19. Knowledge of signs of abuse, neglect, and exploitation of older adults. K20. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%)

This content area assesses a candidate's knowledge of California laws and ethics related to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements (15%)	T12. Adhere to requirements regarding scope of practice to respect professional boundaries.	K21. Knowledge of legal requirements regarding RDHAP scope of practice.
	T13. Maintain professional conduct within and outside work hours to uphold professional integrity.	K22. Knowledge of requirements regarding professional conduct. K23. Knowledge of the relationship between personal and professional actions and public trust. K24. Knowledge of the principles of universality. K25. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.
	T14. Comply with license requirements to keep dental hygiene license current and valid.	K26. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K27. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K28. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%), CONTINUED
This content area assesses a candidate's knowledge of California laws and ethics related to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2B. Alternative Practices Standards (10%)	T15. Obtain written prescription by a dentist to provide dental hygiene treatment.	K29. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.
	T16. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	K30. Knowledge of laws related to operating a mobile or portable dental hygiene clinic.
	T17. Provide dental hygiene services in nontraditional settings.	K31. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings. K32. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.
	T18. Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.	K33. Knowledge of methods for coordinating patient dental care with other providers. K34. Knowledge of types of referrals needed for providing patient with needed care.
	T19. Employ dental professionals to assist in maintaining a practice.	K35. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%), CONTINUED
This content area assesses a candidate's knowledge of California laws and ethics pertaining to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2C. Professional Practices (15%)	T20. Maintain patient records according to requirements for documentation, storage, and disposal.	K36. Knowledge of requirements regarding documentation of treatments provided. K37. Knowledge of requirements regarding the storage and disposal of treatment records. K38. Knowledge of protocols for documenting in patient dental records.
	T21. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K39. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K40. Knowledge of requirements regarding the collection of fees and surcharges.
	T22. Submit claims to third party payers for dental hygiene services performed.	T41. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed. T42. Knowledge of procedures for receiving insurance reimbursements.
	T23. Adhere to laws regarding billing, billing codes, and documentation.	T43. Knowledge of laws regarding discounted fees and services to patients.
	T24. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K44. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%)	T25. Practice within scope of competence to provide treatment consistent with level of training and experience.	K45. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K46. Knowledge of ethical standards about remaining current on professional developments.
	T26. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K47. Knowledge of methods regarding maintaining cultural sensitivity in working with diverse patients. K48. Knowledge of the principles of complementarity. K49. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T27. Provide services in a manner that protects all patients to minimize harm to patients and others.	K50. Knowledge of the principles of non-maleficence. K51. Knowledge of methods for preventing harm to patients.
	T28. Maintain standard of care to align with patient oral health care needs.	K52. Knowledge of standards about providing services in the best interest of patients. K53. Knowledge of standards about excessive treatment and limiting patient care.
	T29. Promote well-being of patients to protect their best interest and welfare.	K54. Knowledge of standards about acting in the best interest of patients. K55. Knowledge of methods for enhancing the well-being of patients.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), continued

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%), continued	T30. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K56. Knowledge of procedures regarding the management of safety needs. K57. Knowledge of methods for addressing patient safety needs.
	T31. Refer patients to other providers to address situations that require additional treatment or expertise.	K58. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3B. Obligation to Professional Dental Hygiene Alternative Practice Role (10%)	T32. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K59. Knowledge of ethical standards about conflict-of-interest situations. K60. Knowledge of methods for managing conflict of interest situations.
	T33. Maintain professionalism while providing oral health services to patients.	K61. Knowledge of the relationship between personal values and professional objectivity. K62. Knowledge of methods for managing the impact of personal values on treatment. K63. Knowledge of methods for maintaining objectivity in providing services to patients. K64. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T34. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K65. Knowledge of standards about practicing when impaired. K66. Knowledge of standards about practicing under the influence of alcohol or other substances.

CONTENT AREA 3: OBLIGATION TO THE PATIENT, PROFESSIONAL ROME (30%), continued

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3B. Obligation to Professional Dental Hygiene in Alternative Practice Role (10%), continued	T35. Collaborate with other professionals to meet patient oral health care needs.	K67. Knowledge of standards about participating with other professionals in providing patient care. K68. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T36. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K69. Knowledge of signs of colleague impairments that jeopardize professional judgment. K70. Knowledge of types of colleague behaviors that require intervention or action. K71. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

CHAPTER 7 | CONCLUSION

The OA of the RDHAP profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDHAP practice. Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure.

Use of the California Registered Dental Hygienist in Alternative Practice Examination outline contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE

Message from the Dental Hygiene Board of California

Dear Licensed Dental Hygienists in Alternative Practice:

Thank you for taking this survey for the occupational analysis of the dental hygiene in alternative practice profession by the Dental Hygiene Board of California (Board).

The Board is collecting information about the tasks currently performed by dental hygienists in alternative practice in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the dental hygiene in alternative practice examinations reflect current practice in California. We worked with different groups of dental hygienists in alternative practice to develop a survey to capture this information. The survey should take about an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by February 2, 2025.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other dental hygienists in alternative practice, and only group data will be analyzed.

If you have questions or need assistance with the survey, please contact Shana Larrucea with the Office of Professional Examination Services at Shana.Larrucea@dca.ca.gov.

Thank you, on behalf of the Board, for completing this survey. We value your contributions and appreciate your dedication to the dental hygiene in alternative practice profession in California!

Sincerely,

Anthony Lum
Executive Officer
Dental Hygiene Board of California

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a dental hygienist in alternative practice in California within the last 12 months.

The Board recognizes that every licensed dental hygienist in alternative practice may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Do you currently work as a licensed dental hygienist in alternative practice in California?

- ◯ Yes
- ◯ No

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Part I - Personal Data

2. How long have you been working as a licensed dental hygienist in alternative practice in California?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 15 years
- ◯ 16 or more years

3. Which of the following California licenses or certifications do you hold? (Select all that apply)

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Radiographic Decision Making
- ☐ Interim Therapeutic Restorations
- ☐ Other (please specify)

4. How many hours per week do you work as a licensed dental hygienist in alternative practice?

- ◯ 1 to 10 hours
- ◯ 11 to 20 hours
- ◯ 21 to 30 hours
- ◯ 31 to 40 hours
- ◯ 41 or more hours

5. How would you describe your primary work setting?

- ◯ General
- ◯ Endodontic
- ◯ Orthodontic
- ◯ Periodontic
- ◯ Pedodontic
- ◯ Oral surgery
- ◯ Other (Please specify)

6. What is the location of your primary work setting?

- ◯ Urban (50,000 people or more)
- ◯ Rural (fewer than 50,000 people)

7. How many different offices employ you as a dental hygienist in alternative practice?

- ◯ 1
- ◯ 2
- ◯ 3 or more

8. Are you an instructor at a dental hygiene school?

- ◯ Yes
- ◯ No

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Part I - Personal Data

9. In what California county do you perform the majority of your work?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 78 tasks. Please rate each task as it relates to your current job as a dental hygienist in alternative practice.
Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).
The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.
If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.
FREQUENCY SCALE
HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.
0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.
2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.
3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.
4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.
5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.
IMPORTANCE RATING SCALE
HOW IMPORTANT are these tasks in the effective performance of your current job?
0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.
1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.
2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.
3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.
4 - VERY IMPORTANT. This task is very important for effective performance in my current job.
5 - CRITICALLY IMPORTANT. This task is extremely important for effective

performance in my current job.&

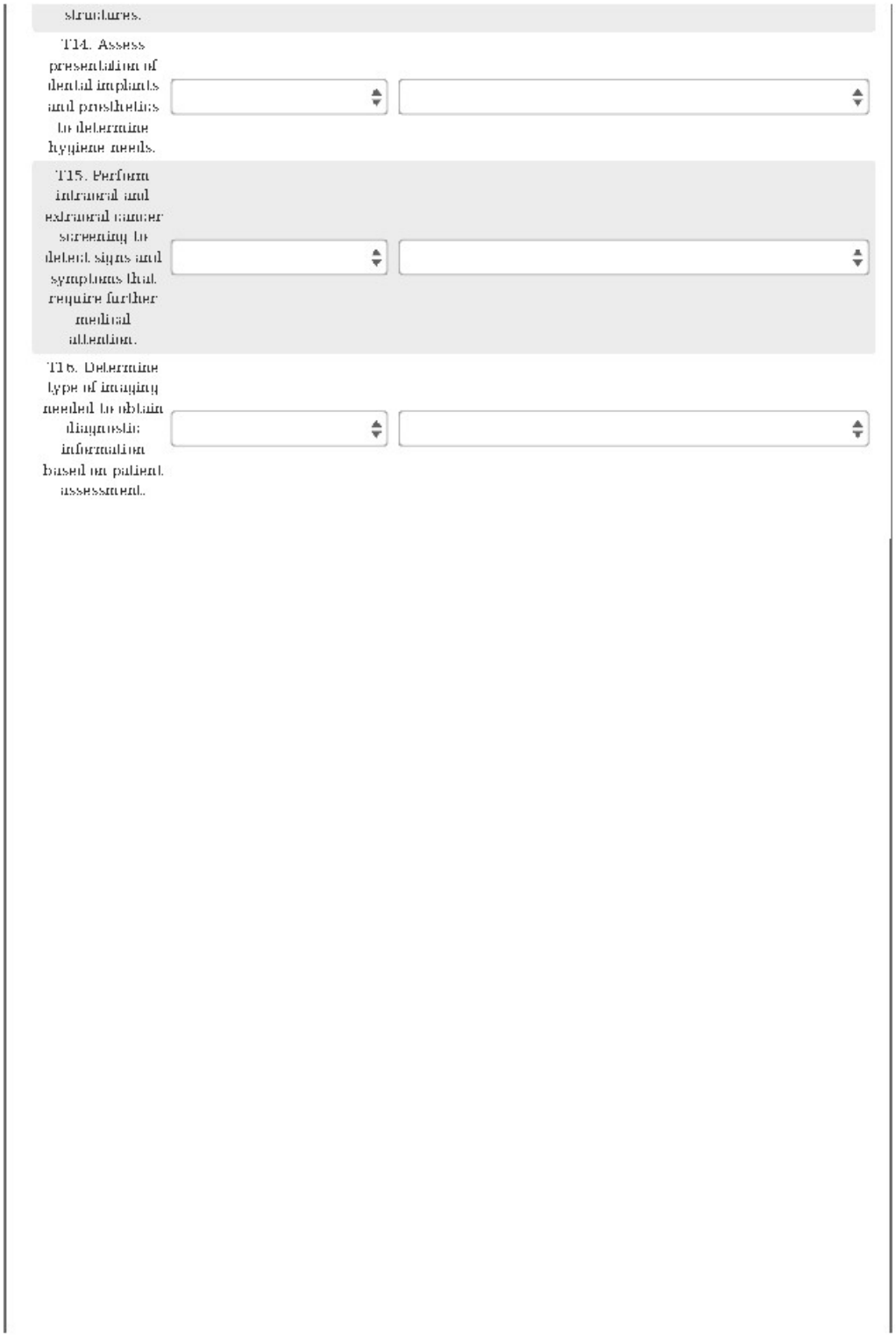
Part II - Task Ratings

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.		
T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.		
T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.		
T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.		
T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.		
T6. Evaluate		

patient diet and oral health habits to determine implications for systemic and oral health.		
T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.		
T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.		
T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.		
T10. Assess dental deposits and stains to determine extent of calculus formation.		
T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.		
T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.		
T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and		


structures.
T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.
T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.
T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.

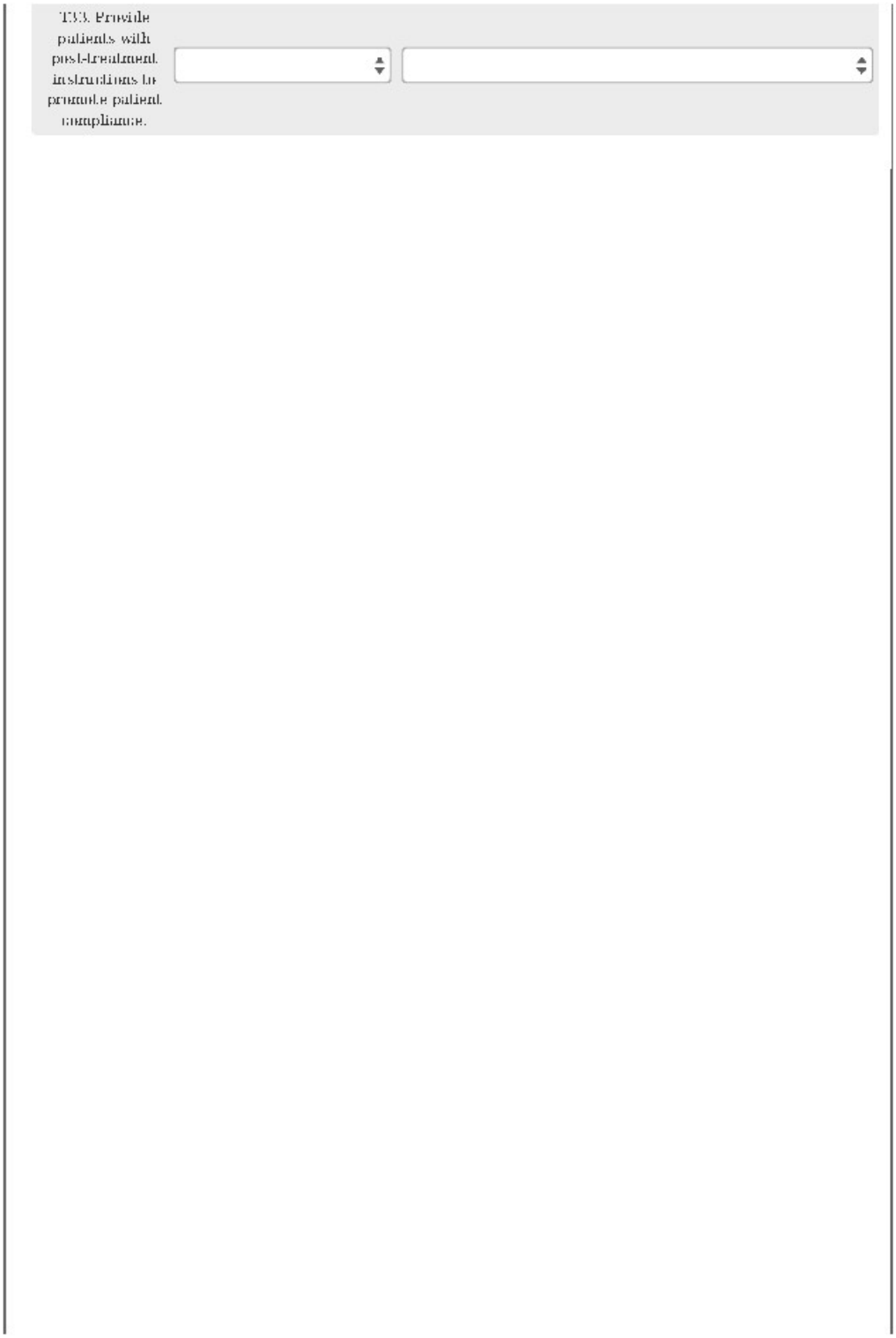
Part II - Task Ratings

Content Area 2: Dental Hygiene Treatment

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.		
T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.		
T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.		
T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.		
T21. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.		
T22. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.		
T23. Address hygiene maintenance needs of dental implants.		

prosthetics, and restorations to maintain integrity and biocompatibility of components.		
T24. Apply fluoride and other caries-preventing agents to protect teeth.		
T25. Apply pit and fissure sealants to prevent dental caries.		
T26. Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.		
T27. Administer topical anesthetic to control patient pain.		
T28. Administer local anesthetic to patients for pain control under supervision of a dentist.		
T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.		
T30. Educate patients about oral hygiene to promote oral health.		
T31. Educate patients about dietary recommendations to promote oral health.		
T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.		


T33. Provide patients with post-treatment instructions to promote patient compliance.

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Part II - Task Ratings

Content Area 3: Health and Safety

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T34. Provide patients with safety precautions to ensure protection during dental hygiene treatment.		
T35. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.		
T36. Sanitize hands according to protocols to prevent the transmission of diseases.		
T37. Wear personal protective equipment to prevent contamination.		
T38. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.		
T39. Identify signs of medical emergencies to address		

situations that require immediate intervention.		
T40. Disinfect treatment area and equipment before and after dental hygiene treatment.		
T41. Sterilize instruments to prevent patient-to-patient disease transmission.		
T42. Adhere to disposal safety protocols to discard biohazard materials or sharps.		

Part II - Task Ratings

Content Area 4: Dental Hygiene Law and Ethics

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T43. Disclose all relevant treatment options to assist patients in making informed treatment decisions.		
T44. Respect patient autonomy in making decisions about their care.		
T45. Obtain informed consent to authorize dental hygiene treatment.		
T46. Comply with requirements to provide oral care to minor patients		
T47. Maintain patient confidentiality to protect their inherent right to privacy in treatment.		
T48. Comply with requirements regarding requests for records to protect patient rights.		
T49. Comply with the provisions of the Health Information Portability and		

Accountability Act (HIPAA) to protect sensitive patient information.		
150. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.		
151. Report known or suspected child abuse or neglect to protect the health and safety of minors.		
152. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.		
153. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.		
154. Adhere to requirements regarding scope of practice to respect professional boundaries.		
155. Maintain professional conduct within and outside work hours to uphold professional integrity.		
156. Comply		

with license requirements to keep dental hygiene license current and valid.		
157. Maintain patient records according to requirements for documentation, storage, and disposal.		
158. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.		
159. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.		
160. Practice within scope of competence to provide treatment consistent with level of training and experience.		
161. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.		
162. Provide services in a manner that protects all patients to minimize harm to patients and others.		

163. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.		
164. Maintain professionalism while providing oral health services to patients.		
165. Adhere to standards regarding providing while impaired to prevent harm to patients.		
166. Maintain standard of care to align with patient oral health care needs.		
167. Promote well-being of patients to protect their best interest and welfare.		
168. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.		
169. Refer patients to other providers to address situations that require additional treatment or expertise.		
170. Collaborate with other professionals to meet patient oral health care needs.		
171. Address		

unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.		
172. Obtain written prescription by a dentist to provide dental hygiene treatment.		
173. Submit claims to third party payers for dental hygiene services performed.		
174. Employ dental professionals to assist in maintaining a practice.		
175. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.		
176. Adhere to laws regarding billing, billing codes, and documentation.		
177. Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.		
178. Provide dental hygiene services in nontraditional settings.		

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 191 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a dental hygienist in alternative practice. If a knowledge statement is NOT part of your current job, rate the statement "0" (zero) for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.
1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.
2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.
3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.
4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.
5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.

Part III - Knowledge Ratings

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

14.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of methods for identifying patient dental hygiene needs.	○	○	○	○	○	○
K2. Knowledge of techniques for establishing patient rapport and trust.	○	○	○	○	○	○
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	○	○	○	○	○	○
K4. Knowledge of standards for measuring patient vital signs based on patient health status.	○	○	○	○	○	○
K5. Knowledge of signs of elevated and abnormal vital sign readings.	○	○	○	○	○	○
K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	○	○	○	○	○	○
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	○	○	○	○	○	○
K8. Knowledge of the relationship between systemic and oral health.	○	○	○	○	○	○
K9. Knowledge of methods for collecting information about patient medical and dental history.	○	○	○	○	○	○
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	○	○	○	○	○	○
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	○	○	○	○	○	○
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	○	○	○	○	○	○

K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	○	○	○	○	○	○
K14. Knowledge of the relationship between dental history and current oral health.	○	○	○	○	○	○
K15. Knowledge of the relationship between diet and oral health.	○	○	○	○	○	○
K16. Knowledge of the relationship between substance and tobacco use and oral health.	○	○	○	○	○	○
K17. Knowledge of the relationship between oral hygiene habits and oral health.	○	○	○	○	○	○
K18. Knowledge of types of muscles and physiological structures in the head and neck region.	○	○	○	○	○	○
K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	○	○	○	○	○	○
K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	○	○	○	○	○	○
K21. Knowledge of signs of temporal mandibular dysfunction.	○	○	○	○	○	○
K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.	○	○	○	○	○	○
K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	○	○	○	○	○	○
K24. Knowledge of techniques for performing extraoral examinations.	○	○	○	○	○	○
K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	○	○	○	○	○	○
K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	○	○	○	○	○	○
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	○	○	○	○	○	○
K28. Knowledge of methods for performing intraoral examinations.	○	○	○	○	○	○
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	○	○	○	○	○	○
K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	○	○	○	○	○	○
K31. Knowledge of classifications of	○	○	○	○	○	○

dental deposits.						
K32. Knowledge of types of extrinsic and intrinsic dental stains.	○	○	○	○	○	○
K33. Knowledge of methods for assessing dental deposits and stains.	○	○	○	○	○	○
K34. Knowledge of classifications of dental caries and restorations.	○	○	○	○	○	○
K35. Knowledge of techniques for identifying pulpal damage.	○	○	○	○	○	○
K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	○	○	○	○	○	○
K37. Knowledge of techniques for performing dental caries detection and risk assessment.	○	○	○	○	○	○
K38. Knowledge of classifications of occlusion and malocclusion.	○	○	○	○	○	○
K39. Knowledge of effects of occlusion and malocclusion on oral health.	○	○	○	○	○	○
K40. Knowledge of methods for identifying occlusion and malocclusion.	○	○	○	○	○	○
K41. Knowledge of components and structures of the periodontium.	○	○	○	○	○	○
K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	○	○	○	○	○	○
K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions.	○	○	○	○	○	○
K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases.	○	○	○	○	○	○
K45. Knowledge of factors that impact gingival plaque accumulation.	○	○	○	○	○	○
K46. Knowledge of techniques for assessing the periodontium.	○	○	○	○	○	○
K47. Knowledge of components of peri-implants, implants, and prosthetics.	○	○	○	○	○	○
K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	○	○	○	○	○	○
K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	○	○	○	○	○	○
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	○	○	○	○	○	○
K51. Knowledge of methods for detecting intraoral and extraoral cancer.	○	○	○	○	○	○
K52. Knowledge of types of intraoral and						

extraoral cancers.	○	○	○	○	○	○
K53. Knowledge of types of radiographic imaging.	○	○	○	○	○	○
K54. Knowledge of criteria for determining type of diagnostic images to be performed.	○	○	○	○	○	○

Part III - Knowledge Ratings

Content Area 2: Dental Hygiene Treatment

15.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K55. Knowledge of criteria for establishing oral hygiene indices.	○	○	○	○	○	○
K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	○	○	○	○	○	○
K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	○	○	○	○	○	○
K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	○	○	○	○	○	○
K59. Knowledge of techniques for performing scaling and root planing using hand instruments.	○	○	○	○	○	○
K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	○	○	○	○	○	○
K61. Knowledge of techniques for performing oral prophylaxis using hand instruments.	○	○	○	○	○	○
K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	○	○	○	○	○	○
K63. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	○	○	○	○	○	○
K64. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	○	○	○	○	○	○
K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	○	○	○	○	○	○
K66. Knowledge of procedures for cleaning and polishing removable appliances.	○	○	○	○	○	○
K67. Knowledge of procedures for	○	○	○	○	○	○

cleaning and polishing dental implants, prosthetics, and restorations.	○	○	○	○	○	○
K68. Knowledge of methods used to prevent caries.	○	○	○	○	○	○
K69. Knowledge of procedures to apply fluoride to teeth.	○	○	○	○	○	○
K70. Knowledge of types of pit and fissure sealants and their uses.	○	○	○	○	○	○
K71. Knowledge of factors that impact retention of pit and fissure sealants.	○	○	○	○	○	○
K72. Knowledge of indications and contraindications for using pit and fissure sealants.	○	○	○	○	○	○
K73. Knowledge of techniques for applying pit and fissure sealants.	○	○	○	○	○	○
K74. Knowledge of types of antimicrobial agents and their active ingredients.	○	○	○	○	○	○
K75. Knowledge of indications and contraindications for using antimicrobial agents.	○	○	○	○	○	○
K76. Knowledge of techniques for delivering antimicrobial agents.	○	○	○	○	○	○
K77. Knowledge of procedures to administer topical anesthetic.	○	○	○	○	○	○
K78. Knowledge of conditions that require application of topical anesthesia.	○	○	○	○	○	○
K79. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	○	○	○	○	○	○
K80. Knowledge of procedures to administer local anesthetic.	○	○	○	○	○	○
K81. Knowledge of conditions that require administration of local anesthetic.	○	○	○	○	○	○
K82. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	○	○	○	○	○	○
K83. Knowledge of procedures to administer nitrous oxide.	○	○	○	○	○	○
K84. Knowledge of conditions that require administration of nitrous oxide.	○	○	○	○	○	○
K85. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	○	○	○	○	○	○
K86. Knowledge of effects of poor oral hygiene and care related to oral health.	○	○	○	○	○	○
K87. Knowledge of methods for	○	○	○	○	○	○

educating patients about oral hygiene.						
K88. Knowledge of effects of foods and beverages on oral health.	○	○	○	○	○	○
K89. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	○	○	○	○	○	○
K90. Knowledge of individualized oral hygiene instructions to address specific patient needs.	○	○	○	○	○	○
K91. Knowledge of symptoms patients may encounter after treatment.	○	○	○	○	○	○
K92. Knowledge of techniques for pain management after treatment.	○	○	○	○	○	○
K93. Knowledge of methods for educating patients about post-treatment instructions.	○	○	○	○	○	○

Part III - Knowledge Ratings

Content Area 3: Health and Safety

16.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K94. Knowledge of methods for using safety precautions with patients.	○	○	○	○	○	○
K95. Knowledge of types of safety equipment for protecting patients.	○	○	○	○	○	○
K96. Knowledge of techniques for protecting patients during diagnostic tests and imaging.	○	○	○	○	○	○
K97. Knowledge of equipment for providing protective barriers and air evacuation systems.	○	○	○	○	○	○
K98. Knowledge of techniques for using barriers, air evacuation systems, and rinses.	○	○	○	○	○	○
K99. Knowledge of types of infectious diseases and their modes of transmission.	○	○	○	○	○	○
K100. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	○	○	○	○	○	○
K101. Knowledge of types of infectious diseases and their modes of transmission.	○	○	○	○	○	○
K102. Knowledge of techniques for using personal protective equipment.	○	○	○	○	○	○
K103. Knowledge of techniques for preventing the spread of infectious diseases.	○	○	○	○	○	○
K104. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	○	○	○	○	○	○
K105. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	○	○	○	○	○	○
K106. Knowledge of signs of medical crisis and emergency.	○	○	○	○	○	○
K107. Knowledge of methods for obtaining emergency medical assistance.	○	○	○	○	○	○

K108. Knowledge of methods for administering emergency first aid and CPR.	◯	◯	◯	◯	◯	◯
K109. Knowledge of methods for disinfecting treatment areas and equipment.	◯	◯	◯	◯	◯	◯
K110. Knowledge of barrier techniques for protecting treatment areas and equipment.	◯	◯	◯	◯	◯	◯
K111. Knowledge of methods for monitoring dental waterlines and water quality.	◯	◯	◯	◯	◯	◯
K112. Knowledge of methods for disinfecting evacuation lines.	◯	◯	◯	◯	◯	◯
K113. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	◯	◯	◯	◯	◯	◯
K114. Knowledge of types of sterilization processes and related equipment.	◯	◯	◯	◯	◯	◯
K115. Knowledge of procedures for sterilizing instruments.	◯	◯	◯	◯	◯	◯
K116. Knowledge of techniques for storing instruments before and after sterilization.	◯	◯	◯	◯	◯	◯
K117. Knowledge of techniques for safely disposing of biohazard materials.	◯	◯	◯	◯	◯	◯
K118. Knowledge of techniques for safely disposing of sharps.	◯	◯	◯	◯	◯	◯

Part III - Knowledge Ratings

Content Area 4: Dental Hygiene Law and Ethics

17.
How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K119. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	○	○	○	○	○	○
K120. Knowledge of laws about patient right to make treatment decisions.	○	○	○	○	○	○
K121. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	○	○	○	○	○	○
K122. Knowledge of requirements regarding informed consent for treatment.	○	○	○	○	○	○
K123. Knowledge of requirements for treating minor patients.	○	○	○	○	○	○
K124. Knowledge of requirements regarding consent to treat and refuse treatment of minors.	○	○	○	○	○	○
K125. Knowledge of requirements regarding access to information related to treatment of minors.	○	○	○	○	○	○
K126. Knowledge of requirements regarding the release of confidential patient information.	○	○	○	○	○	○
K127. Knowledge of requirements regarding patient right to access treatment records.	○	○	○	○	○	○
K128. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	○	○	○	○	○	○
K129. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	○	○	○	○	○	○
K130. Knowledge of requirements regarding geographic limitations in providing telehealth.	○	○	○	○	○	○
K131. Knowledge of requirements regarding standards of care and delivery	○	○	○	○	○	○

of telehealth.						
K132. Knowledge of signs of child abuse and neglect.	○	○	○	○	○	○
K133. Knowledge of laws regarding mandated reporting of child abuse and neglect.	○	○	○	○	○	○
K134. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K135. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	○	○	○	○	○	○
K136. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	○	○	○	○	○	○
K137. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K138. Knowledge of signs of abuse, neglect, and exploitation of older adults.	○	○	○	○	○	○
K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	○	○	○	○	○	○
K140. Knowledge of procedures for filing mandated reports with protective authorities.	○	○	○	○	○	○
K141. Knowledge of legal requirements regarding RDH scope of practice.	○	○	○	○	○	○
K142. Knowledge of requirements regarding professional conduct.	○	○	○	○	○	○
K143. Knowledge of the relationship between personal and professional actions and public trust.	○	○	○	○	○	○
K144. Knowledge of the principles of universality.	○	○	○	○	○	○
K145. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	○	○	○	○	○	○
K146. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	○	○	○	○	○	○
K147. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	○	○	○	○	○	○
K148. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	○	○	○	○	○	○
K149. Knowledge of requirements regarding documentation of treatments provided.	○	○	○	○	○	○
K150. Knowledge of requirements	○	○	○	○	○	○

regarding the storage and disposal of treatment records.						
K151. Knowledge of protocols for documenting in patient dental records.						
K152. Knowledge of requirements regarding disclosures and notification of fees and fee changes.						
K153. Knowledge of requirements regarding the collection of fees and surcharges.						
K154. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.						
K155. Knowledge of ethical standards about the use of techniques or approaches within level of competence.						
K156. Knowledge of ethical standards about remaining current on professional developments.						
K157. Knowledge of methods regarding cultural sensitivity in working with diverse patients.						
K158. Knowledge of the principles of complementarity.						
K159. Knowledge of standards that prohibit discrimination in professional services and conduct.						
K160. Knowledge of the principles of non-maleficence.						
K161. Knowledge of methods for preventing harm to patients.						
K162. Knowledge of ethical standards about conflict-of-interest situations.						
K163. Knowledge of methods for managing conflict of interest situations.						
K164. Knowledge of the relationship between personal values and professional objectivity.						
K165. Knowledge of methods for managing the impact of personal values on treatment.						
K166. Knowledge of methods for maintaining objectivity in providing services to patients.						
K167. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.						
K168. Knowledge of standards about practicing when impaired.						
K169. Knowledge of standards about						

practicing under the influence of alcohol or other substances.	○	○	○	○	○	○
K170. Knowledge of standards about providing services in the best interest of patients.	○	○	○	○	○	○
K171. Knowledge of standards about excessive treatment and limiting patient care.	○	○	○	○	○	○
K172. Knowledge of standards about acting in the best interest of patients.	○	○	○	○	○	○
K173. Knowledge of methods for enhancing the well-being of patients.	○	○	○	○	○	○
K174. Knowledge of procedures regarding the management of safety needs.	○	○	○	○	○	○
K175. Knowledge of methods for addressing patient safety needs.	○	○	○	○	○	○
K176. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	○	○	○	○	○	○
K177. Knowledge of standards about participating with other professionals in providing patient care.	○	○	○	○	○	○
K178. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	○	○	○	○	○	○
K179. Knowledge of signs of colleague impairments that jeopardize professional judgment.	○	○	○	○	○	○
K180. Knowledge of types of colleague behaviors that require intervention or action.	○	○	○	○	○	○
K181. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	○	○	○	○	○	○
K182. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.	○	○	○	○	○	○
K183. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed.	○	○	○	○	○	○
K184. Knowledge of procedures for receiving insurance reimbursements.	○	○	○	○	○	○
K185. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.	○	○	○	○	○	○
K186. Knowledge of laws related to operating a mobile or portable dental hygiene clinic.	○	○	○	○	○	○
K187. Knowledge of laws regarding	○	○	○	○	○	○

discounted fees and services to patients.						
K188. Knowledge of methods for coordinating patient dental care with other providers.	◯	◯	◯	◯	◯	◯
K189. Knowledge of types of referrals needed for providing patients with needed care.	◯	◯	◯	◯	◯	◯
K190. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings.	◯	◯	◯	◯	◯	◯
K191. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.	◯	◯	◯	◯	◯	◯

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Thank you!

Thank you for taking the time to complete this survey! The Dental Hygiene Board of California values your contribution to this study.

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APPENDIX B | QUESTIONNAIRE EMAIL INVITATION

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Good afternoon,

The Dental Hygiene Board of California (Board) is conducting an occupational analysis (OA) of the dental hygienist in alternative practice profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.

We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by February 9, 2025. It will take approximately 30 to 60 minutes to complete.

We value your contributions and appreciate your dedication to the dental hygienist in alternative practice profession in California!

Sincerely,
Shana Larrucea
Office of Professional Examination Services

Shana.larrucea@dca.ca.gov

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	12
Orange	6
TOTAL	18

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	2
Mendocino	3
Sonoma	0
TOTAL	5

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	1
San Bernardino	7
TOTAL	8

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	0
Colusa	0
Glenn	0
Lake	1
Sacramento	3
Sutter	0
Yolo	0
Yuba	0
TOTAL	4

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	6
TOTAL	7

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	2
Contra Costa	2
Marin	1
Napa	1
San Francisco	1
San Mateo	1
Santa Clara	2
Santa Cruz	1
Solano	3
TOTAL	14

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Kern	2
Kings	1
Madera	0
Merced	1
San Joaquin	6
Stanislaus	0
Tulare	0
TOTAL	11

SHASTA/CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	3
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	4

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	0
El Dorado	0
Inyo	0
Mariposa	0
Nevada	0
Placer	0
Sierra	0
Tuolumne	1
TOTAL	1

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	0
San Benito	0
San Luis Obispo	3
Santa Barbara	0
Ventura	1
TOTAL	4

APPENDIX D | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T3.	Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	4.68	4.62	22.19
T4.	Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	4.48	4.59	21.34
T13.	Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	4.60	4.44	21.05
T15.	Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	4.51	4.49	20.97
T1.	Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	4.47	4.51	20.69
T9.	Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.51	4.44	20.53
T10.	Assess dental deposits and stains to determine extent of calculus formation.	4.64	4.25	20.35
T11.	Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	4.47	4.36	19.87
T5.	Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	4.32	4.10	19.11
T2.	Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	4.17	4.07	18.31
T8.	Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.23	4.13	18.20
T16.	Determine type of imaging needed to obtain diagnostic information based on patient assessment.	3.93	4.05	17.55

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments, continued

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T6.	Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	4.20	3.95	17.26
T14.	Assess presentation of dental implants and prosthetics to determine hygiene needs.	3.85	3.84	16.31
T7.	Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	3.11	3.20	11.82
T12.	Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	3.20	3.07	11.61

Content Area 2: Dental Hygiene Treatment

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T30.	Educate patients about oral hygiene to promote oral health.	4.67	4.56	21.60
T20.	Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	4.68	4.31	20.97
T32.	Provide patients with individualized oral hygiene instructions to address unique oral health needs.	4.63	4.31	20.62
T22.	Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	4.47	4.16	19.82
T18.	Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	4.38	4.04	19.43
T24.	Apply fluoride and other caries-preventing agents to protect teeth.	4.51	4.11	19.25
T23.	Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	4.25	4.15	18.70
T33.	Provide patients with post-treatment instructions to promote patient compliance.	4.25	3.93	18.18
T19.	Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	4.00	4.38	18.00
T31.	Educate patients about dietary recommendations to promote oral health.	4.19	4.07	17.82
T21.	Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	4.38	3.76	17.77
T17.	Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	4.04	3.89	17.35

Content Area 2: Dental Hygiene Treatment, continued

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T27.	Administer topical anesthetic to control patient pain.	3.61	3.45	14.02
T25.	Apply pit and fissure sealants to prevent dental caries.	2.90	3.38	11.68
T28.	Administer local anesthetic to patients for pain control under supervision of a dentist.	2.82	3.02	11.20
T26.	Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.	2.32	2.49	7.84
T29.	Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	1.28	1.58	3.74

Content Area 3: Health and Safety

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T36.	Sanitize hands according to protocols to prevent the transmission of diseases.	4.97	4.93	24.57
T38.	Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	4.98	4.93	24.57
T37.	Wear personal protective equipment to prevent contamination.	4.97	4.91	24.37
T40.	Disinfect treatment area and equipment before and after dental hygiene treatment.	4.88	4.91	24.29
T41.	Sterilize instruments to prevent patient-to-patient disease transmission.	4.70	4.81	23.39
T42.	Adhere to disposal safety protocols to discard biohazard materials or sharps.	4.66	4.67	22.80
T34.	Provide patients with safety precautions to ensure protection during dental hygiene treatment.	4.62	4.28	20.16
T39.	Identify signs of medical emergencies to address situations that require immediate intervention.	4.17	4.80	20.07
T35.	Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	4.17	4.30	19.46

Content Area 4: Dental Hygiene Laws and Ethics

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T56.	Comply with license requirements to keep dental hygiene license current and valid.	4.87	4.86	23.84
T47.	Maintain patient confidentiality to protect their inherent right to privacy in treatment.	4.91	4.81	23.68
T67.	Practice within scope of competence to provide treatment consistent with level of training and experience.	4.87	4.86	23.46
T49.	Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	4.87	4.79	23.44
T69.	Provide services in a manner that protects all patients to minimize harm to patients and others.	4.87	4.79	23.22
T71.	Maintain professionalism while providing oral health services to patients.	4.87	4.72	23.16
T45.	Obtain informed consent to authorize dental hygiene treatment.	4.60	4.63	22.33
T57.	Maintain patient records according to requirements for documentation, storage, and disposal.	4.62	4.74	22.25
T54.	Adhere to requirements regarding scope of practice to respect professional boundaries.	4.60	4.77	22.22
T74.	Promote well-being of patients to protect their best interest and welfare.	4.78	4.60	22.14
T55.	Maintain professional conduct within and outside work hours to uphold professional integrity.	4.82	4.56	22.06
T73.	Maintain standard of care to align with patient oral health care needs.	4.60	4.53	21.76

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T44.	Respect patient autonomy in making decisions about their care.	4.62	4.47	21.30
T68.	Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	4.51	4.47	20.63
T65.	Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.	4.27	4.60	20.56
T76.	Refer patients to other providers to address situations that require additional treatment or expertise.	4.42	4.74	20.46
T77.	Collaborate with other professionals to meet patient oral health care needs.	4.35	4.63	20.20
T72.	Adhere to standards regarding practicing while impaired to prevent harm to patients.	4.13	4.30	19.36
T46.	Comply with requirements to provide oral care to minor patients.	4.04	4.14	19.12
T70.	Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	4.13	4.30	18.72
T48.	Comply with requirements regarding requests for records to protect patient rights.	4.07	4.12	18.71
T43.	Disclose all relevant treatment options to assist patients in making informed treatment decisions.	4.07	4.12	18.38
T58.	Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	3.93	4.09	18.25
T75.	Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	3.76	4.47	17.43

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T64.	Adhere to laws regarding billing, billing codes, and documentation.	3.73	3.84	17.10
T60.	Obtain written prescription by a dentist to provide dental hygiene treatment.	3.56	3.95	16.53
T59.	Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	3.64	3.95	16.15
T66.	Provide dental hygiene services in nontraditional settings.	3.18	3.53	14.23
T50.	Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	2.89	3.19	12.23
T63.	Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	2.67	3.00	11.96
T78.	Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	2.40	4.44	10.28
T61.	Submit claims to third party payers for dental hygiene services performed.	2.31	2.84	9.15
T53.	Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	2.02	4.44	8.36
T52.	Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	2.02	4.49	8.16
T51.	Report known or suspected child abuse or neglect to protect the health and safety of minors.	1.91	4.37	7.28
T62.	Employ dental professionals to assist in maintaining a practice.	1.22	1.98	4.66

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APPENDIX E | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

	Knowledge Statement	Importance
K10.	Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	4.79
K5.	Knowledge of signs of elevated and abnormal vital sign readings.	4.76
K11.	Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	4.70
K50.	Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	4.70
K51.	Knowledge of methods for detecting intraoral and extraoral cancer.	4.66
K52.	Knowledge of types of intraoral and extraoral cancers.	4.66
K1.	Knowledge of methods for identifying patient dental hygiene needs.	4.62
K3.	Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	4.62
K7.	Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	4.60
K12.	Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	4.60
K4.	Knowledge of standards for measuring patient vital signs based on patient health status.	4.58
K13.	Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	4.58
K27.	Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	4.58
K2.	Knowledge of techniques for establishing patient rapport and trust.	4.55
K9.	Knowledge of methods for collecting information about patient medical and dental history.	4.55
K29.	Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	4.55
K6.	Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	4.53
K23.	Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	4.53
K28.	Knowledge of methods for performing intraoral examinations.	4.51

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K44.	Knowledge of factors that increase risk for onset and progression of periodontal diseases.	4.51
K8.	Knowledge of the relationship between systemic and oral health.	4.49
K45.	Knowledge of factors that impact gingival plaque accumulation.	4.49
K46.	Knowledge of techniques for assessing the periodontium.	4.46
K17.	Knowledge of the relationship between oral hygiene habits and oral health.	4.43
K25.	Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	4.43
K26.	Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	4.43
K30.	Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	4.43
K42.	Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	4.43
K16.	Knowledge of the relationship between substance and tobacco use and oral health.	4.40
K24.	Knowledge of techniques for performing extraoral examinations.	4.38
K41.	Knowledge of components and structures of the periodontium.	4.36
K43.	Knowledge of classifications of periodontal and peri-implant diseases and conditions.	4.36
K53.	Knowledge of types of radiographic imaging.	4.36
K14.	Knowledge of the relationship between dental history and current oral health.	4.34
K15.	Knowledge of the relationship between diet and oral health.	4.29
K18.	Knowledge of types of muscles and physiological structures in the head and neck region.	4.29
K54.	Knowledge of criteria for determining type of diagnostic images to be performed.	4.29
K37.	Knowledge of techniques for performing dental caries detection and risk assessment.	4.28

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K22.	Knowledge of types of anatomical structures and landmarks of the extraoral regions.	4.26
K49.	Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	4.19
K33.	Knowledge of methods for assessing dental deposits and stains.	4.15
K34.	Knowledge of classifications of dental caries and restorations.	4.15
K36.	Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	4.15
K47.	Knowledge of components of peri-implants, implants, and prosthetics.	4.15
K31.	Knowledge of classifications of dental deposits.	4.13
K48.	Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	4.11
K21.	Knowledge of signs of temporal mandibular dysfunction.	4.08
K32.	Knowledge of types of extrinsic and intrinsic dental stains.	3.94
K35.	Knowledge of techniques for identifying pulpal damage.	3.87
K20.	Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	3.85
K19.	Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	3.81
K39.	Knowledge of effects of occlusion and malocclusion on oral health.	3.81
K38.	Knowledge of classifications of occlusion and malocclusion.	3.68
K40.	Knowledge of methods for identifying occlusion and malocclusion.	3.68

Content Area 2: Dental Hygiene Treatment

	Knowledge Statement	Importance
K86.	Knowledge of effects of poor oral hygiene and care related to oral health.	4.60
K61.	Knowledge of techniques for performing oral prophylaxis using hand instruments.	4.58
K59.	Knowledge of techniques for performing scaling and root planing using hand instruments.	4.56
K69.	Knowledge of procedures to apply fluoride to teeth.	4.56
K60.	Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	4.54
K68.	Knowledge of methods used to prevent caries.	4.54
K88.	Knowledge of effects of foods and beverages on oral health.	4.50
K90.	Knowledge of individualized oral hygiene instructions to address specific patient needs.	4.50
K64.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.48
K79.	Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	4.48
K87.	Knowledge of methods for educating patients about oral hygiene.	4.48
K62.	Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	4.46
K91.	Knowledge of symptoms patients may encounter after treatment.	4.46
K65.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.42
K82.	Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	4.42
K92.	Knowledge of techniques for pain management after treatment.	4.42
K58.	Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	4.39
K80.	Knowledge of procedures to administer local anesthetic.	4.37
K81.	Knowledge of conditions that require administration of local anesthetic.	4.37

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K93.	Knowledge of methods for educating patients about post-treatment instructions.	4.35
K89.	Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	4.33
K57.	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	4.31
K75.	Knowledge of indications and contraindications for using antimicrobial agents.	4.31
K77.	Knowledge of procedures to administer topical anesthetic.	4.31
K78.	Knowledge of conditions that require application of topical anesthesia.	4.29
K63.	Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	4.25
K55.	Knowledge of criteria for establishing oral hygiene indices.	4.17
K74.	Knowledge of types of antimicrobial agents and their active ingredients.	4.17
K70.	Knowledge of types of pit and fissure sealants and their uses.	4.15
K73.	Knowledge of techniques for applying pit and fissure sealants.	4.14
K85.	Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	4.14
K76.	Knowledge of techniques for delivering antimicrobial agents.	4.12
K56.	Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	4.10
K67.	Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	4.10
K71.	Knowledge of factors that impact retention of pit and fissure sealants.	4.04
K72.	Knowledge of indications and contraindications for using pit and fissure sealants.	4.04
K66.	Knowledge of procedures for cleaning and polishing removable appliances.	4.00
K83.	Knowledge of procedures to administer nitrous oxide.	3.85

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K84.	Knowledge of conditions that require administration of nitrous oxide.	3.85

Content Area 3: Health and Safety

	Knowledge Statement	Importance
K107.	Knowledge of methods for obtaining emergency medical assistance.	4.84
K110.	Knowledge of barrier techniques for protecting treatment areas and equipment.	4.84
K104.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.83
K109.	Knowledge of methods for disinfecting treatment areas and equipment.	4.83
K106.	Knowledge of signs of medical crisis and emergency.	4.82
K108.	Knowledge of methods for administering emergency first aid and CPR.	4.81
K105.	Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	4.80
K101.	Knowledge of types of infectious diseases and their modes of transmission.	4.78
K103.	Knowledge of techniques for preventing the spread of infectious diseases.	4.77
K104.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.77
K111.	Knowledge of methods for monitoring dental waterlines and water quality.	4.77
K116.	Knowledge of techniques for storing instruments before and after sterilization.	4.77
K100.	Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	4.76
K102.	Knowledge of techniques for using personal protective equipment.	4.75
K114.	Knowledge of types of sterilization processes and related equipment.	4.74
K115.	Knowledge of procedures for sterilizing instruments.	4.74
K118.	Knowledge of techniques for safely disposing of sharps.	4.73
K117.	Knowledge of techniques for safely disposing of biohazard materials.	4.71
K95.	Knowledge of types of safety equipment for protecting patients.	4.66

Content Area 3: Health and Safety, continued

	Knowledge Statement	Importance
K96.	Knowledge of techniques for protecting patients during diagnostic tests and imaging.	4.65
K98.	Knowledge of techniques for using barriers, air evacuation systems, and rinses.	4.64
K97.	Knowledge of equipment for providing protective barriers and air evacuation systems.	4.63
K99.	Knowledge of types of infectious diseases and their modes of transmission.	4.63
K113.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.55
K112.	Knowledge of methods for disinfecting evacuation lines.	4.52

Content Area 4: Dental Hygiene Laws and Ethics

	Knowledge Statement	Importance
K119.	Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	4.66
K146.	Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	4.62
K141.	Knowledge of legal requirements regarding RDHAP scope of practice.	4.61
K148.	Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	4.60
K149.	Knowledge of requirements regarding documentation of treatments provided.	4.60
K191.	Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	4.60
K171.	Knowledge of methods for preventing harm to patients.	4.59
K142.	Knowledge of requirements regarding professional conduct.	4.58
K180.	Knowledge of standards about providing services in the best interest of patients.	4.58
K138.	Knowledge of signs of abuse, neglect, and exploitation of older adults.	4.57
K184.	Knowledge of procedures regarding the management of safety needs.	4.57
K135.	Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	4.55
K182.	Knowledge of standards about acting in the best interest of patients.	4.55
K185.	Knowledge of methods for addressing patient safety needs.	4.55
K136.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	4.54
K145.	Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	4.54
K151.	Knowledge of protocols for documenting in patient dental records.	4.54
K132.	Knowledge of signs of child abuse and neglect.	4.52
K143.	Knowledge of the relationship between personal and professional actions and public trust.	4.52
K179.	Knowledge of standards about practicing under the influence of alcohol or other substances.	4.52
K183.	Knowledge of methods for enhancing the well-being of patients.	4.52

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K133.	Knowledge of laws regarding mandated reporting of child abuse and neglect.	4.50
K139.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	4.50
K129.	Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	4.48
K165.	Knowledge of ethical standards about the use of techniques or approaches within level of competence.	4.48
K166.	Knowledge of ethical standards about remaining current on professional developments.	4.48
K178.	Knowledge of standards about practicing when impaired.	4.48
K181.	Knowledge of standards about excessive treatment and limiting patient care.	4.48
K186.	Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	4.46
K147.	Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	4.45
K121.	Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	4.43
K122.	Knowledge of requirements regarding informed consent for treatment.	4.43
K169.	Knowledge of standards that prohibit discrimination in professional services and conduct.	4.43
K187.	Knowledge of standards about participating with other professionals in providing patient care.	4.43
K189.	Knowledge of types of colleague impairments that jeopardize professional judgement.	4.43
K190.	Knowledge of types of colleague behaviors that require intervention or action.	4.43
K134.	Knowledge of procedures for filing mandated reports with protective authorities.	4.41
K170.	Knowledge of the principles of non-maleficence.	4.41
K176.	Knowledge of methods for maintaining objectivity in providing services to patients.	4.41
K177.	Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	4.41
K123.	Knowledge of requirements for treating minor patients.	4.39
K124.	Knowledge of requirements regarding consent to treat and refuse treatment of minors.	4.39
K137.	Knowledge of procedures for filing mandated reports with protective authorities.	4.39

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K125.	Knowledge of requirements regarding access to information related to treatment of minors.	4.36
K168.	Knowledge of the principles of complementarity.	4.36
K120.	Knowledge of laws about patient right to make treatment decisions.	4.34
K161.	Knowledge of methods for coordinating patient dental care with other providers.	4.34
K172.	Knowledge of ethical standards about conflict-of-interest situations.	4.32
K173.	Knowledge of methods for managing conflict of interest situations.	4.30
K126.	Knowledge of requirements regarding the release of confidential patient information.	4.27
K140.	Knowledge of procedures for filing mandated reports with protective authorities.	4.27
K156.	Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed.	4.27
K160.	Knowledge of laws regarding discounted fees and services to patients.	4.27
K174.	Knowledge of the relationship between personal values and professional objectivity.	4.27
K128.	Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	4.23
K159.	Knowledge of laws related to operating a mobile or portable dental hygiene clinic.	4.23
K175.	Knowledge of methods for managing the impact of personal values on treatment.	4.23
K127.	Knowledge of requirements regarding patient right to access treatment records.	4.21
K155.	Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.	4.21
K150.	Knowledge of requirements regarding the storage and disposal of treatment records.	4.18
K162.	Knowledge of types of referrals needed for providing patients with needed care.	4.18
K167.	Knowledge of methods regarding cultural sensitivity in working with diverse patients.	4.16
K157.	Knowledge of procedures for receiving insurance reimbursements.	4.14
K163.	Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings.	4.11

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K158.	Knowledge of laws related to hiring for a dental hygiene in alternative practice business.	4.10
K164.	Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.	4.09
K144.	Knowledge of the principles of universality.	4.07
K180.	Knowledge of signs of colleague impairments that jeopardize professional judgment.	4.05
K188.	Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	4.02
K154.	Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	4.00
K152.	Knowledge of requirements regarding disclosures and notification of fees and fee changes.	3.93
K153.	Knowledge of requirements regarding the collection of fees and surcharges.	3.75
K131.	Knowledge of requirements regarding standards of care and delivery of telehealth.	3.68
K130.	Knowledge of requirements regarding geographic limitations in providing telehealth.	3.61

APPENDIX F | TASKS AND KNOWLEDGE STATEMENTS RENUMBERED FOR THE CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

RENUMBERING OF TASKS

Original Task Number in California RDHAP Description of Practice	New Task Number in California RDHAP Laws and Ethics Examination Outline
43	1
44	2
45	3
46	4
47	5
48	6
49	7
50	8
51	9
52	10
53	11
54	12
55	13
56	14
57	20
58	21
59	24
60	25
61	26
62	27
63	32
64	33
65	34
66	28
67	29
68	30
69	31
70	35
71	36
72	15
73	22
74	19
75	16
76	23
77	18
78	17

RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDHAP Description of Practice	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
119	1
120	2
121	3
122	4
123	5
124	6
125	7
126	8
127	9
128	10
129	11
130	12
131	13
132	14
133	15
134	16
135	17
136	18
137	16
138	19
139	20
140	16
141	21
142	22
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147	27
148	28
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151	38
152	39
153	40
154	44
155	45
156	46
157	47
158	48
159	49
160	50

RENUMBERING OF KNOWLEDGE STATEMENTS, continued

Original Knowledge Statement Number in California RDHAP Description of Practice	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
161	51
162	59
163	60
164	61
165	62
166	63
167	64
168	65
169	66
170	52
171	53
172	54
173	55
174	56
175	57
176	58
177	67
178	68
179	69
180	70
181	71
182	29
183	41
184	42
185	35
186	30
187	43
188	33
189	34
190	31
191	32

DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
June 1, 2023

CURRENT ORG CHART
FY 2022/23
Authorized Positions: 15

Dental Hygiene Board of California
Nine (9) Members Appointed
2 Public Members, 1 Dentist, 4 Dental Hygienists Appointed by the Governor
1 Public Member Appointed by the Senate on Committee Rules
1 Public Member Appointed by the Speaker of the Assembly
641-110-8813-961
(All Members)

ENFORCEMENT
Special Investigator
641-110-8612-001 +

Executive Officer
(Exempt)
641-110-8812-001 +

LICENSING/EDUCATION & EXAMINATIONS PROGRAM
Staff Services Manager I*
641-110-4800-002+

Assistant Executive Officer
(Staff Services Manager I)
VACANT
641-110-4800-001 +

ENFORCEMENT

Associate Governmental Program Analyst
VACANT
641-110-5393-003 +

Staff Services Analyst
641-110-5157-006 +

Staff Services Analyst
VACANT
641-110-5157-007 +

LICENSING/EXAMS

Associate Governmental Program Analyst
641-110-5393-801 +

Associate Governmental Program Analyst
VACANT
641-110-5393-004 +

Staff Services Analyst
VACANT
641-110-5157-004 +

Staff Services Analyst
641-110-5157-009 +

Staff Services Analyst
641-110-5157-802 +

Staff Services Analyst
VACANT
641-110-5157-010+

ADMINISTRATION

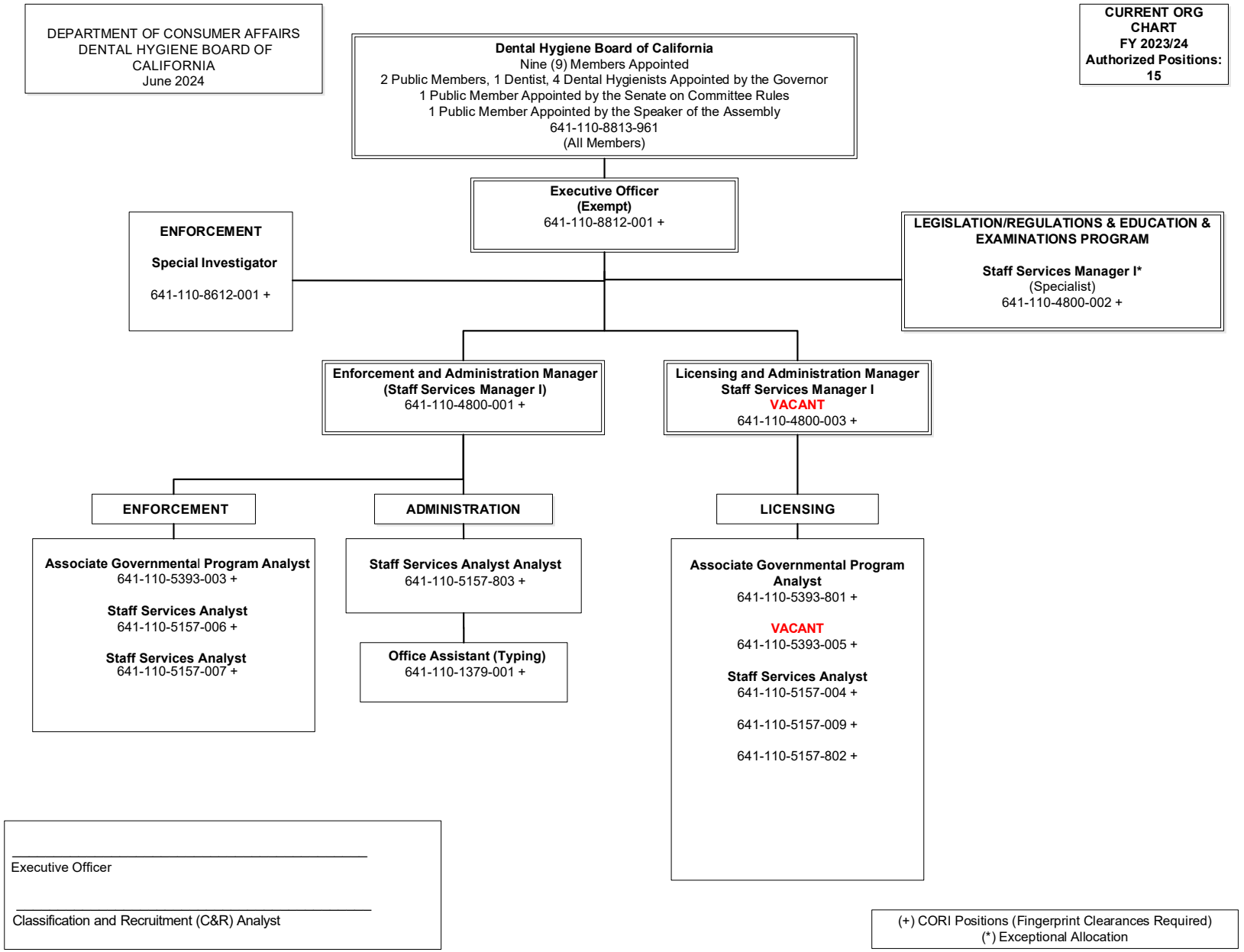
Associate Governmental Program Analyst
VACANT
641-110-5393-803 +

Office Assistant (Typing)
641-110-1379-001 +

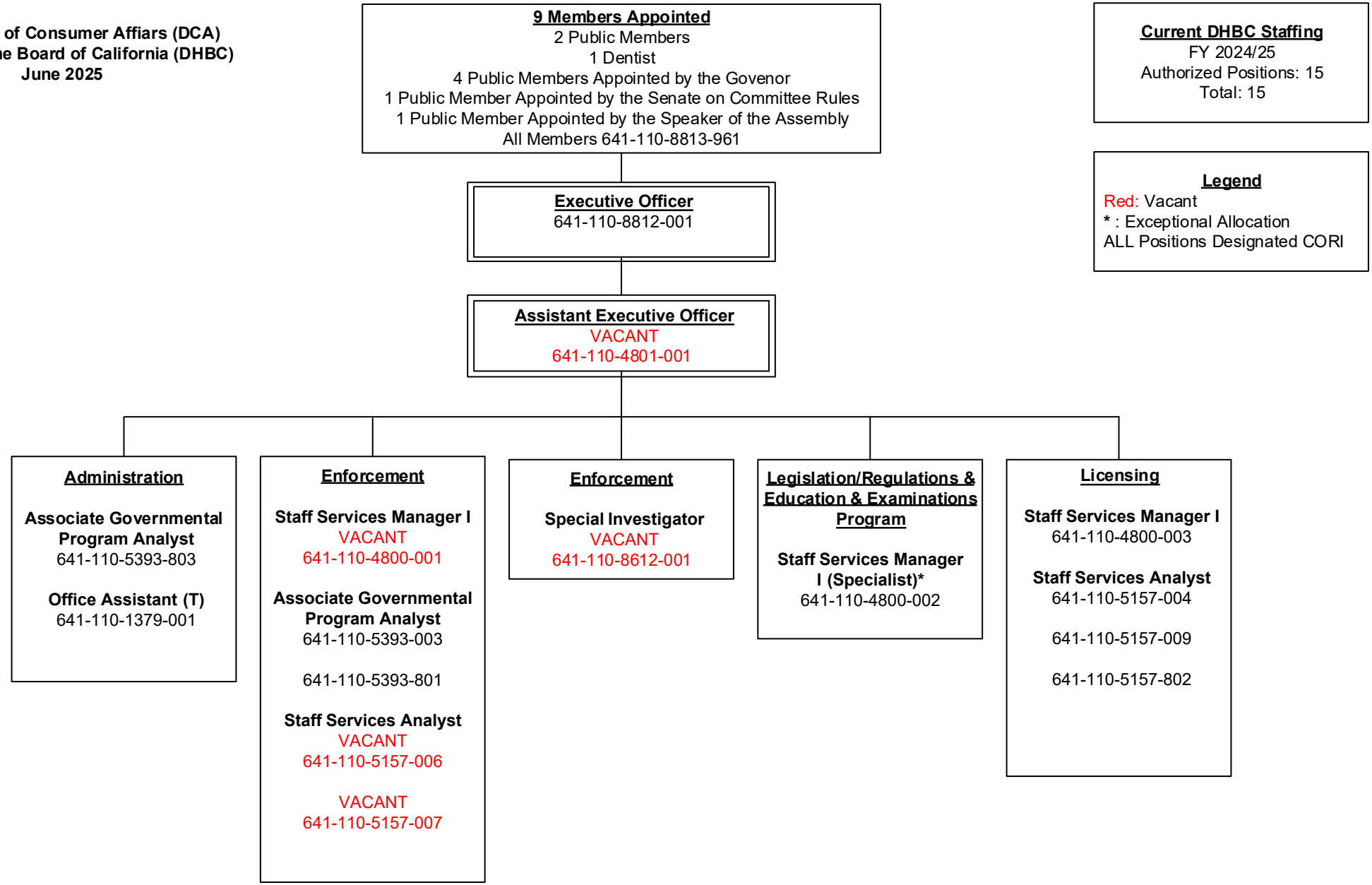
_____
Executive Officer

_____
Classification and Recruitment (C&R) Analyst

(+) CORI Positions (Fingerprint Clearances Required)
(*) Exceptional Allocation


DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
June 2024
CURRENT ORG CHART
FY 2023/24
Authorized Positions: 15
Dental Hygiene Board of California
Nine (9) Members Appointed
2 Public Members, 1 Dentist, 4 Dental Hygienists Appointed by the Governor
1 Public Member Appointed by the Senate on Committee Rules
1 Public Member Appointed by the Speaker of the Assembly
641-110-8813-961
(All Members)
Executive Officer
(Exempt)
641-110-8812-001 +
ENFORCEMENT
Special Investigator
641-110-8612-001 +
LEGISLATION/REGULATIONS & EDUCATION & EXAMINATIONS PROGRAM
Staff Services Manager I*
(Specialist)
641-110-4800-002 +
Enforcement and Administration Manager
(Staff Services Manager I)
641-110-4800-001 +
Licensing and Administration Manager
Staff Services Manager I
VACANT
641-110-4800-003 +
ENFORCEMENT
Associate Governmental Program Analyst
641-110-5393-003 +
Staff Services Analyst
641-110-5157-006 +
Staff Services Analyst
641-110-5157-007 +
ADMINISTRATION
Staff Services Analyst Analyst
641-110-5157-803 +
Office Assistant (Typing)
641-110-1379-001 +
LICENSING
Associate Governmental Program Analyst
641-110-5393-801 +
VACANT
641-110-5393-005 +
Staff Services Analyst
641-110-5157-004 +
641-110-5157-009 +
641-110-5157-802 +
Executive Officer
Classification and Recruitment (C&R) Analyst
(+) CORI Positions (Fingerprint Clearances Required)
(*) Exceptional Allocation

Department of Consumer Affiars (DCA)
Dental Hygiene Board of California (DHBC)
June 2025



Current DHBC Staffing
FY 2024/25
Authorized Positions: 15
Total: 15

Legend
Red: Vacant
* : Exceptional Allocation
ALL Positions Designated CORI

Executive Officer or Designee **Date**

Classification & Recruitment Analyst **Date**

Department of Consumer Affairs
Dental Hygiene Board of California
June 1, 2026

9 Members Appointed
2 Public Members
1 Dentist
4 Public Members Appointed by the Govenor
1 Public Member Appointed by the Senate on Committee Rules
1 Public Member Appointed by the Speaker of the Assembly
All Members 641-110-8813-961

Executive Officer
641-110-8812-001

Supervisor II
641-110-4801-001

Administration

Analyst II
641-110-5393-803

Office Assistant (T)
641-110-1379-001

Enforcement

Supervisor I
VACANT
641-110-4800-001

Analyst II
641-110-5393-003

641-110-5393-801

Analyst I
641-110-5157-006

Enforcement

Special Investigator

641-110-8612-001

Legislation/Regulations & Education & Examinations Program

Supervisor I
641-110-4800-002

Licensing

Supervisor I
641-110-4800-003

Analyst I
641-110-5157-004

641-110-5157-009

641-110-5157-802

CURRENT STAFFING
FY 2025/2026
Authorized Positions: 14
TOTAL: 14

LEGEND
Red: Vacant
EA: Exceptional Allocation

All positions CORI designated

_____
Executive Officer or Designee **Date**

_____
Classification & Recruitment Analyst **Date**

DHBC
Dental Hygiene
Board of California

DENTAL HYGIENE BOARD OF CALIFORNIA

SUNSET REVIEW REPORT 2027

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

GAVIN NEWSOM
GOVERNOR

ROHIT CHOPRA
SECRETARY
BUSINESS AND CONSUMER SERVICES AGENCY

CHRISTINE LALLY
ACTING DIRECTOR
CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

TBD
PRESIDENT
DENTAL HYGIENE BOARD OF CALIFORNIA

ANTHONY LUM
EXECUTIVE OFFICER
DENTAL HYGIENE BOARD OF CALIFORNIA

PDE_26-271

California Dental Hygienists' Association
The Voice of Dental Hygiene

October 20, 2026

To: Anthony Lum, Executive Officer; Dental Hygiene Board of California
Joanne Pacheco, President; Dental Hygiene Board of California
Members of the Dental Hygiene Board of California

From: Vickie Kimbrough, MBA, RDH, President; California Dental Hygienists' Association
Angela Gomez, BSDH, RDHAP, President-Elect; California Dental Hygienists' Association

Re: CDHA Support for Inclusion of Five Professional Practice Issues in the DHBC 2027 Sunset Review Report

Dear Mr. Lum, Ms. Pacheco, and Members of the Dental Hygiene Board of California,

On behalf of the California Dental Hygienists' Association (CDHA), we respectfully submit this letter in strong support of including important dental hygiene practice issues in the New Issues section of the Dental Hygiene Board of California's (DHBC) 2027 Sunset Review Report.

As the professional association representing dental hygienists throughout California, CDHA recognizes the Board's responsibility to protect the public while ensuring that dental hygiene practice remains responsive to evolving healthcare needs, professional education, workforce challenges, and opportunities to improve access to oral healthcare.

The Sunset Review process provides the opportunity for the Board to identify statutory, regulatory, and operational issues that may affect its ability to fulfill these responsibilities. It also provides the Legislature with valuable information regarding existing practice limitations, inconsistencies in statutory requirements, and potential opportunities to improve the delivery of oral healthcare.

CDHA believes that identifying these issues for consideration is both appropriate and consistent with the purpose of the Sunset Review process. Their inclusion does not require the Board to endorse specific legislative amendments or initiate scope-of-practice legislation. Rather, it ensures that policymakers receive a comprehensive assessment of issues affecting California's dental hygiene workforce and the patients it serves.

Business and Professions Code **(BPC) Section 1900** establishes the legislative intent to permit the *full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions to meet the dental care needs of California's residents*.

We believe the following issues warrant inclusion in the Board's report because each raises legitimate questions involving public protection, access to care, statutory consistency, workforce utilization, or contemporary professional practice.

1. Local Anesthesia and Soft-Tissue Curettage Under General Supervision

CDHA supports the examination of the differing supervision requirements governing registered dental hygienists (RDHs) and registered dental hygienists in alternative practice (RDHAPs) when performing local anesthesia and soft-tissue curettage.

Under current California law, RDHs performing these procedures in traditional dental practice settings are subject to direct supervision requirements under BPC Section 1909. Conversely, qualified RDHAPs may perform these same procedures without the physical presence of a dentist, provided they comply with specific consultation, documentation, and emergency-preparedness requirements.

This distinction raises a legitimate policy question: **If California recognizes that appropriately qualified RDHAPs can safely perform these procedures without a dentist physically present, should the Legislature evaluate whether similarly qualified RDHs could perform them under general supervision with comparable safeguards?**

Dental hygienists receive education and clinical preparation in local anesthesia, soft-tissue curettage, patient assessment, and medical-emergency management. California also permits RDHs to provide other significant periodontal services under general supervision.

Allowing the supervising dentist to determine the appropriate supervision level, based on the patient's medical history, clinical circumstances, and the hygienist's demonstrated competency, merits consideration as a potential risk-based approach.

Justification for inclusion: The existing statutory distinction may limit workforce flexibility, scheduling efficiency, and timely access to treatment without necessarily reflecting differences in the underlying preparation for these procedures. Evaluating this issue would allow the Legislature to consider whether current supervision requirements remain appropriate while preserving dentist oversight, documented authorization, and patient-safety safeguards.

2. Recognition of Dental Hygiene Diagnosis Within the Dental Hygiene Process of Care

CDHA supports including whether California's Dental Practice Act should expressly recognize dental hygiene diagnosis as a distinct component of the Dental Hygiene Process of Care.

BPC Section 1908 authorizes dental hygiene assessment and the development, planning, and implementation of a dental hygiene care plan. However, the same section excludes diagnosis and comprehensive treatment planning from dental hygiene practice.

This statutory language creates uncertainty regarding the distinction between comprehensive dental diagnosis, which remains within the dentist's professional authority, and dental hygiene diagnosis, which involves the analysis of assessment findings to identify oral health needs, risks, behaviors, and conditions that a dental hygienist is educated and licensed to address.

Dental hygiene diagnosis is not synonymous with comprehensive dental diagnosis. Rather, it represents profession-specific clinical reasoning that leads to individualized preventive and therapeutic dental hygiene care.

The concept has a longstanding foundation in dental hygiene education and professional practice. Contemporary professional literature, including the American Dental Hygienists' Association's 2026 white paper on dental hygiene diagnosis, recognizes its importance in clinical decision-making, patient-centered care, and professional accountability.

California also recognizes profession-specific diagnostic terminology in other healthcare disciplines, including nursing diagnosis.

Justification for inclusion: Clarifying dental hygiene diagnosis would promote consistency between professional education, clinical responsibilities, and statutory terminology. It would also support appropriate documentation, communication, care planning, and recognition of the dental hygienist's professional accountability.

More importantly, consideration of dental hygiene diagnosis does not imply transferring comprehensive dental diagnostic authority to dental hygienists. The Legislature could expressly distinguish dental hygiene diagnosis from comprehensive dental examination, diagnosis, and treatment planning while maintaining appropriate referral responsibilities.

Including this issue would provide an opportunity to evaluate whether California's statutory language accurately reflects contemporary dental hygiene practice without compromising existing professional boundaries.

3. Evaluation and Modernization of RDHEF Restorative Duties

CDHA supports a review of the statutory framework governing registered dental hygienists in extended functions (RDHEFs), particularly the continued relevance and utilization of restorative responsibilities.

California established the RDHEF designation to recognize dental hygienists who have completed additional education and qualifications for specified extended functions. However, the profession and the delivery of oral healthcare have evolved considerably, raising questions regarding whether the existing statutory framework continues to serve its intended purpose.

At a time when California faces persistent oral healthcare workforce challenges, particularly in rural and underserved communities, it is appropriate to examine whether existing categories of licensed professionals are being utilized effectively.

A review should consider the RDHEF's currently authorized restorative functions, education and competency requirements, supervision limitations, opportunities for integration into team-based care, and potential barriers to workforce participation.

Justification for inclusion: The Sunset Review is an appropriate mechanism for evaluating whether an established licensure category continues to meet contemporary patient-care and workforce needs. This review could identify opportunities to improve access to restorative services, strengthen workforce efficiency, and maximize the benefits of additional professional education while maintaining appropriate clinical safeguards.

CDHA is not suggesting that the Board endorse an unrestricted expansion of restorative functions. Rather, we believe the Legislature should have sufficient information to evaluate whether the RDHEF statutory framework remains relevant, effective, and consistent with California's oral healthcare needs.

4. Limited Medication Procurement and Prescriptive Authority for RDHAPs

CDHA supports an examination of the statutory limitations affecting RDHAPs' ability to obtain, maintain, and, where appropriate, prescribe or furnish specified non-controlled medications and therapeutic agents directly related to their authorized scope of practice.

California permits qualified RDHAPs to administer local anesthesia and perform other authorized dental hygiene procedures in alternative practice settings. These practitioners must also maintain specified emergency-preparedness resources, including oxygen when performing certain procedures.

However, California's Pharmacy Law does not clearly establish corresponding authority for RDHAPs to independently procure and maintain all prescription-only medications necessary to provide these services. This creates a potential disconnect between the clinical procedures the state authorizes RDHAPs to perform and the statutory mechanisms available to obtain the medications and emergency supplies necessary to perform them.

For example, local anesthetic agents, prescription-strength fluoride preparations, chlorhexidine, and specified emergency medications may be directly related to the delivery of authorized dental hygiene care.

A narrowly defined statutory framework could be considered to address medication procurement, appropriate emergency supplies, and limited patient-specific prescribing or furnishing authority. Any such framework should include clearly

established education, competency, storage, documentation, and patient-safety requirements and expressly exclude controlled substances and unrestricted prescribing authority.

Justification for inclusion: RDHAPs frequently provide services to individuals who experience significant barriers to traditional dental care, including older adults, individuals with disabilities, medically compromised patients, and residents of institutional settings.

Unclear procurement authority may create unnecessary operational barriers, delay treatment, and complicate compliance with emergency-preparedness requirements. Reviewing this issue would allow the Legislature to determine whether medication-related statutes should be better aligned with the clinical responsibilities already authorized for RDHAPs. Such consideration would support patient safety, regulatory clarity, and continuity of care without creating broad or unrestricted prescribing authority.

5. Reconsideration of the RDHAP 18-Month Examination Requirement

CDHA supports an examination of the statutory requirement for periodic examination and authorization affecting continued RDHAP services.

The existing 18-month requirement is intended to ensure that patients receive appropriate dental oversight and that dental conditions requiring comprehensive evaluation are identified.

However, for patients who are homebound, medically fragile, disabled, institutionalized, or otherwise unable to access traditional dental services, compliance with this requirement may present substantial practical challenges. These patients are frequently among those most in need of ongoing preventive and periodontal care. Yet transportation limitations, provider availability, medical complexity, and institutional barriers may prevent timely completion of the required examination. When authorization cannot be obtained, patients may experience interruptions in preventive dental hygiene services despite continuing clinical need.

CDHA believes the Legislature should evaluate whether additional mechanisms could preserve the intent of the examination requirement while reducing avoidable interruptions in care.

Potential considerations include whether appropriately licensed nurse practitioners or physician assistants involved in a patient's medical care could participate in the required authorization process, and whether an RDHAP's documented assessment and clinical report could inform decisions regarding continued dental hygiene services.

Any alternative should preserve appropriate referral to a dentist when comprehensive dental evaluation, diagnosis, or treatment is indicated.

Justification for inclusion: The 18-month requirement presents a significant access-to-care and continuity-of-care question, particularly for vulnerable populations.

A statutory review could help determine whether existing requirements achieve their intended patient-protection purpose without inadvertently restricting access to necessary preventive services.

The objective is not to eliminate comprehensive dental evaluation or diminish patient protections. Rather, it is to consider whether additional, clinically appropriate pathways could better accommodate patients who face substantial barriers to receiving traditional dental care.

California Dental Hygienists' Association
The Voice of Dental Hygiene

The Importance of Including These Issues in the Sunset Review

CDHA recognizes that the Board must operate within its statutory authority. The DHBC was established not only to protect the public, but *to allow the self-governing of the profession of dental hygiene, practice and education.*

We believe it is essential to distinguish between **the Board identifying an issue that warrants legislative examination and the Board formally advocating for a specific expansion of professional scope.**

The Sunset Review process is intended to provide legislative oversight committees with information necessary to evaluate the Board's effectiveness, the continued relevance of its governing statutes, and emerging issues affecting the professions it regulates. Issues involving professional scope, supervision, education, access to care, and statutory inconsistencies are relevant to that evaluation, even when resolving those issues would ultimately require legislative action.

The Board's previous Sunset Review history provides a useful precedent.

- The 2013–2014 Dental Hygiene Committee of California Sunset Review identified concerns involving the direct-supervision requirements for local anesthesia, soft-tissue curettage, and nitrous oxide. These matters were presented for legislative consideration because of their implications for dental hygiene practice and access to care.

- CDHA also recognizes that SB 861 (2025) removed the former provision in BPC Section 1905 requiring DHBC to make recommendations to the Dental Board of California regarding dental hygiene scope-of-practice issues.

Nevertheless, CDHA believes that removal of a specific recommendation requirement should not automatically be interpreted as preventing the Board from identifying practice-related issues in an informational report to the Legislature.

Including an issue in the Sunset Review does not predetermine its legislative outcome. It acknowledges that the issue deserves examination by the policymakers responsible for determining whether statutory changes are warranted. Excluding significant practice issues solely because they involve potential statutory changes could limit the Legislature's understanding of the operational and patient-care challenges facing dental hygiene practitioners.

Request

CDHA requests that the Dental Hygiene Board of California:

1. **Restore all five identified issues** to the New Issues section of the 2027 Sunset Review Report.
2. Present each issue objectively, identifying current statutory requirements, relevant professional education and practice standards, existing barriers, and potential patient-care implications.
3. Frame the issues as matters warranting legislative consideration, without requiring the Board to endorse specific statutory amendments or scope-of-practice expansions.
4. Provide the full Board an opportunity to publicly deliberate on the inclusion of these issues, with input from staff, legal counsel, professional stakeholders, and the public.

California's oral healthcare delivery system continues to face significant challenges involving workforce availability, access to preventive services, the needs of vulnerable populations, and the effective utilization of licensed healthcare professionals.

The five issues identified in this letter are not isolated professional interests. Each has meaningful implications for the delivery of safe, accessible, efficient, and patient-centered oral healthcare.

California Dental Hygienists' Association
The Voice of Dental Hygiene

As California's professional association for dental hygienists, CDHA believes that responsible professional advocacy includes identifying statutory inconsistencies, evaluating outdated practice restrictions, and encouraging evidence-based discussions about opportunities to improve care.

The Board's role in informing the Legislature about these issues is particularly important because of its responsibility to protect the public and its specialized understanding of dental hygiene education, licensure, competency, and practice.

CDHA strongly supports inclusion of all five issues in the 2027 Sunset Review Report and respectfully urges the Board to ensure that they receive full and transparent consideration.

We welcome the opportunity to provide additional research, professional expertise, and stakeholder input as the Board continues its Sunset Review deliberations.

Thank you for your continued service to California's consumers and the dental hygiene profession.

Respectfully submitted,



Dr. Vickie Kimbrough, MBA, RDH
CDHA President, 2024-2026



Angela Gomez, BSDH, RDHAP
CDHA President-Elect, 2024-2026

October 15, 2026

To: Anthony Lum, Chief Executive Office

Tifany Moore, Assistant Executive Officer

Members of the Dental Hygiene Board of California

From: Susan McLearan, MS, RDHAP (ret'd)

I am writing in advance of your November 13-14, 2026 meeting to insist that items brough forth at the end of the October 9th meeting of the Board be included in the Sunset Review document to the Joint Legislative Sunset Review Committee.

Research concludes that it is not unusual or inappropriate to include scope discussion in Sunset Review as has been done in the past by the DHBC and other healing arts boards. To claim otherwise is, respectfully, mistaken.

Although **not an ask** here, and contrary to recent arguments, the Background Paper of the 2023 Joint Legislative Sunset Review Committee for the March 2023 hearing states that the DHBC **does** have the responsibility to "Pursue legislation" (see page 1). Importantly, the JLSRC noted in the report that the very creation of the Board was due to the "consistent failure of COMDA to implement and "permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens." The statement of the intention of the law is found in the very first paragraph (Article 9, Section 1900). This Board should take this mandate seriously.

The items brought before the Board on October 9 may be seen by some as additions to scope and/or precursors to legislation which they may or may not be. They are, however, undoubtedly related to the mandates of the Board in more than one way. They address inconsistencies in regulation vs. the law, show portions of the law to be outdated due to more recent changes, and provide necessary access to care with safeguards for the public.

The purpose of Section X of Sunset Review is to obtain input on *New Issues, for legislative consideration.* While one of these items has been addressed in the past, the situation has changed making it new again. This Board will want to include all the recommendations of Board Member Long in the Sunset Review document and be sure issues from stakeholders are not ignored.

From:	Michelle Hurlbutt
To:	Joanne Pacheco (joanne.pacheco@fresnocitycollege.edu)
Cc:	Lum, Anthony@DCA; Petty, Adina@DCA
Subject:	Inclusion of Scope-of-Practice Issues in the DHBC Sunset Review Report
Date:	Monday, October 19, 2026 10:17:50 AM
Attachments:	image001.png image002.png image003.png
Importance:	High

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Report Suspicious

Dear President Pacheco,

As a charter member of the Dental Hygiene Board of California, having served from its inception in 2009 through 2020, I would like to express my support for including scope-of-practice matters under the New Issues section of the upcoming Sunset Review report. My 11 years of service provided me with firsthand experience with the Board's legislative mandate, regulatory responsibilities, and commitment to public protection. I am concerned about the suggestion that scope-of-practice matters should be excluded from the report, particularly when California law expressly identifies the full utilization of dental hygienists as part of the Legislature's intent.

California Business and Professions Code § 1900 establishes the Legislature's intent to permit the full utilization of registered dental hygienists (RDHs), registered dental hygienists in alternative practice (RDHAPs), and registered dental hygienists in extended functions (RDHEFs) to meet the dental care needs of Californians.[1] While § 1902.1 establishes public protection as the Board's highest priority, it does not restrict its responsibilities exclusively to disciplinary or enforcement matters.[2] Evaluating whether existing statutory provisions and professional practice restrictions appropriately utilize qualified dental hygienists is consistent with these legislative objectives, provided public protection remains paramount.

The Board's previous Sunset Review reports provide clear precedent for addressing scope-of-practice issues. During my tenure, the 2014 and 2018 reports addressed professional utilization and statutory restrictions affecting dental hygiene practice.[3,4] More recently, the DHBC's 2023 Sunset Review report identified supervision requirements for local anesthesia administration under Section 12, New Issues, including consideration of changes to Business and Professions Code § 1909.[5] The Legislature's 2023 Sunset Review background paper also included a section titled

"Practice Issues," addressing supervision requirements and restrictions on RDHAP practice locations.[6] These examples demonstrate that scope-of-practice matters have historically been identified and discussed through the Sunset Review process. California continues to experience significant disparities in access to dental care, particularly in rural and underserved communities. According to federal Health Resources and Services Administration (HRSA) data reported by KFF (formerly the Kaiser Family Foundation), California had 565 designated Dental Health Professional Shortage Areas as of December 31, 2025, affecting approximately 2.98 million residents.[7] These findings highlight the geographic maldistribution of the dental workforce and the importance of examining additional strategies to improve access to oral healthcare.

The need for restorative dental services also warrants attention. The California Department of Public Health's 2018–2019 Third Grade Smile Survey found that 61% of third-grade children had experienced tooth decay, with 22% having untreated decay.[8] These are the most recent publicly available statewide third-grade findings I could verify, although a new California Smile Survey was undertaken during the 2024–2025 and 2025–2026 school years.[9] The prevalence of untreated dental disease reinforces the importance of examining approaches to improve access to both preventive and restorative treatment, particularly for underserved populations.

International models provide additional evidence that restorative procedures can be incorporated into dental hygiene practice under defined educational and regulatory frameworks. Bozia et al. (2023), in a worldwide review published in the *International Dental Journal*, found that dental hygienists were authorized to place caries restorations in 15% of the 26 countries surveyed, including the Netherlands and Sweden.[10] Although the extent of these functions and associated educational requirements varies internationally, these models provide an opportunity to evaluate how restorative responsibilities might be incorporated into California dental hygiene practice while maintaining appropriate competency and patient safety standards.

One opportunity worthy of consideration is the Registered Dental Hygienist in Extended Functions (RDHEF) category. Although this licensure category remains established in California law, the Board's 2023 Sunset Review report indicates that new RDHEF licenses are no longer being issued.[5] This raises an important question about why an existing professional category, expressly recognized in the Legislature's intent to support full utilization, is no longer functioning as an entry pathway for qualified dental hygienists.

The Board already possesses statutory responsibilities relating to this licensure

category. Business and Professions Code § 1918 establishes requirements for RDHEF licensure, while § 1905 authorizes the Board to evaluate and approve RDHEF educational programs and adopt regulations implementing the Dental Hygiene Practice Act.[11,12] These provisions provide a foundation for examining whether the existing pathway could be reactivated through regulatory and administrative action or whether additional statutory changes would be necessary. Reviewing the status of this existing licensure category is directly relevant to the Board's regulatory responsibilities.

In addition to revitalizing the RDHEF category, I encourage the Board to consider whether selected restorative procedures could be authorized as additional duties for appropriately trained dental hygienists, similar to the approach California adopted for interim therapeutic restorations (ITR) and radiographic decision-making (RDM). Through AB 1174 and Business and Professions Code § 1910.5, the Legislature authorized these additional functions, and the Board subsequently established applicable educational and competency requirements through regulation.[13] This provides an established legislative and regulatory model for considering additional clinical duties without necessarily creating a separate licensure category.

Under such an approach, dental hygienists who complete Board-approved education and demonstrate clinical competency could potentially qualify to perform specifically defined restorative procedures, subject to appropriate supervision, patient safety requirements, and legislative authorization. Alternatively, these functions could be incorporated into a modernized RDHEF pathway, creating an advanced practice opportunity for dental hygienists seeking additional clinical qualifications. Both approaches merit evaluation, particularly given California's documented maldistribution of dentists and the need to improve access to restorative care.

I recognize that current California law limits the restorative procedures dental hygienists may perform and that authorizing permanent restorations would require legislative action.[14] The purpose of including this matter in Sunset Review would not be for the Board to propose legislation or authorize expanded functions through regulation alone, but to identify an issue warranting further examination, review the available evidence, and consider the educational and regulatory safeguards necessary to protect the public. Including this matter would not constitute endorsement of expanded scope of practice or commit the Board to pursuing a particular change.

Having participated in the Board's work for more than a decade, I recognize the importance of maintaining public protection as its highest priority. I also believe that fulfilling this responsibility includes examining whether existing laws and regulations

continue to serve the public effectively and identifying opportunities for improvement. Public protection and appropriate professional utilization should not be viewed as mutually exclusive objectives.

I respectfully encourage the Board not to exclude scope-of-practice matters from the New Issues section of the upcoming Sunset Review report. Specifically, I request that the Board consider identifying the RDHEF licensure category and the potential authorization of selected restorative procedures as additional duties for qualified dental hygienists, using the existing ITR and RDM framework as a possible model. I also encourage the Board to place these matters on a public meeting agenda so that Board members can discuss whether they warrant further examination and inclusion in Sunset Review.

Identifying these issues would allow the Legislature and interested stakeholders to consider whether California's existing dental hygiene laws adequately support public protection, professional utilization, and access to needed restorative services.

Thank you for your consideration.

Sincerely,
Michelle Hurlbutt, RDH, MSDH, DHSc

References

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2. California Business and Professions Code § 1902.1. Protection of the public.
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5. Dental Hygiene Board of California. (2023). Sunset review report. Section 12, New Issues. Full report
6. California Legislature. (2023). Dental Hygiene Board of California: Sunset review background paper. Assembly Committee on Business and Professions and Senate Committee on Business, Professions and Economic Development. Legislative background paper
7. KFF. (2025). Dental care health professional shortage areas (HPSAs). Data as of December 31, 2025. KFF State Health Facts
8. Darsie, B., Conroy, S., & Kumar, J. (2021). Oral health status of children: Results of the 2018–2019 California Third Grade Smile Survey. *Journal of the California Dental Association, 49*(5), 331–336. https://doi.org/10.1080/19424396.2021.12222711

9. California Oral Health Technical Assistance Center. (n.d.). California Smile Survey 2024–2025. University of California, San Francisco. Survey overview.
10. Bozia, M., Berkhout, E., van der Weijden, F., & Slot, D. E. (2023). Anaesthesia and caries treatment by dental hygienists: A worldwide review. *International Dental Journal, 73*(2), 288–295. https://doi.org/10.1016/j.identj.2022.08.013
11. California Business and Professions Code § 1918. Registered dental hygienist in extended functions licensure.
12. California Business and Professions Code § 1905. Powers and duties of the Dental Hygiene Board.
13. California Business and Professions Code § 1910.5. Additional duties involving interim therapeutic restorations and radiographic decision-making.
14. California Business and Professions Code § 1908. Dental hygiene scope of practice and statutory limitations.

Michelle Hurlbutt, **RDH, MSDH, DHSc, Professor**
Campus Dean, Dental Hygiene
O 714-782-1702 | mhurlbutt@westcoastuniversity.edu

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Subject: Public Comment: 2027 Sunset Review – Dental Hygiene Diagnosis and RDHAP 18-Month Requirement

October 18, 2026

Dear Executive Officer Lum and Members of the Dental Hygiene Board of California,

Thank you for your work in preparing the draft 2027 Sunset Review Report. Consistent with the Board's mission to protect the public and meet Californians' oral health needs, as well as the legislative intent under Business and Professions Code §1900 to fully utilize dental hygienists, I respectfully request that two issues be brought forward for consideration during Sunset Review: dental hygiene diagnosis (DHDx) and the RDHAP 18-month prescription requirement. Both have important implications for patient safety, professional accountability, and access to care.

- **Dental Hygiene Diagnosis:** I have previously submitted comments regarding the distinction between "dental hygiene diagnosis" and dental diagnosis. While "dental hygiene assessment" involves collecting and evaluating clinical findings, DHDx goes a step further by identifying dental hygiene problems and needs based on those findings. DHDx is an established component of the dental hygiene process of care, yet California law does not explicitly recognize it. Formal recognition would better reflect the education and competencies of dental hygienists, particularly RDHAPs practicing in community-based settings, while establishing clear professional boundaries and supporting patient safety, appropriate referrals, and continuity of care. This is an important issue for the Board to bring forward during Sunset Review.

- **RDHAP 18-Month Prescription Requirement:** Under BPC §1931, RDHAPs must obtain the required examination verification and prescription to continue services after 18 months. For patients facing barriers to accessing a dentist or physician, this can interrupt preventive care despite ongoing needs. It also creates tension between regulatory compliance and professional responsibilities to ensure continuity of care and avoid patient abandonment.

I request that both issues be identified in the Sunset Review Report for further evaluation of their implications for public protection, professional accountability, and access to care. I also request that the Board provide an opportunity for further discussion and public input on these issues before finalizing the report. Thank you for your time and consideration.

Respectfully,



Jeannette Díaz-Olivera, DHSc, MPH, RDH, RDHAP, FADHA

From: Michael Laflamme
To: dhbcinfo@dcs.ca.gov; Lum, Anthony@DCA
Subject: Request to Retain Five Issues for Legislative Consideration in the 2027 Sunset Review Report
Date: Thursday, October 29, 2026 5:58:38 PM

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Report Suspicious

Dear President and Members of the Dental Hygiene Board of California:

I am writing as a practicing registered dental hygienist, dental hygiene educator, and public health provider, as well as someone who has served as Immediate Past President of the San Francisco Dental Hygienists' Society (SFDHS) and Past Vice President of the California Dental Hygienists' Association (CDHA). My perspective is shaped not only by my involvement in organized dentistry and dental hygiene advocacy, but also by my daily experiences educating future dental hygienists, providing care in a federally qualified health center (FQHC), and participating in community outreach events that serve children, older adults, veterans, and individuals with special needs.

These experiences continually reinforce the importance of aligning regulation with professional education, demonstrated competency, and the oral health needs of the populations we serve. I respectfully urge the Board to retain all five previously identified issues in the final 2027 Sunset Review Report for consideration by the California Legislature.

My request is not that the Board endorse every proposal in its current form. Rather, I ask that these issues remain part of the Sunset Review process so that the Legislature and stakeholders have an opportunity to examine them, evaluate potential solutions, and determine whether statutory changes are warranted.

1. Statutory Recognition of Dental Hygiene Diagnosis

As a dental hygiene educator, I teach future registered dental hygienists to assess patients, formulate dental hygiene diagnosis, develop care plans, and evaluate outcomes as part of the dental hygiene process of care. These competencies are integral to contemporary dental hygiene education and clinical practice.

It is confusing for students to be taught that dental hygiene diagnosis is an essential component of their professional responsibilities while encountering statutory language that does not clearly recognize it. This disconnect creates uncertainty about the relationship between their education, professional accountability, and legal scope of practice. Dental hygiene diagnosis is also recognized in the statutes of numerous other states; Oregon and Colorado for example.

Explicit statutory recognition would better align California law with the competencies taught in accredited dental hygiene programs and exercised in practice. This issue merits consideration as a matter of professional clarity, accountability, and public protection.

2. Limited Prescriptive and Procurement Authority for RDHAPs

In public health settings, access to care depends not only on a provider's ability to assess and treat a patient, but also on having the appropriate medications, supplies, and resources available to deliver that care safely. Registered dental hygienists in alternative practice often serve patients who face substantial barriers to traditional dental services. Unclear or limited authority to prescribe or procure certain non controlled medications and necessary supplies, including oxygen and noncontrolled emergency medications, can create practical barriers to providing authorized care.

A carefully defined statutory framework could clarify this authority while establishing appropriate limitations and safeguards. The proposal does not seek controlled-substance authority or DEA registration. Its potential to improve care delivery while maintaining patient safety deserves legislative evaluation.

3. The RDHAP 18-Month Examination Requirement

My work in an FQHC and community outreach settings has reinforced how difficult it can be for vulnerable patients to navigate fragmented health care systems. For homebound individuals, residents of long-term care facilities, and patients with mobility or other special needs, obtaining a timely examination from a physician or dentist may be a significant obstacle.

When a required examination becomes a barrier to continued dental hygiene services, patients may experience unnecessary interruptions in preventive and therapeutic care. Allowing a nurse practitioner or physician assistant to perform the required examination as an additional option warrants consideration. The Legislature should have an opportunity to evaluate whether this change could improve continuity of care while maintaining appropriate patient safeguards.

4. Local Anesthesia and Soft Tissue Curettage Under General Supervision for RDHs

As a practicing RDH, I see how supervision requirements can affect the timely delivery of periodontal care. Consider a patient who needs scaling and root planing (SRP) in an FQHC or private practice when the dentist is not physically present. If the patient requires local anesthesia to receive appropriate treatment, must that care be postponed or rescheduled solely because of the dentist's absence?

For patients who face transportation challenges, inflexible work schedules, financial limitations, or other barriers, an additional appointment is not necessarily a minor inconvenience. It can become another obstacle to completing needed treatment.

The Board should consider whether RDHs should be permitted to perform local anesthesia and soft tissue curettage under general supervision, as we certainly have the competency requirements. The differing supervision requirements for trained RDHs and RDHAPs also merit examination. The central question is whether existing distinctions best serve patients while preserving appropriate professional accountability and patient safety.

5. Modernization of the RDHEF Pathway

My experience providing care in an FQHC and participating in outreach through CA Careforce and Veterans' Stand Down events has shown me the restorative needs that remain

unmet among a large population including children, older adults, veterans, and patients with special needs. These populations may face significant barriers to obtaining timely restorative treatment, even when preventive services are available.

Would fuller utilization of appropriately educated and qualified registered dental hygienists in extended functions help address some of these needs? I believe this question deserves serious consideration.

California already has an RDHEF license category. Modernizing this existing pathway to permit specified restorative functions under an appropriate collaborative arrangement with a dentist may offer a practical way to expand the delivery of care while building on an established regulatory structure. It could also complement the services provided by RDHAPs in underserved communities.

Expanding the duties available through an existing license category may be a more straightforward legislative approach than creating an entirely new dental therapist category. Any proposal would require careful development of the permitted functions, educational requirements, competency assessment, dentist collaboration, and patient safeguards. However, the existence of these considerations is a reason to evaluate the opportunity, not a reason to exclude it from legislative discussion.

Conclusion

These five issues are connected by a common question: Does California's current regulatory framework make the best use of dental hygiene education and competency while protecting the public and improving access to needed care?

As an educator, I see the importance of aligning statutory language with the competencies we teach future RDHs. As a public health provider, I see the practical consequences when patients encounter barriers to timely treatment. As a participant in community outreach, I see the needs of populations who may have few alternative opportunities to obtain care. And through my professional leadership experience, I understand the importance of approaching regulatory change thoughtfully, collaboratively, and with patient safety as the foremost consideration.

Retaining these five issues in the 2027 Sunset Review Report would not predetermine legislative outcomes or obligate the Board to endorse any particular amendment. It would allow the Legislature, the Board, the profession, and other stakeholders to examine the issues through an established public policy process. Removing them would limit that opportunity before the merits of each proposal have been fully considered.

I therefore respectfully request that the Board retain all five issues in the final 2027 Sunset Review Report as matters for legislative consideration. Each deserves further development, stakeholder engagement, and evidence-informed review, with the ultimate goal of protecting the public while improving access to appropriate oral health care for Californians.

Thank you for your service to the public and the dental hygiene profession, and for considering this request.

Respectfully,

Michael Laflamme, RDH, BA

Immediate Past President, San Francisco Dental Hygienists' Society
Past Vice President, California Dental Hygienists' Association

Clinical Instructor, DH Program, University of the Pacific, Arthur A. Dugoni School of Dentistry

Clinical RDH, Native American Health Center, San Francisco Ca.



Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 10.

Recess the Full Board Meeting Until Saturday, November 14, 2026, at 9:00 a.m.

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 11.

Closed Session.

Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings. If there are no disciplinary actions and decisions to be addressed in Closed Session, it will be announced.

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026
Education Committee
Meeting Materials

Member	Present	Absent
Joanne Pacheco, Chair		
Sonia “Pat” Hansen		
Michael Long		
Julie Elginer		
Sridevi Ponnala		

Friday, November 13, 2026

Dental Hygiene Board of California

Education Committee Agenda Item 1.

Roll Call & Establishment of Quorum.

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

Education Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

[The Education Committee 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).]

DHBC
Dental Hygiene
Board of California

Friday, November 13, 2026

Dental Hygiene Board of California

Education Committee Agenda Item 3.

Update on the Dental Hygiene Educational Program Taskforce to Address Minimum Student Requirements Activities.



Friday, November 13, 2026

Dental Hygiene Board of California

Education Committee Agenda Item 4.

Discussion and Possible Action to Approve an Enrollment Increase for the West Coast University Dental Hygiene Educational Program.

DHBC Dental Hygiene Board of California
BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1350, Sacramento, CA 95815
P (916) 263-1978 | www.dhbc.ca.gov

MEMORANDUM

DATE	November 13, 2026
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**EDU 4: Discussion and Possible Action to Approve a Permanent Enrollment Increase for the West Coast University Dental Hygiene Educational Program.**

BACKGROUND:

On March 23, 2024, the Dental Hygiene Board of California (Board) approved West Coast University Dental Hygiene Educational Program's (WCU) request to increase the program's facilities to allow for a larger simulation/dental materials lab and a new clinical area. Since receiving Board approval, WCU has revised the configuration of the expanded space and received approval from the Commission on Dental Accreditation of the American Dental Association (CODA) for both the revised facilities plan and a permanent enrollment increase to 35 students per cohort.

On October 2, 2026, WCU submitted a request for the Board to approve a permanent enrollment increase from 25 to 35 students per cohort beginning with the cohort entering August 16, 2027, and included a progress report with a detailed description of the change, facilities expansion timeline, updated floor plans, and documentation of CODA approval.

STAFF RECOMMENDATION:

Staff recommends to the Board to consider West Coast University's request and (approve/conditionally approve/disapprove) the increased enrollment to 35 students per cohort for the Dental Hygiene Educational Program (with the condition of the increase to proceed upon completion of facility construction).

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to recommend to the Full Board to (approve/conditionally approve/disapprove) the increased enrollment of 35 students for West Coast University's Dental Hygiene Educational Program (with the condition of the increase to proceed upon completion of facility construction).

Attachments:

1. WCU Request for Expansion Letter.
2. WCU Progress Report.

WEST COAST UNIVERSITY

1477 S MANCHESTER AVE
ANAHEIM, CA 92802
PHONE 714 782 1700

October 2, 2026

Dental Hygiene Board of California
Adina A. Pineschi-Petty, DDS
Education, Legislative, and Regulatory Specialist
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

Re: Facilities Expansion Update and Request for Approval to Increase Cohort Size

Dear Dr. Petty,

West Coast University respectfully submits this letter to update the Dental Hygiene Board of California (DHBC) regarding the previously approved dental hygiene program facilities expansion and a new request to approve a permanent enrollment increase from 25 to 35 students per cohort.

Since receiving DHBC approval, the University has revised the configuration of the expanded space. The Commission on Dental Accreditation (CODA) has approved both the revised facilities plan and a permanent enrollment increase to 35 students per cohort.

The new 3rd-floor Dental Hygiene space will include a 35-student clinic simulation/dental materials laboratory, a nine-chair dental hygiene clinic with radiography capability, and a dedicated instrument processing/sterilization room. These facilities are scheduled for completion by June 2027. The existing 4th-floor clinic simulation/dental materials laboratory space will then be converted to clinical space with six additional patient-care units, increasing the 4th-floor clinic from 30 to 36 units and providing a total of 45 patient-care units across both floors. The additional 4th-floor units are scheduled for completion in September 2027.

West Coast University respectfully requests DHBC to approve an enrollment increase from 25 to 35 students per cohort beginning with the cohort entering August 16, 2027. The facilities necessary to support the increased cohort will be completed prior to the cohort's entry into the program.

A detailed description of the change, facilities expansion timeline, updated floor plans, and documentation of CODA approval are included with this submission. We appreciate the Board's consideration of this request and are available to provide any additional information or additional documentation needed.

Sincerely,

Michelle Hurlbutt

Michelle Hurlbutt, RDH, MSDH, DHSc
Dean, Dental Hygiene
mhurlbutt@westcoastuniversity.edu
714-782-1702

WEST COAST UNIVERSITY
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Progress Report

Purpose of Progress Report

This supplemental progress report provides an update on the implementation of the facility expansion previously approved by the Dental Hygiene Board of California (DHBC), describes subsequent revisions to the facility plan, and formally requests DHBC approval to permanently increase enrollment from 25 to 35 students per cohort.

Status of DHBC-Approved Facility Changes

At its March 23, 2024 meeting, the Dental Hygiene Board of California (DHBC) approved the program's proposed facility expansion. The approved plan included relocating the existing 25-station clinic simulation/dental materials laboratory from Room 406 to the third floor and expanding the laboratory capacity to 35 student stations and one instructor station. At that time, 30 of the 35 student stations were planned to be equipped with clinic simulation units, with the remaining five stations available for future expansion as additional simulation units were purchased. The vacated Room 406 space was planned for conversion into a nine-chair dental hygiene clinic with radiology capacity.

Following DHBC approval, the program submitted a major program change request to the Commission on Dental Accreditation (CODA) seeking approval of both the facility expansion and an increase in enrollment from 25 to 30 students per cohort. At its August 2024 meeting, CODA approved the facility changes and a permanent enrollment increase of five students per cohort, allowing the program to enroll up to 30 students per cohort, with three entering cohorts annually, for a maximum of 90 new students admitted each year. The request for a permanent increase in cohort size included documentation demonstrating workforce demand for more graduates.

Following CODA approval, implementation of the expansion was temporarily delayed while University Administration conducted a broader review of the financial investment associated with the facility expansion and proposed enrollment increase. The University evaluated anticipated construction, equipment, and operational costs in relation to the enrollment capacity supported by the proposed expansion. Following this review, University Administration determined that expanding enrollment to 35 students per cohort would better support the significant investment required for the facility project and requested that the program seek approval for the larger cohort size.

The program subsequently submitted an additional major program change request to CODA that included the proposed increase to 35 students per cohort and an updated facility expansion plan designed to support the larger enrollment. CODA approved the revised facility plan and the permanent increase to 35 students per cohort at its August 2025 meeting. The request for this additional permanent increase included documentation demonstrating workforce demand for more graduates.

Following CODA approval, the University continued to evaluate the projected costs associated with the revised facility expansion before providing final authorization to proceed. This financial review has now been completed, and the University has authorized the program to move forward with implementation of the revised facility expansion and supports the proposed increase to 35 students per cohort. Planning and

development activities are currently progressing based on the revised facility design and anticipated enrollment capacity of 35 students per cohort.

Current Facilities

The West Coast University Dental Hygiene Program currently admits cohorts of 25 students three times each year, resulting in 75 new students being admitted annually. Because five cohorts are enrolled in the program concurrently, the program has a maximum enrollment of 125 dental hygiene students at any one time.

The program's clinical and simulation facilities are located primarily on the fourth floor. The current clinic simulation/dental materials laboratory contains 25 student stations and one instructor station. The fourth floor also includes 30 dental hygiene patient-care units located within two clinical areas. Ten of the current units have dental radiography capability, and the program also has a CBCT imaging unit and two portable NOMAD dental x-ray units.

Revised Expansion of Facilities

The DHBC previously approved expansion of the program's facilities. Since that approval, West Coast University has further developed and revised the facility plan to support the proposed increase to 35 students per cohort. CODA subsequently reviewed and approved the revised facility plan as well as the permanent increase in cohort size from 25 to 35 students.

Third-Floor Clinic Simulation/Dental Materials Laboratory

A new clinic simulation/dental materials laboratory will be located on the third floor and will include 35 student stations and one instructor station. This space will replace the existing 25-student clinic simulation/dental materials laboratory located on the fourth floor and will provide sufficient simulation capacity to support the proposed cohort size of 35 students.

Third-Floor Dental Hygiene Clinic

The third floor will also include a new nine-chair dental hygiene clinic with radiography capability. This additional clinical space will increase the program's capacity for patient care, clinical instruction, and radiographic experiences.

Third-Floor Instrument Processing/Sterilization Room

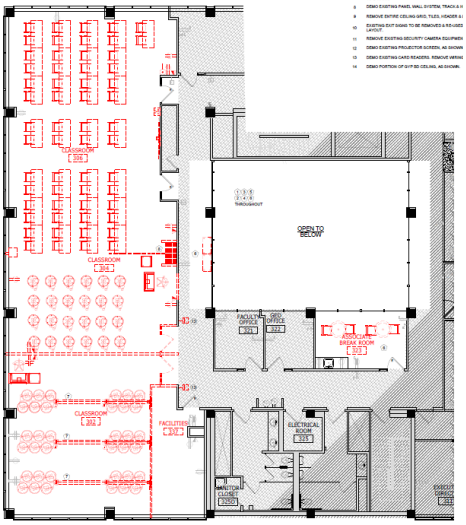
A new dedicated instrument processing/sterilization room will be located on the third floor to support the new dental hygiene clinic. The room will include two instrument sterilizers, one instrument washer, and cabinetry for supplies and instrument storage.

Fourth-Floor Dental Hygiene Clinic Expansion

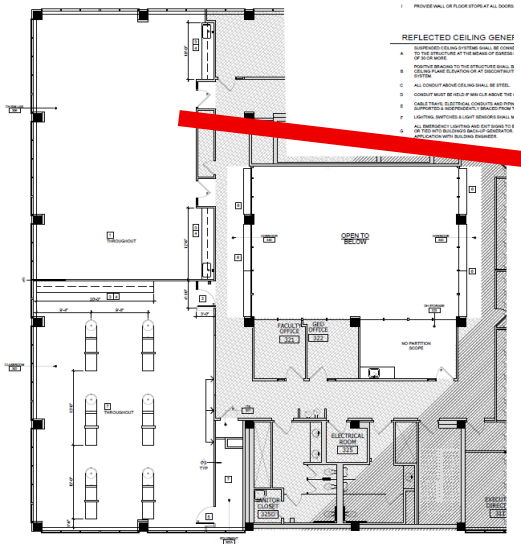
Following relocation of the current clinic simulation/dental materials laboratory to the third floor, the existing fourth-floor laboratory space in Room 406 will be converted into patient-care clinical space. Six additional dental hygiene patient-care units will be installed in this area, increasing the number of patient-care units on the fourth floor from 30 to 36 units. With the addition of the nine-chair dental hygiene clinic on the third floor, the program will have a total of 45 dental hygiene patient-care units across the two floors.

Revised Facility Expansion Plans

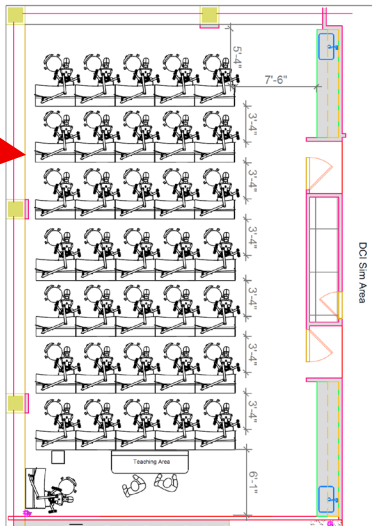
Current 3rd floor:



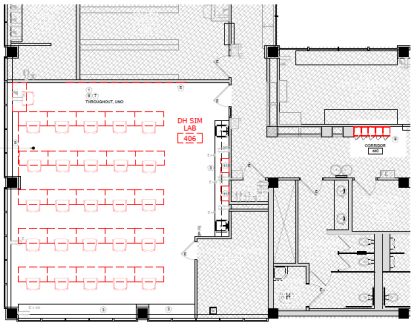
Facility Expansion 3rd floor:



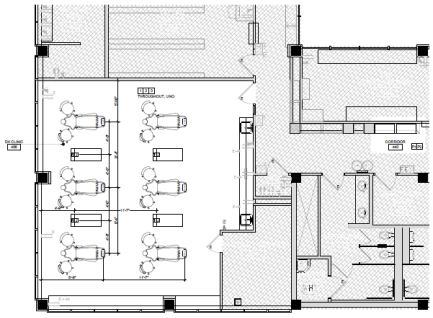
35-station Lab



Current 4th Floor, Room 406:



Facility Expansion 4th Floor, Room 406:



Request for Permanent Increase in Cohort Size

West Coast University is formally requesting DHBC approval to permanently increase the Dental Hygiene Program cohort size from 25 to 35 students. CODA approved the permanent increase to 35 students per cohort at its August 2025 meeting. Subject to DHBC approval and completion of the required facility expansion, the first cohort of 35 students is planned to enter the Dental Hygiene Program in August 2027.

The proposed increase will allow the program to admit up to 105 new dental hygiene students annually while maintaining five concurrently enrolled cohorts. At full implementation, the maximum number of students enrolled in the program at any one time will increase from 125 to 175 students.

Implementation Timeline

The new third-floor clinic simulation/dental materials laboratory, nine-chair dental hygiene clinic, and instrument processing/sterilization room are scheduled for completion by June 2027. The first cohort of 35 students is planned to enter the Dental Hygiene Program on August 16, 2027.

Conversion of the existing fourth-floor clinic simulation/dental materials laboratory into six additional patient-care units is scheduled for completion in September 2027. The construction schedule has been phased so that the program can maintain continuity of instruction and clinical operations.

Revised Proposed Timeline:

Phase I: New Clinic Simulation/Dental Materials Lab, 3rd Floor/ Sterilization Room [permitted]

Task	Start Date	End Date
Architectural & Engineering Bid Process	8/03/2026	8/21/2026
WCU A & E Vendor Approval & Release-Runs Concurrent with Phase 2	8/26/2026	9/01/2026
Construction Documents	9/02/2026	10/06/2026
Plan Check Process with City	10/7/2026	1/26/2027
City Permit	1/27/2027	2/02/2027
GC Bid Process	10/07/2026	11/03/2026
WCU Bid Approval-Runs Concurrent with Phase 2	11/04/2026	11/17/2026
Materials Order/Procure/Labor Scheduling-Runs Concurrent with Phase 2	11/18/2026	12/08/2026
Rooms 302, 304, 306, 323 Offline	2/03/2027	2/09/2027
Construction Begins	2/10/2027	5/04/2027
Furniture and Equipment Installs For Simulation Lab	5/05/2027	5/18/2027
New Simulation Lab Space Ready for Use	5/19/2027	5/19/2027
Cabinetry and Equipment Installs for Clinic Space	5/20/2027	6/02/2027
New 9-unit Clinic Space w/Radiology Ready for Use	6/03/2027	6/03/2027
Cabinetry and Equipment Installs for Sterilization Room Space	5/20/27	6/2/2027
New Sterilization Room Space Ready for Use	6/3/2027	6/3/2027

Phase 2: New Clinic, Room 406 [permitted]

Task	Start Date	End Date
Architectural & Engineering Bid Process	8/03/2026	8/28/2026
WCU A & E Vendor Approval & Release-Runs Concurrent with Phase 2	8/26/2026	9/01/2026
Construction Documents-Will stagger start after Phase 1	10/21/2026	11/24/2026
Plan Check Process with City	10/21/2026	2/09/2027
City Permit	2/10/2027	2/16/2027
WCU Bid Approval	2/10/2027	2/23/2027
Materials Order/Procure/Labor scheduling	2/24/2027	3/16/2027
Room 406 Offline	5/05/2027	5/18/2027
Construction Begins	6/04/2027	8/26/2027
Furniture and Equipment Installs	8/27/2027	9/09/2027
New 6-unit Clinic Space Ready for Use	9/10/2027	9/10/2027

Faculty Expansion

The proposed increase in student enrollment and expansion of the program's clinical and simulation facilities will require additional faculty to ensure that the program continues to meet the required 1:5 faculty-to-student ratio in clinics and laboratories.

To support the enrollment increase, the program will hire one additional full-time faculty member, increasing the total number of full-time faculty to 16. This total includes program leadership positions consisting of the Dean, two Associate Deans, and the National Board Success Manager.

The program will also hire five additional adjunct faculty members, increasing the total adjunct faculty to 31, including five supervising dentists. The program currently employs five clinical staff members, consisting of two clinic receptionists, two sterilization coordinators, and one clinic supply coordinator, as well as two program staff members consisting of one program assistant and one administrative assistant. These staffing levels are expected to be sufficient to support the proposed increase in enrollment.

Faculty recruitment and onboarding will be completed prior to the entrance of the first 35-student cohort in August 2027.

Full-Time Faculty Hiring Plan

Task	Timeframe	Start Date	End Date
WCU Approval of Requisition for Full-Time	1 week	04/20/2027	04/27/2027
Collection of Applicants	3 weeks	04/28/2027	05/19/2027
Screening Interview of Applicants	1 weeks	05/20/2027	05/27/2027
Second Interviews with Teaching Demonstration	2 weeks	06/03/2027	06/17/2027
Final Selection	1 day	07/01/2027	07/01/2027
WCU Candidate approval	4 weeks	07/02/2027	07/30/2027
New Full-Time Faculty Start & Onboarding	1 week	08/02/2027	08/06/2027

Adjunct Faculty Hiring Plan

Task	Timeframe	Start Date	End Date
WCU Approval for Requisition for Adjunct Faculty	1 week	05/31/2027	06/07/2027
Collection of Applicants	2 weeks	06/08/2027	06/22/2027
Screening and Interview of Applicants	1 week	06/23/2027	6/30/2027
Final Selection	1 day	07/01/2027	07/01/2027
WCU Candidate Approval	4 weeks	07/02/2027	07/30/2027
New Adjunct Start & Onboarding	1 week	08/02/2027	08/06/2027

Closing

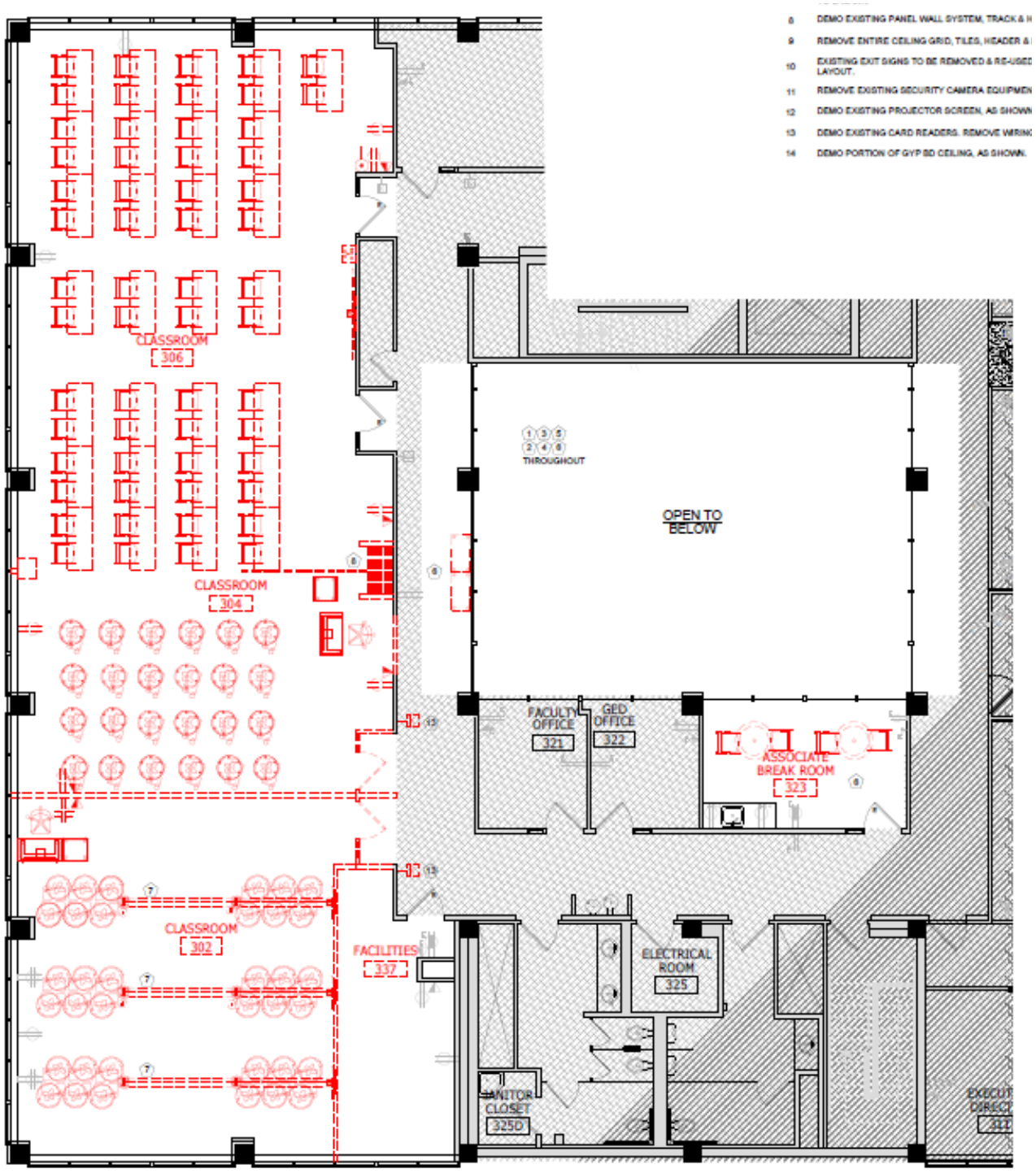
This supplemental progress report reflects WCU's continued progress toward completing the DHBC-approved facility expansion and preparing the program for the proposed increase in cohort size. CODA has approved both the revised facility plan and a permanent increase from 25 to 35 students per cohort, and WCU is now formally requesting DHBC approval of the enrollment increase. The revised construction, equipment, and faculty hiring timelines are structured to ensure that the program has the

facilities, personnel, and resources necessary to support the first 35-student cohort planned for August 2027.

WCU and the Dental Hygiene Program will continue to monitor implementation of the expansion, document progress, and provide the DHBC with timely updates and supporting evidence. The program remains committed to ensuring that all required facility, faculty, clinical, and operational resources are in place to support the proposed enrollment increase while maintaining compliance with applicable DHBC requirements and accreditation standards.

CURRENT FACILITY FLOOR PLANS

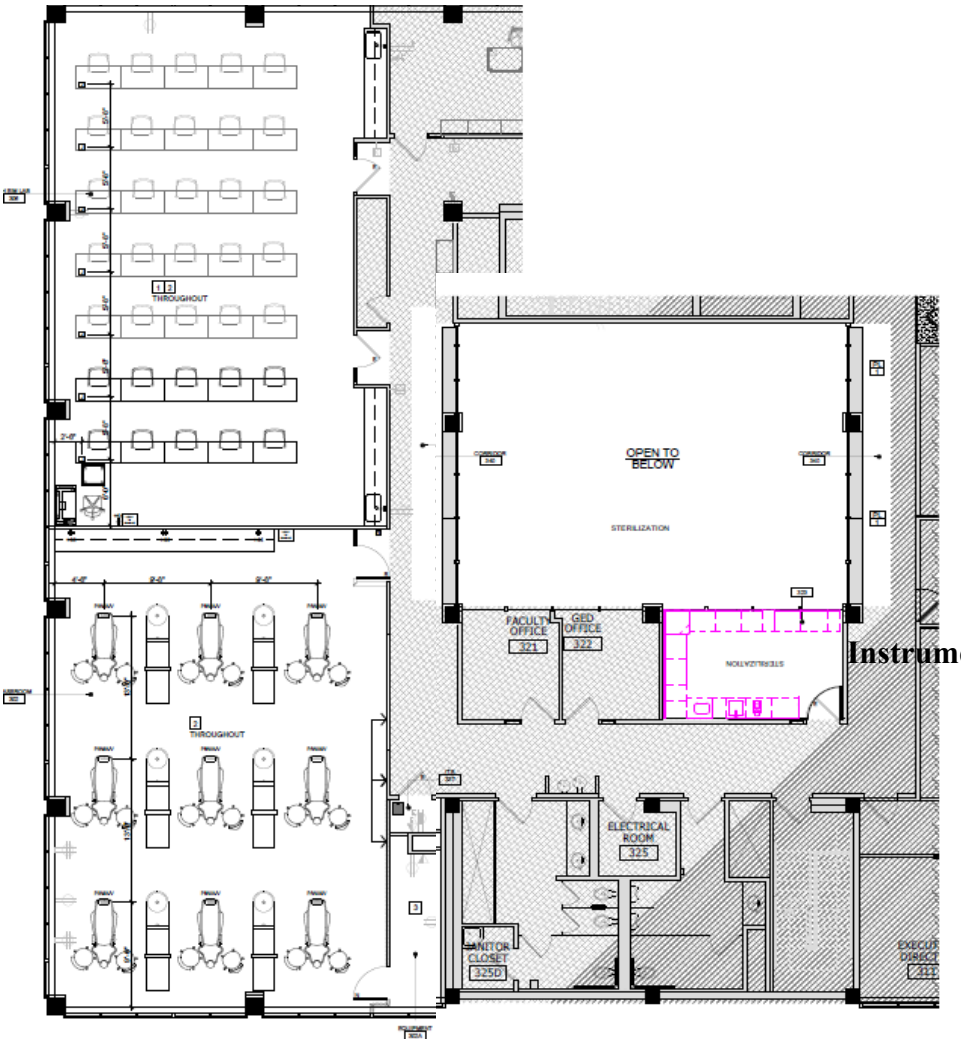
3rd Floor



NEW FACILITY FLOOR PLANS

3rd Floor

35-station Simulation lab/Dental Materials lab

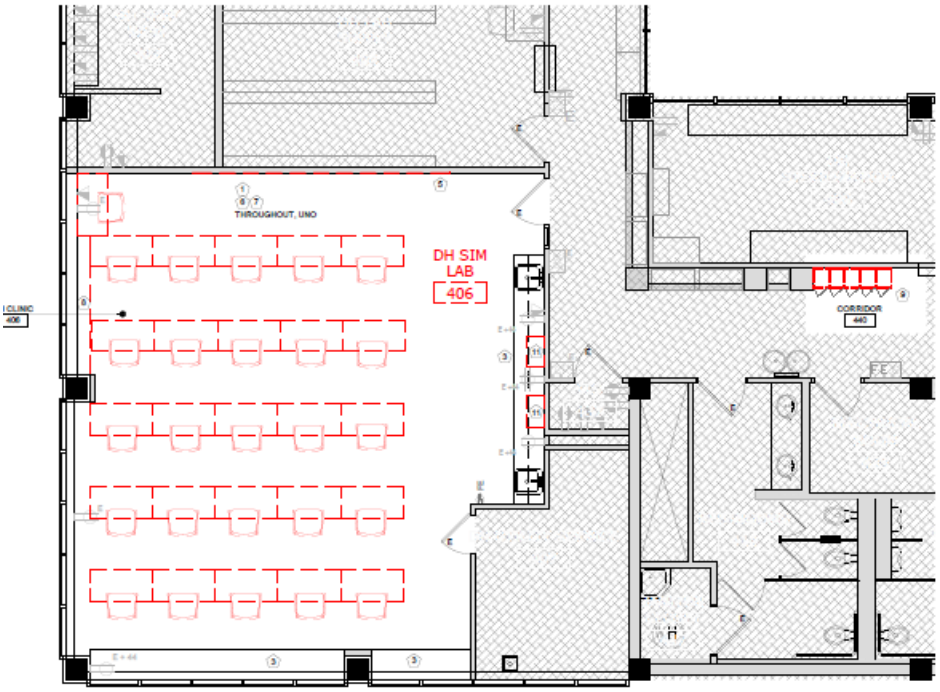


Instrument Processing/Sterilization Room

9-unit Clinic with Radiology

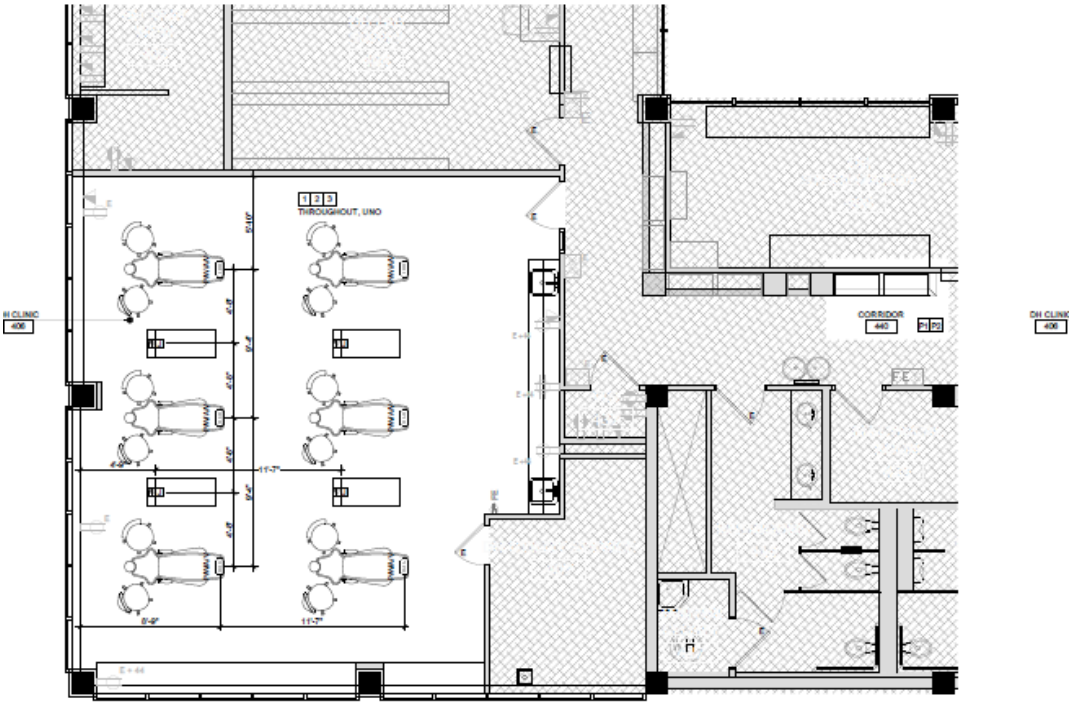
CURRENT FACILITY FLOOR PLANS

4th Floor, Room 406, Simulation and Dental Materials Lab



NEW FACILITY FLOOR PLANS

4th Floor, Room 406, New 6-unit Clinic



CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-2688 | www.dhbc.ca.gov

April 15, 2024

Michelle Hurlbutt, RDH, MSDH, DHSc
Dean & Associate Professor, Dental Hygiene
West Coast University
1477 S. Manchester Ave.
Anaheim, CA 92802

Dear Dr. Hurlbutt,

At the March 23, 2024 Dental Hygiene Board of California (Board, DHBC) meeting, the Board **approved** West Coast University's request to increase the program's facilities to allow for a larger simulation/dental materials lab and a new clinical area.

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, feel free to contact me at (916) 576-5002 or by email at 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

CODA
Commission on Dental Accreditation

Via Email Transmission: dlycett@westcoastuniversity.edu

September 3, 2024

Mr. Darryl Lycett
President
West Coast University
151 Innovation Drive
Irvine, CA 92617

RE: West Coast University, Anaheim, California
Dental Hygiene Program
Status: Approval without Reporting Requirements

Dear Mr. Lycett,

At its August 8, 2024 meeting, the Commission on Dental Accreditation (CODA) granted the dental hygiene program the accreditation status of "approval without reporting requirements." The definitions of accreditation classifications are linked below. Below is a summary of actions and additional information.

Dental Hygiene Report of Program Change

The Commission considered the May 2024 report describing a proposed program change for the dental hygiene program. The Commission noted that the report describes a plan to increase the capacity of its clinic simulation/dental materials laboratory to a new location that will expand the space from 25 student stimulation stations to 30 student simulation stations, with the possibility of future expansion to an additional (5) stations. Additionally, the current dental hygiene clinic will expand its current facility space from 30 clinical operatories to 39 clinical operatories, six (6) of the new operatories will have dental radiography capabilities. Construction on the expansion of the clinical facility and relocation and expansion of the clinic simulation/dental materials laboratory will begin in August 2024 with completion expected in January 2025.

Following careful review of the information provided, the Commission adopted a resolution to continue the program's accreditation status of "approval without reporting requirements."

The Commission has **approved** the report of program change and **requests additional information** to ensure continued compliance with the Accreditation Standards. If the additional information submitted does not satisfy the Commission, the Commission reserves the right to request additional documentation or conduct a special focused site visit of the program.

Dental Hygiene Request for Enrollment Increase
In a separate action, the Commission considered a request for a ***permanent*** increase in enrollment of 15 students per year, from 75 to 90 students per year, effective Spring 2025, for the dental hygiene education program.

In doing so the Commission considered correspondence dated April 30, 2024, which indicated that the request was made due to workforce shortages in dental hygiene. After careful review of all pertinent information, the Commission adopted a resolution **approving** the program's request and maintaining the program's accreditation status of "approval without reporting requirements."

The Commission **requests additional information** to ensure continued compliance with the Accreditation Standards. If the additional information submitted does not satisfy the Commission, the Commission reserves the right to request additional documentation or conduct a special focused site visit of the program.

Dental Hygiene Report of Sites Where Educational Activity Occurs
In a separate action, the Commission considered the June 2024 report describing the termination of sites where educational activity occurs for the dental hygiene program. The Commission noted that the report described the **retroactive discontinuance** of Lestonnac Free Clinic, Orange, California and Meet Each Need with Dignity (MEND) Dental Clinic, Pacoima, California; as **major** sites where educational activity occurs for the program effective 2021; and Morongo Basin Healthcare District, Yucca Valley, California, effective 2023. Specifically, it is noted that all students are able to achieve the clinical requirements at the program's on-campus clinic or at other program educational activity sites.

Following careful review of the information provided, the Commission adopted a resolution to **approve** the report of the termination of the site(s) where educational activity occurs and continue the program's accreditation status of "approval without reporting requirements." No additional information is requested from the program at this time, nor is a special focused site visit warranted. This change will be reviewed at the next regularly scheduled site visit to the program in **2025**.

Requested Information for January 30, 2025 Commission Meeting
The Commission requests the following supplemental information:

For the Report of Program Change: 1) continued update on the renovation of clinic and newly construction simulation due for completion in January 2025, 2) photographs of the simulation area and newly renovated clinic to include new operator spaces in a vacant state without students or patients present, and 3) certificate of occupancy.

For the Request for Enrollment Increase: 1) proof of hire for all newly hire faculty, 2) biosketches for newly faculty demonstrating current knowledge in the subjects they are teaching and educational methodology concepts consistent with teaching assignments and

3) a faculty course schedule for all courses of the program demonstrating faculty to student ratios for all pre-clinical, clinical and laboratory courses.

The Commission requires one (1) electronic copy of a detailed report addressing the concerns noted in this letter be submitted by November 15, 2024 for consideration at the Dental Hygiene Education Review Committee's January 7-8, 2025 meeting and the Commission's January 30, 2025 meeting.

At the link below, please find Guidelines for Reporting Program Changes to assist you in developing a focused, concise response. Please note that reports that fail to adhere to the stated guidelines may be returned to the program and may not be reviewed at the assigned time. The Commission's timelines for demonstration of full compliance will not be modified due to a delayed review resulting from improperly formatted reports.

Instructions to assist you in developing and submitting an electronic copy are linked below. The electronic copy must include a signed verification page and must conform to the Commission's electronic submission guidelines.

General Information

All institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at https://coda.ada.org/policies-and-guidelines/hipaa-compliance. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.

The Commission expects institutions to keep the Commission informed as soon as possible of anticipated changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting program changes are linked below. Guidelines for specific program changes, including reporting enrollment changes, adding sites where educational activity occurs, and developing a teach-out report are found on the Commission's website.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that

wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

> The program in dental hygiene is accredited by the Commission on Dental Accreditation *[and has been granted the accreditation status of "approval without reporting requirements"]*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is: https://coda.ada.org/.

The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission's accreditation purview. Educational institutions sponsoring dental education programs are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission's granting accreditation to specific programs. The Commission expects to be reimbursed if substantial costs are incurred.

If this office can be of any assistance to you or members of your staff, please contact me by telephone, at 312-440-2695 or by e-mail, at navickask@ada.org.

Sincerely,



Katie Navickas, BSDH, MA
Manager, Allied Dental Education
Commission on Dental Accreditation

KN/ds

Web Links: CODA Accreditation Status Definitions
Guidelines for Reporting Program Changes in Accredited Programs
Electronic Submission Guidelines for General Correspondence

cc: Dr. Michelle Hurlbutt, dean, Dental Hygiene Program, West Coast University, mhurlbutt@westcoastuniversity.edu
Mr. Herman Bounds, Jr., director, Accreditation Division, U.S. Department of Education (via CODA website)
State Boards of Dentistry (via CODA website)

Institutional Accreditors (via CODA website)
Dr. Maxine Feinberg, chair, CODA
Dr. Sherin Tooks, senior director, CODA

Commission on Dental Accreditation

Via Email Transmission: jsmithcoppes@westcoastuniversity.edu

September 3, 2025

Dr. John Smith-Coppes
Chief Executive Officer
West Coast University
151 Innovation Drive
Irvine, CA 92617

RE: West Coast University, Anaheim, California
Dental Hygiene Program
Status: Approval without Reporting Requirements

Dear Dr. Smith-Coppes,

At its August 7, 2025 meeting, the Commission on Dental Accreditation (CODA) granted the dental hygiene program the accreditation status of **"approval without reporting requirements."** The definitions of accreditation classifications are linked below. Below is a summary of actions and additional information.

Dental Hygiene (Program Change)
The Commission considered the May 2025 supplemental report describing a proposed program change for the dental hygiene program. The Commission noted that the report describes a plan to increase the capacity of the program's clinic simulation/dental materials laboratory to a new location that will expand the space from 25 student stimulation stations to 30 student simulation stations, with the possibility of future expansion to an additional (5) stations. Additionally, the current dental hygiene clinic will expand its current facility space from 30 clinical operatories to 39 clinical operatories, six (6) of the new operatories will have dental radiography capabilities. Construction on the expansion of the clinical facility and relocation and expansion of the clinic simulation/dental materials laboratory began in August 2024 with completion expected in January 2025, however, the program has now noted a delay in construction and the facility is projected to be completed in August 2026. The Commission also considered this issue at its Summer 2024 and Winter 2025 meetings.

Following careful review of the information provided, the Commission adopted a resolution to continue the program's accreditation status of "approval without reporting requirements."

The Commission **has approved the report of program change and requests additional information** to ensure continued compliance with the Accreditation Standards. If the additional information submitted does not satisfy the Commission, the Commission reserves the right to request additional documentation or conduct a special focused site visit of the program.

Dental Hygiene (Request for Enrollment Increase)
In a separate action, the Commission considered the May 2025 supplemental report related to a ***permanent*** increase in enrollment of 15 students per year, from 75 to 90 students per year, effective Spring 2025, for the dental hygiene program. It was noted that the previous increase in enrollment request of 30 students per year, an increase of 10 students per cohort, going from 75

to 105 students per year has been decreased by the program to a request of 15 students per year, an increase of five (5) students per cohort, going from 75 to 90 students (30 students per cohort). The Commission also considered this issue at its Summer 2024 and Winter 2025 meetings.

Following careful review of all pertinent information, the Commission adopted a resolution **approving** the program's request and maintaining the program's accreditation status of "approval without reporting requirements."

The Commission **requests additional information** to ensure continued compliance with the Accreditation Standards. If the additional information submitted does not satisfy the Commission, the Commission reserves the right to request additional documentation or conduct a special focused site visit of the program.

Requested Information for February 5, 2026 Commission Meeting
The Commission requests the following supplemental information:

For the Report of Program Change: 1) continued update on the renovation of the clinic and newly constructed simulation area with revised projected completion date of August 2026; 2) photographs of the simulation area and newly renovated clinic to include new operator spaces in a vacant state without students or patients present; and 3) final certificate of occupancy.

For the Request for Enrollment Increase: 1) proof of hire for all newly hired faculty; 2) biosketches for newly hired faculty demonstrating current knowledge in the subjects they are teaching and educational methodology concepts consistent with teaching assignments; and 3) a faculty course schedule for all courses of the program demonstrating faculty to student ratios for all pre-clinical, clinical and laboratory courses.

The Commission requires one (1) electronic copy of a detailed report addressing the concerns noted in this letter be submitted by November 15, 2025 for consideration at the Dental Hygiene Education Review Committee's January 5-7, 2026 meeting and the Commission's February 5, 2026 meeting.

At the link below, please find Guidelines for Reporting Program Changes to assist you in developing a focused, concise response. Please note that reports that fail to adhere to the stated guidelines may be returned to the program and may not be reviewed at the assigned time. The Commission's timelines for demonstration of full compliance will not be modified due to a delayed review resulting from improperly formatted reports.

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accreditation of the program(s) at its next scheduled meeting.

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at https://coda.ada.org/policies-and-guidelines/hipaa-compliance. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.

The Commission expects institutions to keep the Commission informed as soon as possible of anticipated changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting program changes are linked below. Guidelines for specific program changes, including reporting enrollment changes, adding sites where educational activity occurs, and developing a teach-out report are found on the Commission's website.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

> The program in dental hygiene is accredited by the Commission on Dental Accreditation *[and has been granted the accreditation status of "approval without reporting requirements"]*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (800) 232-6108 or at 401 North Michigan Avenue, Suite 3300, Chicago, IL 60611-4250. The Commission's web address is: https://coda.ada.org/.

The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission's accreditation purview. Educational institutions sponsoring dental education programs are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission's granting accreditation to specific programs. The Commission expects to be reimbursed if substantial costs are incurred.

If this office can be of any assistance to you or members of your staff, please contact me at 312-440-2695 or by e-mail, at navickask@ada.org.

Sincerely,



Katie Navickas, BSDH, MA
Manager, Allied Dental Education
Commission on Dental Accreditation

KN/ds

Web Links
CODA Accreditation Status Definitions
Guidelines for Reporting Enrollment Increases
Guidelines for Reporting Program Changes in Accredited Programs
Electronic Submission Guidelines for General Correspondence

cc: Dr. Michelle Hurlbutt, dean, Dental Hygiene Program, West Coast University, mhurlbutt@westcoastuniversity.edu
Ms. Elizabeth Daggett, director, Accreditation Division, U.S. Department of Education (via CODA website)
State Boards of Dentistry (via CODA website)
Institutional Accreditors (via CODA website)
Dr. Frank W. Licari, chair, Commission on Dental Accreditation (CODA)
Dr. Kathleen J. Hinshaw, interim senior director, CODA



Friday, November 13, 2026

Dental Hygiene Board of California

Education Committee Agenda Item 5.

Discussion and Possible Action to Approve a New Dental Hygiene Educational Program Sponsored by Concorde Career College – North Hollywood/Burbank.

DHBC Dental Hygiene Board of California
BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1350, Sacramento, CA 95815
P (916) 263-1978 | www.dhbc.ca.gov

MEMORANDUM

DATE	November 13, 2026
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**EDU 5: Discussion and Possible Action to Approve a New Dental Hygiene Educational Program Sponsored by Concorde Career College – North Hollywood/Burbank.**

BACKGROUND:

On June 18, 2025, the Concorde Career College – North Hollywood campus (CCCNH) submitted a letter of intent to request Dental Hygiene Board of California (Board) approval to establish a new dental hygiene educational program based in Burbank, California (due to the relocation of the CCCNH campus to Burbank, California.)

On July 10, 2025, CCCNH submitted their first feasibility study for review. In working with CCCNH, Board staff have completed the review of CCCNH's final, updated feasibility study submission.

STAFF RECOMMENDATION:

Staff recommends for the Education Committee to review the results of the CCCNH feasibility study as prepared by Board staff.

If the Education Committee determines CCCNH has met the Board's parameters to open a new dental hygiene educational program in Burbank, California, Board staff requests for the Educational Committee to recommend to the full Board to consider conditional approval (since it's a new program) of a new dental hygiene educational program offered by CCCNH.

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to recommend to the Full Board to (approve/conditionally approve/disapprove) Concorde Career College – North Hollywood's request for a new Dental Hygiene Educational Program offered by Concorde Career College – North Hollywood (with the conditions being an extendable 2-year probation period once the program begins operations, and pending compliance

with updates every four (4) months and site visits to confirm compliance prior to enrollment of the first cohort).

Attachments:

1. CCC North Hollywood/Burbank Letter of Intent
2. DHBC Feasibility Study Review for CCC North Hollywood/Burbank.
3. CCC North Hollywood/Burbank Feasibility Study

May 30, 2025

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

RE: Letter of Intent for New Registered Dental Hygiene Program

Mr. Lum,
Concorde Career College – North Hollywood, CA is submitting this letter of intent for initial approval of a new Registered Dental Hygiene program. The campus intends to offer this program as an Associate of Science in Dental Hygiene. It is planned to be 9, 11-week terms, totaling 99 weeks or 25 months. A cohort of 60 students will begin every eight months, with clinical and didactic schedules designed to optimize access to faculty, lab space, and community-based clinical experiences. The anticipated start date for this program is July 24, 2027. We believe this will allow the appropriate amount of time to obtain approval from the DHBC, CODA, Institutional regulatory agencies, and State regulatory agencies.

We have included our feasibility study for review. The application fee of $2100 is being sent via Fed Ex to the DHBC office. If additional information is needed, I can be reached at 818-766-8151 or via email at LNorthington@Concorde.edu.

Concorde Career College appreciates the assistance from the DHBC and looks forward to a continued partnership with the DHBC as we anticipate this new program development.

Sincerely,
LaToya Northington

LaToya Northington
Campus President

Concorde Career Colleges, Inc. **000479411**

VENDOR NO: D01456 VENDOR NAME: Dental Hygiene Board of Califo CHECK DATE: 06/12/2025

REFERENCE	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
DH PROGRAM APP - 16	06/04/2025	DH PROGRAM APP - 16	$2,100.00	$0.00	$2,100.00
		TOTALS:	$2,100.00	$0.00	$2,100.00

Concorde Career Colleges, Inc.
6701 W. 64th Street, Ste. 200
Overland Park, KS 66202

Harris Bank
111 W. Monroe Street
Chicago, IL 60603
70-1558/719

000479411

DATE	06/12/2025
AMOUNT	$2,100.00

PAY Two Thousand One Hundred Dollars and 00 Cents

TO THE ORDER OF Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

NON-NEGOTIABLE *** COPY ***

Concorde Career Colleges, Inc. **000479411**

VENDOR NO: D01456 VENDOR NAME: Dental Hygiene Board of Califo CHECK DATE: 06/12/2025

REFERENCE	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
DH PROGRAM APP - 16	06/04/2025	DH PROGRAM APP - 16	$2,100.00	$0.00	$2,100.00
		TOTALS:	$2,100.00	$0.00	$2,100.00

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND A WATERMARK - HOLD UP TO THE LIGHT TO VERIFY

Concorde Career Colleges, Inc. **000479411**

6701 W. 64th Street, Ste. 200
Overland Park, KS 66202
(913) 831-9977

Harris Bank
111 W. Monroe Street
Chicago, IL 60603
70-1558/719

DATE	06/12/2025
AMOUNT	$2,100.00

PAY Two Thousand One Hundred Dollars and 00 Cents

TO THE ORDER OF Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

CHECK IS PRINTED ON SECURITY PAPER WHICH INCLUDES A MICROPRINT BORDER & FLUORESCENT FIBERS

Proposed RDH Program: Concorde Career College
Proposed Location: North Hollywood/Burbank

Initial Submission Date: July 10, 2025
Sixth Resubmission Date: October 15, 2026

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
Section I: Rationale for the Development of New Educational Program						
1. Regional labor statistics regarding projected need for this type of licensee. a. Summary comments and tables as necessary, cites original source of information from the California Employment Development Department – Labor Market Information or an equivalent State or County agency.	**PAGE: 3** "According to the California Employment Development Department – Labor Market Information, there is an expected increase in Dental Hygiene employment opportunities of 12.7% over the next 10 years with an estimated 4,510 total job openings (see Figure 1 2022-2032 Occupational Employment Projections)"	**PAGE: 12** "According to the California Employment Development Department's Labor Market Information Division, the Dental Hygiene profession in the Los Angeles-Long Beach-Glendale Metropolitan Division is projected to grow steadily over the next decade. From 2022 to 2032, employment for Dental Hygienists is expected to increase by 12.7%"				
2. Potential local/regional industry employment statistics regarding current open positions and projected needs for	**PAGE: 4** "Los Angeles county reported approximately 5,745 Dental Hygienist jobs in 2024 with a projected increase of 3.9% over the next two years	**PAGE: 12** "The base year employment estimate for 2022 was 5,360, and by 2032, this number is projected to reach 6,140 representing a **numeric change of 780 jobs**."				

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
additional licensees including any workforce shortage areas. a. Copy of source data used. b. Summary of findings. c. Tabulated results.	according to the Lightcast Occupation Overview (App. 1)."	"In addition to new positions created through growth, the region anticipates a total of 4,510 job openings over the 10-year period"				
3. Description of the characteristics of the population in the community being served by the program including oral health needs.	**PAGE: 4** "In LA County 44% of households are married-couple families and 31.5% have one or more people under 18 years old. The average family size is 3.6. The median family income for the county is estimated to be $93,675 and 91% of families have health insurance, with 40% being public coverage. The program would also have the ability to help with oral					

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
	health needs for the15% of the population whose income is below poverty level."					
4. Impact on RDH educational programs within a 100-mile radius of the proposed program by contacting all approved existing educational programs in regard to:	**PAGE: 4** "6 surveys distributed and returned. The results of the survey are included as App. C – Survey Results for review." Feasibility study does not address if only 6 are within a 100-mile radius. Feasibility study does not address any impact opening this program will have on the surrounding schools with the 100-mile radius.	**PAGE 14, App. C** Ten institutions were identified within a 100-mile radius with one institution identified at 105-mile radius. Surveys were sent to eleven institutions and 6 surveys were returned. "While there are ten other institutions within a 100-mile radius of the proposed Concorde Career College-North Hollywood campus, new programs often bring fresh perspectives and innovative approaches to education through	**PAGES 17-18** **States:** "Student enrollment at existing programs is unlikely to be affected, as each institution serves distinct geographic and demographic populations. Students typically choose programs based on proximity, cost, scheduling flexibility, and institutional reputation. These factors vary widely across the region. The student pool within a 100-mile radius is sufficiently large and diverse, ensuring that all programs can maintain healthy enrollment levels.			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		interdisciplinary training and culturally responsive care models that reflect the needs of the local population. The program would contribute to local economic development by creating jobs for faculty and staff, and by supporting the career advancement of students entering the dental hygiene profession." **This statement, as well as the feasibility study, still does not address how opening this program will affect the enrollment of the other programs within the 100-mile radius as to the student pool (i.e., Will opening CCC-NH draw students**	The new Burbank program will provide additional access points for students who may not have considered or been able to attend other programs due to location or capacity constraints." "According to the ADA Health Policy Institute (2022), the shortage for dental hygienists in California far exceeds the current supply. The shortage is driven by greater outflows from the profession and slower inflows, indicating that additional programs are necessary to meet growing needs without cannibalizing			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		away from other programs, or will there be a sufficient pool for all programs?) Please explain.	existing student populations." "First-year enrollment and capacity in dental hygiene programs have steadily increased since 2020, reaching all-time highs in 2023-2024 (Becker's Dental Review, 2023). This trend suggests a robust and expanding student pool capable of supporting multiple programs simultaneously."			
a. Locale, region, or state(s) from which students are drawn.	**PAGE: 4** The regions where schools recruit students from are Bakersfield, Orange County, Inland Empire, San Fernando Valley, and LA County.	**PAGES: 14-16** **West Los Angeles College** "Students are drawn from LA County, Ventura County, and Orange County." **West Coast University**				

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		"No response received" **Pasadena City College** "No response received" **Cerritos College** "Students are drawn from Northern California, Santa Barbara, and San Diego." (on p. 15 but App. C p. 135 states: "LA County") **Cypress College** "Students are drawn from Los Angeles and Orange County" **Concorde Career College-Garden Grove** "Students are drawn from Orange County and Los Angeles" (on p. 15 but App. C p. 135	**PAGE 15** Corrected to "LA County" **PAGE 15** Corrected to "Orange County"			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		states: "Orange County") **San Joaquin Valley College-Ontario** "Students are drawn from Inland Empire, Orange County, and San Fernando Valley" **Concorde Career College-San Bernardino** "Students are drawn from Inland Empire, Los Angeles, Orange County, and Ventura County" (on p. 16 but App. C p. 135 states: "Inland Empire") **Loma Linda University** "No response received" **Moreno Valley College** "No response received"	**PAGE 16** Corrected to "Inland Empire"			

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Taft College "Students are drawn from Bakersfield" **Why is there a discrepancy in the responses from the narrative to the survey results in "App. C"? Please explain.**	Corrected.			
b. Whether there is a "waiting list" or more qualified applicants than admitted annually.	**PAGE: 4** 5 of the 6 schools do not have a waitlist. The one program that does have a waitlist has 3 alternates.	**PAGES: 14-16, App. C** **West Los Angeles College** "The program sees at least twice the qualified applicants each year." **West Coast University** "No response received" **Pasadena City College** "No response received"				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Cerritos College "No waiting list" **Cypress College** "No waiting list" **Concorde Career College-Garden Grove** "No waiting list" **San Joaquin Valley College-Ontario** "No waiting list" **Concorde Career College-San Bernardino** "No waiting list" (on p 16 but App. C p. 133 states: "Yes, 3 Alternates") **Loma Linda University** "No response received" **Moreno Valley College** "No response received"	**PAGE 16** Corrected to "3 alternates"			

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Taft College "No waiting list" **Why is there a discrepancy in the responses from the narrative to the survey results in "App. C"? Please explain.**	Corrected.			
c. Length of time it takes licensed graduates to obtain gainful employment (at least 3 days per week) in dental hygiene.	**PAGE: 4** The schools indicated it takes a few weeks to a couple of months for their licensed graduates to obtain gainful employment. We defined gainful employment as at least 3 days a week in a job within the dental hygiene field.	**PAGES: 14-16, App. C** **West Los Angeles College** "Graduates secure full-time employment within 3 days." **West Coast University** "No response received" **Pasadena City College** "No response received" **Cerritos College** "Graduates are gainfully employed	**PAGE 15**			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		within one month after graduation." (on p. 15 but App. C p. 133 states: "within one week"). **Cypress College** "Graduates are usually employed within 6 months" **Concorde Career College-Garden Grove** "Graduates are gainfully employed within 30 days of graduation" (on p. 15 but App. C p. 133 states: "2-4 weeks") **San Joaquin Valley College-Ontario** "Graduates are employed within 1 month" **Concorde Career College-San Bernardino** "Graduates are gainfully employed within 60 days of	Corrected to "Graduates are gainfully employed within one week after graduation." **PAGE 15** Corrected to "Graduates are gainfully employed within 2-4 weeks of graduation." **PAGE 16** Corrected to "Graduates are gainfully employed			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

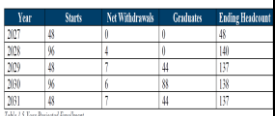
ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		licensure." (on p. 16 but App. C p. 133 states: "Once Licensed - Less than a month") **Loma Linda University** "No response received" **Moreno Valley College** "No response received" **Taft College** "Graduates secure employment within a couple of months" (on p. 16 but App. C p. 133 states: "A few weeks to a couple of months. We have a saturation of hygienists in our area.") **Why is there a discrepancy in the responses from the narrative to the**	once licensed, less than a month." **PAGE 16** Corrected to "Graduates secure employment within a few weeks to a couple of months. We have a saturation of hygienist in our area." Corrected.			

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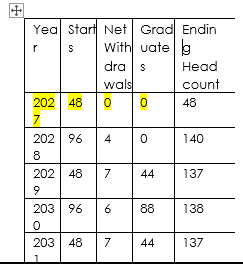
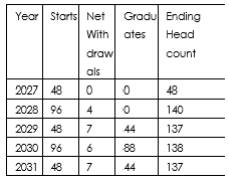
ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		survey results in "App. C"? Please explain.				
5. Description of the following:	**PAGE: 4-5**	**PAGE: 17**				
a. Length of the program.	**PAGE: 4** • 25 months	**PAGE: 17** 25 Months **PAGE: 61** 2,275 hours **Does this include prerequisite courses?** **What is the number of program hours? Please explain.**	**PAGE 63** 600 prerequisite hours. 1,675 program specific hours.			
b. Type of degree(s) granted.	**PAGE: 4** ASDH					
c. Intended start date.	**PAGE: 4** July 24, 2027					
d. Projected size of the first class.	**PAGE: 4** 60	**PAGE: 17** 48		**How will 30 operatories accommodate 48 students?**	**Page:18** 48 students every 8 months. 25 operatories Rotational scheduling model in which students are divided into	**Page 11(16)** Now there are 50 students every 8 months. **App. J (p199)** During the preclinical sequence, students

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					clinical sections which ensure that one operatory is available for each student in that section. **Weekly six-hour clinical sessions for preclinic? What happens when the schedules increase to a minimum of 8 hours and a minimum of 12 hours for clinical scheduling?** **See CODA Standard 2-10's intent which states:** ***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***	complete **DHCA1411** pre-clinic I and **DHCA1405** pre-clinic II using a combination of didactic instruction and supervised laboratory experiences scheduled in dedicated clinical sections. **The schedule provides a minimum of six weekly pre-clinical practice hours**. As students transition into direct patient care, **DHCA2502** Dental Hygiene II utilizes alternating morning and afternoon clinic sections, providing approximately **eight hours of direct patient-care** experiences per week. In **DHCA2503**

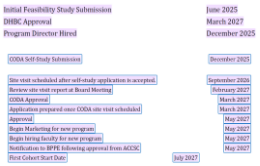
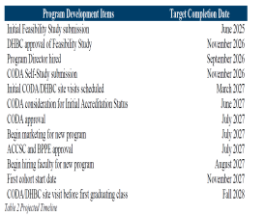
INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
					least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic. **Please provide rotation schedules for preclinical and clinical sessions providing schedules for when there are one (1), two (2), three (3), and four (4) cohorts in the program.**	Dental Hygiene III, students participate in **ten hours of direct patient-care clinic experiences per week.** During **DHCA2604** Dental Hygiene IV and **DHCA2505** Dental Hygiene V, students are scheduled for twelve hours of direct patient-care experiences weekly. 
e. Enrollment projection for the first five years.	**PAGE: 5** Class size of 48? Stated a class size of 60 on pages 4 and 5.	**PAGE: 17**			**Page 18**  | Year	Starts	Net Withdrawals	Graduates	Ending Headcount
---	---	---	---	---
2027	48	0	0	48
2028	96	4	0	140
2029	48	7	44	137
2030	96	6	88	138
2031	48	7	44	137	 *Table 1.5-Year Projected Enrollment*	**Page 11(16)** Now there are 50 students every 8 months.

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

<table>
<tr><th>ITEM</th><th>REVIEW: July 10, 2025</th><th>REVIEW: October 1, 2025</th><th>REVIEW: November 21, 2025</th><th>REVIEW: March 1, 2026</th><th>REVIEW: October 1, 2026</th><th>REVIEW: October 15, 2026</th></tr>
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<table>
<tr><th>Year</th><th>Starts</th><th>Net Withdrawals</th><th>Graduates</th><th>Ending Head count</th></tr>
<tr><td>2027</td><td>48</td><td>0</td><td>0</td><td>48</td></tr>
<tr><td>2028</td><td>96</td><td>4</td><td>0</td><td>140</td></tr>
<tr><td>2029</td><td>48</td><td>7</td><td>44</td><td>137</td></tr>
<tr><td>2030</td><td>96</td><td>6</td><td>88</td><td>138</td></tr>
<tr><td>2031</td><td>48</td><td>7</td><td>44</td><td>137</td></tr>
</table></td><td>
<table>
<tr><th>Year</th><th>Starts</th><th>Net Withdraws</th><th>Graduates</th><th>Ending Head count</th></tr>
<tr><td>2027</td><td>48</td><td>0</td><td>0</td><td>48</td></tr>
<tr><td>2028</td><td>96</td><td>4</td><td>0</td><td>140</td></tr>
<tr><td>2029</td><td>48</td><td>7</td><td>44</td><td>137</td></tr>
<tr><td>2030</td><td>96</td><td>6</td><td>88</td><td>138</td></tr>
<tr><td>2031</td><td>48</td><td>7</td><td>44</td><td>137</td></tr>
</table></td><td></td><td></td><td></td><td></td></tr>
<tr><td>f. Method for determining the projected enrollment.</td><td>PAGE: 5
“By starting 60 students every eight months, the program is designed for scalability and community impact. It will address a critical workforce need in California, strengthen partnerships with local dental providers, and enhance Concorde’s role in promoting oral health within the community.”</td><td>PAGE: 18
“By starting 48 students every eight months, the program is designed for scalability and community impact. It will address a critical workforce need in California, strengthen partnerships with local dental providers, and enhance Concorde’s role in promoting oral health within the community.”</td><td></td><td></td><td></td><td>Page 11(16)
“By starting 50 students every eight months, the program is designed for scalability and community impact. It will address a critical workforce need in California, strengthen partnerships with local dental providers, and enhance Concorde’s role in promoting oral health within the community.”</td></tr>
<tr><td>6. Plans for promoting and marketing the proposed program.</td><td>PAGE: 5
“The marketing strategy focuses on sustaining and growing lead</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

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	volumes while leveraging the new location through digital, earned, and traditional media campaigns, balancing rapid asset creation with longer-term brand-building efforts."					
7. Projected timeline for planning and initiating program.	**PAGE: 5-6** 	**PAGES: 18-19** 			**Page 22** 	
II. Structure and Governance						
1. Institutional accreditation status and history including:	**PAGE: 7**					
a. Date of initial accreditation.	**PAGE: 7** "Concorde Career College – North Hollywood is accredited by the Accrediting Commission of Career Schools and Colleges and	**PAGE: 20** "Concorde Career College, North Hollywood is accredited by the Accrediting Commission of Career Schools and Colleges and				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
	approved by the Bureau for Private Postsecondary Education. Approvals are included as App. D." Not regionally accredited pursuant to Business and Professions Code section 1941(c) which states: (c) For purposes of this section, a new or existing educational program for 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	approved by the Bureau for Private Postsecondary Education. Concorde Career College, North Hollywood received initial accreditation September 30, 1973." Possesses national institutional accreditation.				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
	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. Unclear as to initial ACCSC accreditation date.					
b. Denials, revocations, warnings for the institution and any programs offered by the institution.	**PAGE:** Feasibility study does not address.	**PAGE: 20, App. D** **"In 2017,** the Accrediting Commission of Career Schools and Colleges placed Concorde Career				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		College-North Hollywood on reporting status in response to program advisory committee standards and student satisfaction." **"In 2024**, Concorde Career College-North Hollywood was granted a 5-year renewal of accreditation without reporting status." **"In 2017,** the Commission on Accreditation in Physical Therapy Education placed the physical therapist assistant program on probationary status in response to practical examination scoring ensuring competency." **"In 2018**, the program				

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		demonstrated compliance, and the probationary status was removed." **"In 2024,** the surgical technology program voluntarily withdrew accreditation from the Commission on Accreditation of Allied Health Education Programs. This was response to receiving approval from the Accrediting Bureau of Health Education Schools."				
2. History, organizational structure and programs (attach an organization chart).	**PAGE: App. E**	**PAGE: 20, App. E** "Concorde Career College, formerly Valley College of Medical and Dental Careers, has been operating since 1955. The original program offerings were Medical and Dental Assistant.				

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		Over the years, the school has expanded its curricula to meet the increasing demands for trained allied health professionals in a variety of areas." "The current program offerings include Dental Assistant, Medical Assistant, Physical Therapist Assistant, Respiratory Therapy, Sterile Processing Technician, Surgical Technology, and Vocational Nursing."				
3. Geographic area (community) served by the institution and a description of the community and its population.	**PAGE: 7** "The student demographic at the North Hollywood campus is similar to that of the patient population for the Dental Hygiene Clinic."	**PAGE: 22** "The student demographic at the North Hollywood campus is similar to that of the patient population for the Dental Hygiene Clinic. According to				

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		the County Demographics (App. B), 33% of the population are college students and 20% of the population are high school graduates. As reported to the National Center for Education Statistics (Figured 2) 84% of our student population attend fulltime. We serve a diverse population of students with 57% reporting Hispanic/Latino, 8% Black or African American, 5% Astian, and the remaining 30% a mix of other races and ethnicities. Most of our students are aged 25 and over."				
4. Institution's strategic plan.	**PAGE: 9** "This program also advances Concorde's long-	**PAGE: 24** "The Dental Hygiene program is designed to provide students				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
	term strategic goals in three key areas: • Allied Health Program Expansion: DH adds value to the current allied health portfolio and complements existing offerings such as dental assisting, medical assisting, and nursing. • Community Engagement: The on-campus dental hygiene clinic will serve as a resource to the community, offering preventive oral care and promoting dental health awareness while providing students with hands-on experience. • Workforce Development: By addressing the growing need for dental hygienists in	with quality academic instruction, clinical training in a 30-operatory lab environment, and comprehensive licensure preparation, all of which align with Concorde's goal of producing career-ready healthcare professionals."				

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	California, the program contributes to meeting local workforce demands and supports economic development in the region."					
5. Type of RDH or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency.	**PAGES: 9-10** "The North Hollywood campus currently offers seven allied health programs with a total enrollment of 568 students. Our enrollment data (Figure 3) and licensure exam pass rates as reported to regulatory agencies (Figure 4) are below. The current program offerings include Dental Assistant, Medical Assistant, Physical Therapist Assistant, Respiratory Therapy, Sterile Processing	**PAGES: 26-27, Table 4** **Physical Therapist Assistant Program** Accredited by the Commission on Accreditation in Physical Therapy Education. "The benchmark for licensure set by the Commission on Accreditation in Physical Therapy Education is 85% average over 2 years." "Concorde Career College-North Hollywood exceeded this benchmark on the most recent annual	**PAGE 27** "The Commission on Accreditation for **Respiratory Care** uses the percentage of graduates who achieve the high cut score on the Therapist Multiple Choice Exam as a key program outcome measure. This metric reflects how well a program prepares students for advanced practice and eligibility for the Registered Respiratory Therapist credential.			

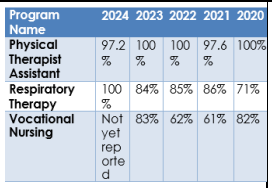
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	Technician, Surgical Technology, and Vocational Nursing." Physical Therapist Assistant program is accredited by and in good standing with the Commission on Accreditation in Physical Therapy Education (CAPTE). **Respiratory Therapy program** is accredited by and in good standing with the Commission on Accreditation for Respiratory Care (CoARC). **Surgical Technology program** is accredited by and in good standing with the Accrediting Bureau	report achieving 97.2% licensure pass rate." **Respiratory Therapy Program** Accredited by the Commission on Accreditation for Respiratory Care. "The benchmark for licensure set by the Commission on Accreditation for Respiratory Care is a TMC high cut score of 60%." **What is a "high cut score"? Please explain.** "Concorde Career College-North Hollywood has exceeded this benchmark on the 2024 annual report achieving 100% licensure pass rate."	Achieving a **High Cut Score** on the Therapist Multiple Choice Exam administered by the National Board for Respiratory Care grants the Certified Respiratory Therapist credential and qualifies the graduate to take the Clinical Simulation Examination which if passed leads to the Registered Respiratory Therapist credential. This credential is considered the gold standard in the field. Concorde Career College-North Hollywood has exceeded this benchmark on the 2024 annual report achieving 100% licensure pass rate."			

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	of Health Education Schools (ABHES). **Vocational Nursing program** is approved by and in good standing with the Board of Vocational Nursing & Psychiatric Technicians (BVNPT). *Figure 3 Enrollment and Graduation Data*	**Surgical Technology Program** Accredited by the Accrediting Bureau of Health Education Schools. "The program has yet to submit an annual report that includes licensure pass rates."	**PAGES 27-28** "Credentialing requirements for **surgical technology programs** are shaped by several key organizations including the Accrediting Bureau of Health Education Schools, the National Board of Surgical Technology and Surgical Assisting, and the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting. To maintain accreditation by the Accrediting Bureau of Health Education and Schools, an annual report is submitted of first-time pass rates of the Certified Surgical Technologist exam			

Program Name	Current Enrollment (as of May 31, 2025)	2024 Graduates
Dental Assistant	23	28
Medical Assistant	101	125
Sterile Processing Technician	6	0
Physical Therapist Assistant	58	36
Respiratory Therapy	144	54
Surgical Technology	47	15
Vocational Nursing	189	83
Total Enrollment	568	341

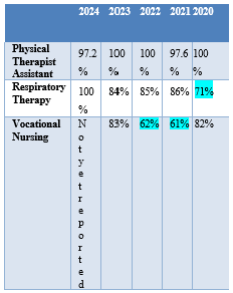
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	 *Figure 4 Licensure Exam Pass Rates as Reported to Regulatory Agencies* Does not address passage rate on which required certification or licensing examination	**Vocational Nursing Program** Approved by the California State Board of Vocational Nursing and Psychiatric Technicians.	or the Tech in Surgery-Certified exam offered by the National Center for Competency Testing. The benchmark set by the Accrediting Bureau of Health Education Schools for credentialing is 70%. As reported to the Accrediting Bureau of Health Education Schools on November 4, 2025, Concorde Career College-North Hollywood exceeded this benchmark, achieving 96% credentialing rate." **PAGES 27-28** "The vocational nursing program is approved by the California State Board of Vocational Nursing and Psychiatric Technicians. The			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		The benchmark for licensure set by the California State Board of Vocational Nursing and Psychiatric Technicians is 60%. Concorde Career College-North Hollywood has exceeded this benchmark on the most recent report achieving 83% licensure pass rate. **Unclear if these data are for licensing board exam results [e.g., vocational nursing requires the National Council of State Boards of Nursing vocational nurse licensure examination (NCLEX)], or if these data are licensing data. Please explain.**	program was granted approval with the next evaluation period scheduled for 2028. The California State Board of Vocational Nursing and Psychiatric Technicians oversees the licensure exam process for Licensed Vocational Nurses. To be licensed in the State of California, graduates must take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). The California State Board of Vocational Nursing and Psychiatric Technicians states that the program shall maintain a yearly average			

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		Table 4 Licensure Exam Pass Rates 	minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved vocational nursing schools for the same period. Concorde Career College-North Hollywood has exceeded this benchmark on the most recent report achieving 83% licensure exam pass rates. See Table 4 for exam pass rates as reported to regulatory agencies."			
6. If the institution does not have an RDH education program or other health-related	**PAGE: 10** "In addition to the allied health programs identified above, Concorde Career Colleges, Inc., has three					

	2024	2023	2022	2021	2020
Physical Therapist Assistant	97.2%	100%	100%	97.6%	100%
Respiratory Therapy	100%	84%	85%	86%	71%
Vocational Nursing	Not yet reported	83%	62%	61%	82%

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programs, provide a statement related to the processes and resources it shall utilize to start and sustain an RDH education program.	Dental Hygiene programs in the surrounding areas approved by the DHBC. The program directors at these programs will be available to serve as mentors and provide guidance to the development and growth of the proposed North Hollywood program."					
III. Facilities and Resources (Physical location of proposed RDH program)						
1. Describe space committed to the program and provide copies of floor plans to include:	**PAGE: 11 and App. F** "Concorde Career College – North Hollywood is in the process of relocating to a new location. The intended site for the proposed Dental Hygiene program is located in Burbank, California at 115 N. First St., Burbank, CA, 91502."	**PAGE: 28, App. F** Concorde Career College – North Hollywood is in the process of **relocating from its existing location at 12412 Victory Boulevard, North Hollywood CA**, 91606 to a new location. The intended site for the **proposed Dental Hygiene program is in**				

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		Burbank, California at 115 N. First St., Burbank, CA, 91502.				
a. Faculty and staff offices.	**PAGE: 68 (App. F)** 3	**PAGE: 28, App. F** 3			**Page 31** **App. F** **Two (2)** **See CODA standard 4-6 which states:** **Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.** Student and program records must be stored to ensure confidentiality and safety. **Intent:** Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling	**Page 49** **App. F** **Two (2)** **One** dedicated faculty office is assigned to the **Program Director**, and **one** dedicated office is assigned to the **supervising dentist**. **Full-time and part-time faculty** members will utilize **designated workstations** within the faculty workroom. In addition, the **consultation room** identified in the facility plan will be available for confidential student advising, mentoring, and academic counseling.

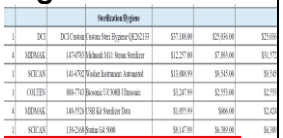
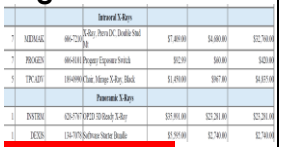
ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
					and supportive academic activities. Faculty that share offices should have access to available privacy space for confidential matters. **Page 48** **7 FTEs** How many FT and PT faculty will be assigned to the program?	**Page 49** The faculty salaries and benefits budget include funding for **five full-time faculty** positions and **four part-time faculty** positions.
b. Classrooms.	**PAGE: 68, App. F** One (1)	**PAGE: 28, App. F** One (1)				
c. Laboratories.	**PAGE: 68, App. F** One (1)	**PAGE: 28, App. F** One (1)		**No build out costs for DM lab re: cabinetry, lighting, vent hood, etc. No diagram of room.**	**Page 32** **DM Lab shows 50 stations.** **See CODA Standard 4-3 which states:** A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the	**Page 25 (30)** Fifty student workstations for supervised dental materials instruction to include four sinks, model-trimming equipment, instructional work surfaces, upper and lower cabinetry, material and instrument storage, electrical service,

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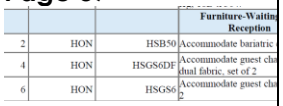
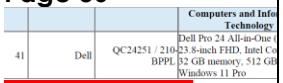
ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
					laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided. Laboratory facilities must conform to applicable local, state and federal regulations and contain the following: a) placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures; b) student work areas that are designed and equipped for students to work with necessary	plumbing and drainage, compressed-air connections, task lighting, and related utility infrastructure. An interactive display and mobile whiteboard support faculty demonstrations and allow instruction to be delivered from multiple locations within the laboratory while maintaining visibility across the student workstations. The laboratory is designated exclusively for instructional activities and will not be used for patient treatment.

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
					utilities and storage space; c) documentation of compliance with applicable local, state and federal regulations.	
d. Clinical facilities.	**PAGE: 68 (App. F)** 30 dental hygiene units, 6 radiology units (5 heads and 1 pano)	**PAGE: 28, App. F** 30 dental hygiene units, 6 radiology units (5 heads and 1 pano) 1 sterilization area 1 reception area		**How will 30 operatories accommodate 48 students?** **Sterilization: No build out costs for sterilization lab re: cabinetry, vent hoods, etc.** **Radiology: No build out costs re: cabinetry, computers, etc.** **No build out costs for reception area outfitting and file storage.** **No build out costs for computer system for storage and viewing electronic patient**	**See section I 5d.** **Pages 33-37** The estimated cost for the campus relocation is **$9,030,000.00** for the institution, which includes the costs for the dental hygiene program associated with construction, plumbing, electrical, cabinets, clinic reception area, dental hygiene units and buildouts, sterilization facilities, radiology facilities, compressors, vacuums, and installation.	

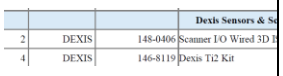
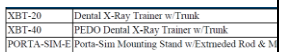
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				files and for radiology files (computer at each operatory). *****Again, the DHBC suggests working with Henry Schein, or a similar company, to get an equipment and build out proposal.*****	**Page 34**  **Cabinetry, hoods?** **Page 34**  **No DXTTRs for radiology?**	**Exhaust fan vented to the outside to be installed over the autoclaves. Assurance provided by CCC administration (Kate Osio and Sara Davenport) on 10.20.26.** **Page 29 (34)** The program's instructional materials include adult and pediatric Dental X-Ray Trainers with Trunks, which are utilized for preclinical radiography instruction, image receptor positioning, exposure technique practice, and competency assessment throughout the curriculum and are included within the program's instructional

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					Only 4 sensors for 5 radiology units? **No Pedo sensor?** **Page 37**  **Page 36**  **Cost for dental software package? Please explain.**	equipment inventory and budget. **Page 31 (36)** 5 adult sensors. 1 Pedo sensor **Page 30 (35)** **Pano software only Assurance of dental software procurement provided by CCC administration (Kate Osio and Sara Davenport) on 10.20.26.**
e. Storage areas.	**PAGE: 68 (App. F)** 1	**PAGE: 28, App. F** 1				
f. Other	**PAGE: 68 (App. F)** 1 locker room 1 conference room	**PAGE: 28, App. F** 1 locker room 1 conference room 1 utility room			**Page 31** **50 Lockers for 144 students in the program at the same time? Please explain.**	**P 25 (30) & 26 (32)** 100-the maximum scheduled occupancy requiring locker access is approximately one hundred students
2. Provide status report on	**PAGE: 11**	**PAGE: 28**			**Page 33**	

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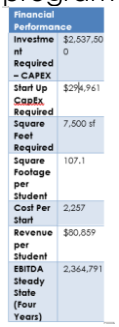
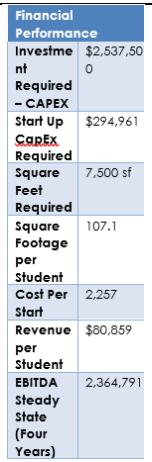
ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
construction or renovation of physical facilities.	"Construction on the facility is expected to be completed in the second quarter of 2027."	"Construction on the facility at the new location is expected to be completed in the second quarter of 2027."			Construction of the facility at the new location is expected to be completed in the second quarter of 2027.	
3. List educational resources, equipment, supplies purchased or to be purchased for the program.	**PAGES: 11 - 16** "Educational resources" are repeated and list not complete. "Equipment to be purchased" is unclear as to what they are, number required of each item, and as to cost. "Supplies to be purchased" is unclear as to number required of each item and as to cost.	**PAGES: 29-37** Facilities estimated at $1,001,618.64 **Does this include construction, cabinets, dental hygiene units and build-outs, sterilization facilities, radiology facilities, compressors, vacuums, installation costs, etc.?** **Unclear and underestimated. Please provide breakdown.** **The DHBC suggests working with Henry Schein, or a similar company, to get an**	**PAGE 31** "The DH clinic will be fully equipped with 30 operatories, including sterilization equipment, x- ray systems, manikins, and all necessary clinical and educational supplies: PPE, prophy materials, periodontal and anesthesia supplies, home care kits, and patient education tools. The costs associated with construction, cabinets, dental hygiene units and buildouts, sterilization facilities, radiology facilities, compressors,	**PAGE 31 and Table 5 (31-39)** **Only 30 operatories for 48 students.** **How will CCC-NH accommodate 48 students in only 30 operatories?** **Only 30 "doctor stools" on page 47** **What about hygienist stools for each operatory as mentioned on page 31?** **No sensors for radiology units, only for Nomads (page 38)** **Clinic Build out pages 37-39 and**	**See section I 5d.** **Page 34**  **Pages 36 and 42**   **Only 4 sensors for 5 radiology units? No Pedo sensor?** **Page 32** **25 operatories.**  **Page 35** 	**Page 31 (36)** 5 adult sensors. 1 Pedo sensor **Page 34 (39)** Nitrous oxide-oxygen instruction will utilize complete mobile

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		equipment proposal.	vacuums, and instillation are included in the campus relocation costs. The estimated costs are $9,030,000.00 for the campus relocation. The accounting practices utilized by the institution do not have specific programs as line-items. The equipment and supplies will be purchased prior to the start of the program or the term that requires them for student use." Provided supplies/disposables breakdown only (pages 32 – 35). **Still does not provide breakdown for clinic build out for 30 operatories**	**Clinic diagram page 147** **Shows 30 ops. Unclear as to cabinetry cost for each unit on pages 37-39. Very close together on page 147. Ensure 6 feet diameter surrounding each unit.** **Diagram shows 5 operatories and a pano operatory.** *****Again, the DHBC suggests working with Henry Schein, or a similar company, to get an equipment and build out proposal.*****	**Only 3 nitrous oxide/oxygen analgesia units** **16 CCR section 1107(b)(3)(D) requires 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.** **Need at least 5.**	delivery systems that include flowmeters, mobile carts or stands, scavenging systems, disposable nasal hoods, and associated components required for instructional use. Medical gas cylinders are supplied through the program's contracted gas vendor, while instructional equipment and accessories are maintained by the institution. Associated costs include equipment acquisition, delivery systems, scavenging components, setup, installation, testing, maintenance, and replacement as necessary. **Page 31 (36)** Nine

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			(cabinets, chairs, etc.) **"Classroom ops" on page 35? Even if so, only shows 16 units.** **Still does not provide breakdown for sterilization build out (cabinets, etc.).** **Still does not provide breakdown for radiology build out for 5 operatories (only accounts for 4 radiology bays, not 5 as provided on floor plan on page 30) as well as no cost for a pano.**		**Page 39** **Each student should have a pair of heavy duty, puncture proof, nitrile utility gloves.**	**Page 34 (39)** Each Dental Hygiene student receives heavy-duty, puncture-resistant nitrile utility gloves through the student kit package.
IV. Cost-Revenue Projections (Start-up Budget and Funding Sources)						

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
1. Support:	**PAGE: 17** Revenue will be obtained through program tuition.  *Figure 5 Financial Performance*	 *Figure 5 Financial Performance*				
a. Local	**PAGE:** None as private institution?	**PAGE: 42** No local, state, or federal support will be utilized. The resources to begin and sustain the program are 100% institutional.				
b. State	**PAGE:** None as private institution?	**PAGE: 42** No local, state, or federal support will be utilized. The resources to begin and sustain the program are 100% institutional.				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
c. Federal	**PAGE:** None as private institution?	**PAGE: 42** No local, state, or federal support will be utilized. The resources to begin and sustain the program are 100% institutional.				
2. Projected student fees.	**PAGE: 17** "The projected cost of the program including all student fees is $80,859 per student."					
3. Grant support.	**PAGE:** None as private institution?	**PAGE: 42** No grant support will be utilized.				
4. Support from other entities such as funding from corporate, private industry, professional associations, donations.	**PAGE:** None as private institution?	**PAGE: 42** No additional support from other entities.				
5. Projected clinic revenue.	**PAGE:**	**PAGE: 42** The dental hygiene clinic would offer services for a fee of $20 for adult prophylaxis with adjunctive therapy and $10 for child				

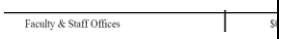
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		prophylaxis with adjunctive therapy. Students, staff, and faculty would be offered services free of charge. The clinic will offer community free of charge events such as free of charge care for military veterans.				
IV A. Capital Expenditures						
1. Facilities:	**PAGE: 17** and **App. G** Individual costs not addressed.	**PAGE: 43, Table 9 (Detailed 5-year Capital and Operational Line-Item Budget), App. G**	**PAGE 45** **Not updated.**	**PAGES 45-47 and Table 9 (pages 46-47)** **Not Updated. For example: Page 37 provides the following:**	**Page 49**	
a. Clinic.	**PAGE:**	**PAGE: 43** 2027 - $482,214 2028 - $80,369 **Underestimated. Please explain.**	**PAGE 45** **Not updated.**	**Clinic chairs: $215,057.10 and Dental Units: $179,250.60 alone are $394,307.70, while page 46 shows $482,214 in 2027 and $80.369 in 2028.**	**Page 49** Clinic	

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b. Laboratory.	**PAGE:**	**PAGE: 43** 2027 - $482,214 2028 - $80,369 **Same cost as clinic? Please explain.**	**PAGE 45** **Not updated.**	**Page 46:** **$93,079.41** **PAGES 45-47 and Table 9 (pages 46-47)** **Unable to confirm as unclear as to items dedicated to the dental materials lab.**	**Page 49** Laboratory | $	
c. Locker room.	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.**	**PAGE 45** **Not updated.** **PAGE 43** "There is no line item for locker rooms as this is included in the overall campus relocation construction cost" **Please provide breakdown of costs.**	**PAGE 46** **$8,000** **How many lockers?** **No breakdown.**	**Page 49** Locker Room | $ **Only 50 lockers for 144 students**	**P 25 (30) & 26 (32)** 100-the maximum scheduled occupancy requiring locker access is approximately one hundred students
d. Reception room.	**PAGE:**	**PAGE: 43** 2027 - $321,476 2028 - $53,579		**No build out description for reception area outfitting and file storage.**	**Page 49** Reception Room | $0	

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
e. Faculty & Staff offices.	**PAGE:**	**PAGE: 43** 2027 - $160,738 2028 - $26,790		**No build out description of outfitting for offices re: computers, desks, etc.**	**Page 49** 	
f. Other (specify).	**PAGE:**	**PAGE: 43** No 5-year Capital and Operational Budget Line-Item		**No build out costs for classrooms re: Smart classroom (?), computers, desks, etc.**	**Page 49** 	
2. Equipment:	**PAGE:**	**PAGE: 43**		*****Again, the DHBC suggests working with Henry Schein, or a similar company, to get equipment and build out proposal.*****	**Page 49**	
a. Dental units.	**PAGE:**	**PAGE: 43** 2027 - $283,333 2028 - $141,667 **Underestimated** **Numbers do not match pages 29-37. Please explain.**	**PAGE 45** **Not updated.**	**PAGES 45-47 and Table 9 (pages 46-47)** **States clinic is** • **2027 - $482,214** • **2028 - $80,369** **Not Updated. For example:** **Page 37 provides the following:** **Clinic chairs: $215,057.10 and**	**Page 49** **"Included in facility costs above"** **Final total?**	

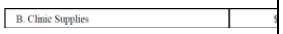
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				Dental Units: $179,250.60 alone are $394,307.70		
b. Radiography units.	**PAGE:**	**PAGE: 43** 2027 - $113,333 2028 - $56,667 **Underestimated** **Numbers do not match pages 29-37. Please explain.**	**PAGE 45** **Not updated.**	**PAGE:46** **Radiography units: $183,888.90** **Not updated.** **Page 35: X-Ray Bays/Radiography/ Pano Total: $8,861.94** **Page 37: Xray Trainers $16,104** **Page 38: Misc approx. $183,889.90** **Total: $208,855.84**	**Page 49**  **Not updated. Does not include chairs or build out, only Trainers and sensors.**	**Procurement cost for "trainers" assurance provided by CCC administration (Kate Osio and Sara Davenport) on 10.20.26.**
c. Laboratory.	**PAGE:**	**PAGE: 43** 2027 - $113,333 2028 - $56,667 **Same cost as radiography units?** **Numbers do not match pages 29-37. Please explain.**	**PAGE 45** **Not updated.**	**States laboratory is the same cost as clinic in Table 9.** • **2027 - $482,214** • **2028 - $80,369** **They are not one in the same.** **PAGE: 46** **$93,079.41**	**Page 49** **"Included in facility costs above"** **Final total?**	**Final total cost assurance provided by CCC administration (Kate Osio and Sara Davenport) on 10.20.26.**

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				Page 36 $11,517.94 **Page 38: $43,730.58** **Page 39: $8770,83** **Cabinetry?**		
d. Instructional equipment.	**PAGE:**	**PAGE: 43** 2027 - $56,667 2028 - $28,333 **Numbers do not match pages 29-37. Please explain.**	**PAGE 45** **Not updated.**	**PAGE: 46** **2027 - $33,346** **2028 - $56,667** **2029 -$28,333** **What does this include?**	**Page 49** Instructional Equipment | $0	
e. Other (specify).	**PAGE:**	**PAGE: 43** No 5-year Capital and Operational Budget Line-Item				
IV B. Non-Capital Expenditures						
1. Instructional materials (e.g., slides, films, etc.).	**PAGE:**	**PAGE: 43** 2028 - $37,050 2029 - $74,136 2030 - $83,664 **Why are there no expenditures for instructional materials in 2026 and 2027? Please explain.**	**PAGE 45** **Not updated.** "There are no budgeted expenditures for instructional materials, clinic supplies, laboratory supplies, office supplies, and secretarial support in years prior to student enrollment because they are directly tied to instructional	**PAGE: 46** **Updated**	**Page 49** A. Instructional Materials | $	

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
			delivery and program operations. Before students begin the program, the focus is on capital investments such as equipment and facility readiness. Operational costs for faculty, staff, instructional materials and office supplies will commence in the fiscal year when instruction starts, ensuring fiscal responsibility and alignment with actual program activity."			
2. Clinic supplies.	**PAGE:**	**PAGE: 43** 2028 - $147,600 2029 - $157,634 2030 - $178,966 **Why are there no expenditures for clinic supplies in 2026 and 2027? Please explain.**	**PAGE 43** "Clinic and laboratory supplies share common consumables for hand-on training and clinical practice. Consolidating these costs ensures consistency in		**Page 49** 	

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
			resource allocation and avoids duplication. Both areas require similar types of materials, and supplies, which justifies equal budgeting."			
3. Laboratory supplies.	**PAGE:**	**PAGE: 43** 2028 - $10,000 2029 - $10,500 2030 - $11,025 **Why are there no expenditures for laboratory supplies in 2026 and 2027? Please explain.**	**PAGE 43** "Clinic and laboratory supplies share common consumables for hand-on training and clinical practice. Consolidating these costs ensures consistency in resource allocation and avoids duplication. Both areas require similar types of materials, and supplies, which justifies equal budgeting."		**Page 49** C. Laboratory Supplies | $	
4. Office supplies.	**PAGE:**	**PAGE: 43** 2028 - $3,015 2029 - $3,180 2030 - $3,342	**PAGE 45** "There are no budgeted expenditures for instructional materials, clinic		**Page 49** D. Office Supplies | $0	

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Why are there no expenditures for office supplies in 2026 and 2027? Please explain.	supplies, laboratory supplies, office supplies, and secretarial support in years prior to student enrollment because they are directly tied to instructional delivery and program operations. Before students begin the program, the focus is on capital investments such as equipment and facility readiness."			
5. Program library collection	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.**	**PAGE 46** "The program library collection, departmental and institutional, are not budgeted programmatically." **While this may be CCC's practice, for this "Feasibility Study" shall include this line item.**	**Updated.**	**Page 49** E. Program Library Collection | $ Institutional | $ Departmental | $	
a. Departmental	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational**	**PAGE 46** "The program library collection,	**PAGE 46** • 2027 - $500 • 2028 - $500	**Page 49** Departmental | $	

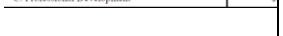
INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Budget Line-Item. Please explain.	departmental and institutional, are not budgeted programmatically." **While this may be CCC's practice, for this "Feasibility Study" shall include this line item.**	• 2029 - $500 • 2030 - $500		
b. Institutional	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.**	**PAGE 46** "The program library collection, departmental and institutional, are not budgeted programmatically." **While this may be CCC's practice, for this "Feasibility Study" shall include this line item.**	**PAGE 46** • 2027 - $3,445 • 2028 - $2,261 • 2029 - $2,500 • 2030 - $2,500	**Page 49** Institutional | $	
6. Equipment maintenance and replacement.	**PAGE:**	**PAGE: 43** **Not addressed** **No 5-year Capital and Operational Budget Line-Item. Please explain.**	**PAGE 46** "There is no 5-year capital and operational budget line item for equipment maintenance and replacement. Useful life of equipment is assumed to be 7-years and is outside	**PAGE 46** 2029 - $2,434 2030 - $4,667	**Page 49** F. Equipment Maintenance and Replacement | $	

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			the scope of a 5-year plan." **While CCC is "assuming" a seven-year life for equipment, unforeseen repairs should be included in this "Feasibility Study" budget.**			
7. Other (specify).	**PAGE:**	**PAGE: 43** **"Compliance"** 2028 - $64,895 2029 - $129,854 2030 - $146,543 **What does "Compliance" include? Please explain.**	**PAGE 46** "The compliance budget line item includes graduate related costs associated with employment and licensure."		**Page 49** G. Other: Compliance	
IV C. Faculty						
1. Salaries.	**PAGE: 69**	**PAGE: 43** 2028 - $845,367 2029 - $1,539,147 2030 - $1,658,105 **What type of faculty and how many faculty? Please explain.** **Why are there no faculty in 2026 and 2027? Please explain.**	**PAGE 44** **The faculty salaries and benefits** are budgets for 7 FTEs and will increase based on student population to ensure faculty to student ratios are compliant with accreditation standards. There are no budgeted		**Page 48** **7 FTEs** **How many will be FT and how many will be PT?** **Page 49** III. Faculty A. Salaries $108,	**Page 49** The faculty salaries and benefits budget include funding for **five full-time faculty** positions and **four part-time faculty** positions.

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		Why isn't the Program Director starting in 2026 (or earlier)? Please explain.	expenditures in years prior to student enrollment because they are directly tied to instructional delivery." **Clinic support staff** includes the Program Director and a clinic coordinator. The Program **Director would be hired in 2026 and the clinic coordinator in 2028.**			
2. Benefits.	**PAGE: 69**	**PAGE: 43** 2028 - $126,805 2029 - $230,872 2030 - $248,716			**Page 49** 	
3. Professional development.	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.** **See CODA Standard 3-7 which states:** Opportunities must be provided for the program	**PAGE 46** "Professional Development expenditure is not programmatically tracked in the budget. Professional development is provided through the institution through tuition	**PAGE: 47** 2028 - $1,440 2029 - $1,679 2030 - $2,500	**Page 49** 	

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		administrator and full-time faculty to continue their professional development. **Intent:** *To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation. This can be demonstrated through activities such as professional association involvement, research, publishing*	reimbursement and approved per faculty member." **While this may be CCC's practice, for this "Feasibility Study" shall include this line item.**			

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		and clinical/practice experience.				
4. Travel for student supervision.	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.**	**PAGE 46** "All student educational activities are completed on campus and no off-site travel for supervision is expected."		**Page 49** D. Travel for Student Supervision	
5. Other (specify).	**PAGE:**	**PAGE: 43** **No 5-year Capital and Operational Budget Line-Item. Please explain.**				
IV D. Staff						
1. Secretarial support.	**PAGE:**	**PAGE: 44** 2028 - $84,625 2029 - $104,138 2030 - $107,262 **Why is there no secretarial support in 2026 and 2027? Please explain.**	**PAGE 44** There are no budgeted expenditures for instructional materials, clinic supplies, laboratory supplies, office supplies, and secretarial support in years prior to student enrollment because they are directly tied to instructional		**Page 49** A. Secretarial Support	

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			delivery and program operations.			
2. Clinic support staff.	**PAGE:**	**PAGE: 44** 2026 - $108,755 2027 - $133,442 2028 - $278,487 2029 - $315,132 2030 - $324,586 **How many staff? Please explain.** **Overestimated**	**PAGE 44** "Clinic support staff includes the Program Director and a clinic coordinator. The Program Director would be hired in 2026 and the clinic coordinator in 2028." **Program director not considered "clinic support staff."** **Please provide titles and job descriptions for "clinic support staff" (e.g., front desk coordinator, sterilization coordinator, etc.).**	**PAGE: 47** **Secretarial Support:** 2028 - $26,385 2029 - $52,770 2030 - $55,359 **Clinical Support:** 2028 - $58,240 2029 - $60,819 2030 - $63,578	**Page 49** B. Clinic Support Staff | $	
3. Other (specify).	**PAGE:**	**PAGE: 44** **(Benefits)** 2026 - $16,313 2027 - $20,016 2028 - $54,467 2029 - $62,891			**Page 49** C. Other: Benefits | $	

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		2030 - $64,777				
IV E. Other						
1.	**PAGE:**	**PAGE: 44** No 5-year Capital and Operational Budget Line-Item				
2.	**PAGE:**	**PAGE: 44** No 5-year Capital and Operational Budget Line-Item				
V. Students and Student Services						
1. Admission criteria.	**PAGE: 18** Missing DHBC Requirements.	**PAGES: 45-51** **Missing DHBC Requirements on admission sheet** **Please confirm all courses in 16 CCR section 1105(f)(1)(C)(i) through (f)(1)(C) (iii) are required for admissions for those students possessing prerequisite courses at other institutions** **See 16 CCR section 1105(f)(1) which states:**	**PAGES 47 – 50**		**Pages 50-51**	

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		(f) Admission. (1) The minimum basis for admission into an educational program shall be the **successful completion of *all of* the following:** (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, **(B) College-level general education courses in the topic areas of:** (i) Oral Communication (ii) Written Communication * (iii) Psychology (iv) Sociology	**PAGE 47 (Admissions Sheet)** • **Missing:** ○ **Oral Communication** ○ **Written Communication** ○ **Psychology** ○ **Sociology**	**Page 50 (Admission's Sheet) Corrected.**	**Page 52**	

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		(v) Mathematics * (vi) Cultural Diversity ** (vii) Nutrition ** * Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course. ** 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) Inorganic Chemistry (iv) Biochemistry or Organic Chemistry with Biochemistry	○ **Cultural Diversity** ○ **Nutrition** **Please correct.** **Anatomy and Physiology shall be separate courses with each having their own "wet lab." Please correct.**	**PAGE 50 (Admissions Sheet) Corrected.**	**Page 52**	

INITIAL MISSING INFORMATION/DOCUMENTATION AND AREAS OF CONCERN (HIGHLIGHTED IN YELLOW, AQUA, GREEN, PINK, and RED).

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		(v) Microbiology				
a. Institutional policies.	**PAGE: 18-23**	**PAGE: 45-51**				
b. Educational program selection policies.	**PAGE: 18-23**	**PAGE:45-47**				
2. Progression and graduation criteria.	**PAGE: 23**	**PAGES: 53-59, 75**				
a. Institutional criteria for progression and graduation.	**PAGE: 23**	**PAGES: 53-59, 75** A diploma, certificate, or degree will be issued to students upon successful completion of all academic requirements. Successful completion of all courses listed in the program breakdowns requires a minimum cumulative grade point average of 2.0 or above. All externships/clinicals must also be				

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		successfully completed with a passing grade.				
b. Educational program's criteria for progression and graduation, including grading policies	**PAGE:** Feasibility study does not address program content, progression, grading criteria, or graduation criteria from the program.	**PAGES: 60-70** Biomedical and Dental Sciences Content (16 CCR section 1105.2(d)(1) – (2)) • Cariology • Dental Materials (DH 104) • General and Maxillofacial Pathology and/or Pathophysiology (DH 1307) • Head, Neck and Oral Anatomy (DHCA 1203 and DHCA 1208) • Immunology • Oral Embryology and Histology (DH 110) • Oral Pathology (DH 1307)	**PAGE 72** • Cariology and immunology are integrated into DHCA1203, DH110, DHCA2301 and DH228.		**Pages 68-71 Please confirm the terms are a minimum of 11 weeks each (10 weeks of instruction and 1 week to accommodate final exams)**	**Page 62 (67)** The Dental Hygiene curriculum is delivered in academic terms that are a minimum of eleven (11) weeks in length, consisting of ten (10) weeks of instructional activities and one (1) week designated for final examinations, competency assessments, and course completion activities.

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		• Pain management (DHCA 2502) • Periodontology (DH 203) • Pharmacology (DHCA 2301) • Radiography (DHCA 1401) • Dental Anatomy and Morphology (DHCA 1203) • Dental Hygiene Sciences and Practice Content (DHCA 1411, DHCA 1405, DHCA 2502, DHCA 2503, DHCA 2604) • Community Dental Health (DH 224) • Dental Hygiene Leadership • Evidence-based Decision Making and Evidence-based Practice (DH 140)	Leadership principles and health informatics are addressed in DH130.			

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		• Health Informatics • Health Promotion (DH 224) • Infection and Hazard Control Management (DHCA 1411) • Legal and Ethical Aspects of Dental Hygiene Practice (DH 226) • Medical and Dental Emergencies (DHCA 1101) • Oral Health Education and Preventive Counseling (DH 207) • Patient Management (DH 140) • Preclinical (DHCA 1411, DHCA 1405) and Clinical Dental Hygiene (DHCA 2502,				

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		DHCA 2503, DHCA 2604) • Provision of Services for and Management of Patients with Special Needs (DHCA 2503) • Research (DHCA 2604) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases ***UNABLE TO DETERMINE WHERE COURSE CONTENT IS PROVIDED. Please explain where content is provided.** **PAGES: 65-70** **DH 130 Dental Office Management not on the term content**	The provision of oral health care services to patients with bloodborne infectious diseases is included in DHCA1411 and DHCA2502. The term-by-term course scheduling details have been updated to demonstrate in			

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		on pages 63-64. Please explain. **DH 207 Dental Hygiene Seminar not on the term content on pages 63-64. Please explain.** **DH 227 Board Review not on the term content on pages 63-64. Please explain.**	Term 9 students are scheduled for DH130 Dental Office Management, DH207 Dental Hygiene Seminar, and DH227 Board Review.			
3. Student policies.	**PAGE: 70 App. H**	**PAGE: 75**			**Pages 79 and 80 Absence policy: Students may not miss more than the minimum of preclinical or clinical direct patient care hours per week per CODA Standard 2-10:** **"The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing**	**Pages 73 (78)-75 (80)** In these programs, **a student must complete 100% of published clinical hours by the last day of the term to pass the class.** A student who does not complete all clinical hours in these programs will fail and be required to repeat the clinical class**.** Students who have any absence or

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					dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic."	absences that result in not completing the required clinical hours, lab competencies, or required cases shall fail the course. Clinical make-up sessions may be provided; however, the program's ability to provide make-up hours is dependent upon scheduling and other factors that may prohibit the availability of clinical make-up hours.
a. Provisions for student health and housing.	**PAGE: 73** Health: Injuries only. Housing: None.	**PAGES: 75-76** "The school does not provide health services on campus." "The immunization requirements are based on general requirements for working in a healthcare setting and may change without notice.				

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		It is the students' responsibility to ensure compliance with immunization requirements at their own cost." "The externship/clinical sites do not provide health insurance coverage for students." "All students are covered by accident and liability insurance policies while in school or on clinical rotation." "Health insurance is the sole responsibility of the student." "Concorde does not assume responsibility for student housing, does not have dormitory facilities under its control, nor does it offer student housing assistance."				

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ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
b. Provisions for counseling and guidance.	**PAGE: 75**	**PAGES: 76-77** "Students have access to faculty and administrative staff for both vocational and academic advising." "Students experiencing personal problems that require professional counseling will be referred to the appropriate agencies." **What agencies? Please explain.** "Assistance is available for students who require individual **tutoring** in order to raise their grades to a passing level. Students who simply wish to further enhance their own clinical or theoretical knowledge may	**PAGE 78** Students experiencing personal problems that require professional counseling will be referred to the Resource Assistance Program at www.HigherEDEAP.com which is offered to every student for free. **Not addressed.**	**Not addressed.**	**Page 84** **Tutoring** is provided by qualified faculty members and is tailored to the individual needs of the student. Support may be offered in one-on-one or small-group settings and focuses on course content review, study strategies, examination preparation, clinical and laboratory competencies, and reinforcement of challenging concepts. Students may request tutoring at any time, and faculty also proactively refer students who may benefit from additional academic support. Tutoring services are designed to	

ITEM	REVIEW: July 10, 2025	REVIEW: October 1, 2025	REVIEW: November 21, 2025	REVIEW: March 1, 2026	REVIEW: October 1, 2026	REVIEW: October 15, 2026
		also take advantage of this service. **Students should contact their instructor, Program Director, or Academic Dean for further details."** **What assistance is available? Please explain.**			promote student success, strengthen comprehension of didactic and clinical content, and assist students in achieving expected learning outcomes and program completion requirements.	
c. Financial aid policies, scholarship and grant opportunities.	**PAGE: 76-81**	**PAGES: 77-97** "Concorde Career College participates in the United States Department of Education's Federal Student Assistance programs. Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Federal Subsidized and Unsubsidized Loans, Federal Parent Loans for Undergraduate Students (PLUS),				

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		Cal Grant A, B and C Programs, Alternative Financing through several lenders, Flexible payment options through CCC, Veterans Benefits, Partnership Agreements, Concorde Institutional Grants Program Healthcare Demand Grant States: "Applicable only to the following programs:" **Will this be available to Dental Hygiene students? Please explain.** Concorde Alumni Grant Scholarships	**PAGE 82** "Unfortunately, the Dental Hygiene program with such limited enrollment is not eligible for the Healthcare Demand Grant"			
d. Appeals provisions.	**PAGE: 73-74**	**PAGES: 57, 97-100**				

A FEASIBILITY STUDY TO ESTABLISH AN ASSOCIATE OF SCIENCE DEGREE (AS) IN DENTAL HYGIENE PROGRAM
CONCORDE CAREER COLLEGE

Re: INSTITUTIONS SEEKING APPROVAL OF A NEW RDH EDUCATIONAL PROGRAM FROM EDP-1-01 REV7/2022

Institution: Concorde Career College
115 N. First Street
Burbank, CA 91502

Submitted to: DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Submitted in partial satisfaction of the requirements set forth by the Dental Hygiene Board of California (DHBC) documenting the need for a new RDH educational program and the ability to develop, implement, and sustain an educational program for registered dental hygienists.

Submission Date: October 15, 2026

Contact: Michelle Lee
Dental Hygiene Program Director
Concorde Career College
12412 Victory Blvd
North Hollywood, CA 91606

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Introduction

Concorde Career College-North Hollywood, formerly Valley College of Medical and Dental Careers, has been operating since 1955. The original program offerings were Medical and Dental Assistant. Over the years, the school has expanded its curricula to meet the increasing demands for trained allied health professionals in a variety of areas. The Vocational Nursing program, which prepares students for state licensure as vocational nurses, was started in November 1966. The Respiratory Therapy program was added in 1969 and is fully accredited by the Commission on Accreditation for Respiratory Care. In May 1986, Concorde Career Colleges, Inc., acquired the school. In 1989, the campus name changed to Concorde Career Institute. In September 1997, the campus moved to its current location on Victory Boulevard in North Hollywood. Approval to grant associate degrees occurred in 1999. On August 15, 2005, the campus name changed to Concorde Career College.

The institution occupies over 35,000 square feet of dedicated educational space, designed to support both academic instruction and hands-on training across a range of healthcare disciplines.

Facilities include laboratory and classroom environments, administrative offices, a Learning Resource Center, and a student lounge. Instructional areas are equipped with professional-grade equipment that mirrors what students will encounter in real-world medical and dental settings, including offices, clinics, laboratories, and hospitals.

The campus features multiple specialized laboratories that align with programmatic learning outcomes. Computer labs are equipped with word processing and office management software, as well as tools for self-paced keyboarding and typing instruction. Dental students train in a fully functional dental laboratory that includes four operatories, dental radiography units, mannequins for instructional use, and a darkroom for radiography processing. Medical assisting and nursing students utilize laboratories outfitted with examination tables, mannequins, and simulated patient care environments. Additional labs support instruction in physical therapy, respiratory therapy, and surgical technology, each containing discipline- specific therapeutic and diagnostic equipment, including a simulated operating room and scrub area for surgical technology training.

The Learning Resource Center provides students with access to a wide range of academic materials, including journals, technical manuals, reference books, and online resources. Students may check out materials for research and coursework through the library supervisor and have access to eight online computers for assignment completion. To support student wellness and comfort, a nonsmoking student lounge is available, equipped with vending machines and microwaves. These facilities are maintained to ensure alignment with programmatic standards and accreditation requirements, supporting both the academic rigor and practical skill development necessary for student success in healthcare professions.

The college is comprised of seven programs, including physical therapy assistant, respiratory therapy, surgical technology, sterile processing technician, vocational nursing, dental assistant, and medical assistant. Current enrollment includes 597 students. The student body is predominantly female, making up about 68% of the population, while males account for 32%. In terms of racial and ethnic diversity, Hispanic students represent the largest group with 285 individuals, followed by smaller numbers of Asian, White, Black or African American, and Native Hawaiian or Pacific Islander students. Nearly half of students have their race or ethnicity listed as unknown. The college also demonstrates strong age diversity, with students ranging from under 20 to over 35 years old. The largest age groups are 25–29 and 22–24, comprising a combined 51% of the student body. With an age diversity score of 82.39 out of 100, Concorde Career College-North Hollywood stands out for its inclusive and varied student demographics (College Factual, 2025). Most enrolled students attend full-time, and the number of enrolled students has remained steady year-over-year demonstrating the stability of the campus and the opportunity for growth. The campus employs 88 staff and faculty.

Concorde Career College is dedicated to preparing committed students for successful employment in rewarding healthcare professions through high-caliber training, real-world experience, and student-centered support. This mission serves as the institution’s guiding principle, shaping its educational approach and defining the path it offers to students seeking meaningful careers in healthcare. The college acknowledges the significant personal and financial sacrifices students make to pursue their education. In response, Concorde commits to providing a supportive and rigorous learning environment that helps make those sacrifices manageable and

worthwhile. The institution's programs are designed to equip students with the practical skills and professional competencies necessary to thrive in the healthcare workforce.

Concorde's educational model emphasizes hands-on learning, with faculty, facilities, equipment, and curriculum aligned closely with the demands of the healthcare industry. The college maintains strong partnerships with employers to ensure its programs reflect current workplace expectations. These collaborations are facilitated through program advisory boards, externships, and clinical rotations, which provide students with exposure to real-world settings and professional standards. Understanding that employers seek more than technical proficiency, Concorde also focuses on instilling values such as integrity, discipline, teamwork, and professionalism. These qualities are integrated into the student experience and modeled by faculty and staff throughout the learning journey. Upon completion of their training, students benefit from Concorde's employer network, which supports their transition into the workforce.

Concorde strives to uphold the highest practicable standards in all aspects of its operations. The institution is committed to achieving superior outcomes in student satisfaction, program completion, and career placement. Its mission is not only a statement of purpose but a daily commitment to excellence in healthcare education. The college's core values of integrity, respect for the individual, customer service, teamwork, and achievement serve as the foundation for its culture and its promise to students and stakeholders.

Overview of the Profession

The dental hygiene profession originated in the early 20th century when Dr. Alfred Fones trained Irene Newman to perform dental prophylaxis, leading to the establishment of the first dental hygiene school in Bridgeport, Connecticut in 1913 (Hakes, 2022). This pioneering effort laid the foundation for a profession focused on preventive oral care. By 1917, Newman became the first licensed dental hygienist, and by 1952, all U.S. states had adopted licensure standards. Over the decades, the profession has evolved significantly, incorporating advanced technologies, expanding scopes of practice, and embracing diversity in education and workforce participation (Hakes, 2022).

Dental hygiene education has transitioned from short-term training programs to comprehensive academic degrees. The Commission on Dental Accreditation (CODA), established in 1975, now oversees 339

accredited dental hygiene programs nationwide (CODA, 2024). These programs are held to rigorous standards, including competencies in treating diverse patient populations and maintaining institutional effectiveness. In 2024 alone, CODA conducted 94 site visits and granted initial accreditation to seven new dental hygiene programs, reflecting ongoing efforts to meet workforce demands (CODA, 2024).

Despite these advancements, California faces significant disparities in oral health access. A 2025 needs assessment by the Center for Oral Health revealed that rural families often lack local providers and face transportation barriers, while urban families struggle with long wait times and cost-related obstacles (Milam & Turner, 2025). These disparities contribute to higher rates of untreated dental disease and missed school days, particularly among children in underserved communities.

Workforce shortages further exacerbate these challenges. As of 2024, California had approximately 25,980 employed dental hygienists, with the majority working in private dental practices (Trumble, 2025). However, the state continues to experience a shortage of dental professionals, particularly in rural counties designated as Dental Health Professional Shortage Areas (California Health & Human Services, 2024). This shortage limits access to care and places additional strain on existing providers.

To address these issues, there is a growing need for additional dental hygiene schools in California. Expanding educational capacity is essential to meet the increasing demand for oral health services and to ensure equitable access across geographic and socioeconomic lines. Programs like Concorde Career College's Dental Hygiene program aim to graduate more students annually, but regulatory constraints, such as limits on student-to-faculty ratios, continue to hinder growth (Trumble, 2025).

In conclusion, the dental hygiene profession has made remarkable strides in education, practice, and public health impact. However, California must address persistent disparities and workforce shortages through strategic expansion of educational programs, policy reform, and investment in school- based care models. These efforts are critical to ensure that all Californians have access to high-quality, preventive oral healthcare.

Section 1: Rationale for Development of a New Educational Program

Provide rationale for development of a new program, including statistical data and other relevant information that addresses:

a. *Regional labor statistics regarding projected need for this type of licensee.*

- *Provide summary comments and tables as necessary and cite original source of information from the California Employment Development Department – Labor Market Information or an equivalent State or County agency.*

b. *Potential local/regional industry employment statistics regarding current open positions and projected needs for additional licensees including any workforce shortage areas.*

- *Copy of source data used*
- *Summary of findings*
- *Tabulated results*

c. *Description of the characteristics of the population in the community being served by the program including oral health needs.*

d. *Impact on RDH educational programs within a 100-mile radius of the proposed program by contacting all approved existing educational programs in regard to:*

- *Locale, region, or state(s) from which students are drawn.*
- *Whether there is a "waiting list" or more qualified applicants than admitted annually.*
- *Length of time it takes licensed graduates to obtain gainful employment (at least 3 days per week) in dental hygiene.*

e. *Description of the length of the program, type of degree(s) granted, the intended start date, projected size of the first class, and enrollment projection for the first five years and method for determining the projected enrollment.*

f. *Plans for promoting and marketing the proposed program.*

g. *Projected timeline for planning and initiating program.*

Section 1: Rationale for Development of New Educational Program

1.a. Regional Labor Statistics:

According to the California Employment Development Department's Labor Market Information Division, the Dental Hygiene profession in the Los Angeles-Long Beach-Glendale Metropolitan Division is projected to grow steadily over the next decade. From 2022 to 2032, employment for Dental Hygienists is expected to increase by 12.7%, reflecting a strong demand for preventive dental care services in the region.

The base year employment estimate for 2022 was 5,360, and by 2032, this number is projected to reach 6,140 representing a numeric change of 780 jobs. In addition to new positions created through growth, the region anticipates a total of 4,510 job openings over the 10-year period. These openings result from a combination of exits, transfers, and new job creation, indicating consistent turnover and opportunity within the field. This growth is driven by several factors, including, increased awareness and prioritization of oral health, expanded access to dental services, and a growing and aging population requiring more frequent dental care.

The median hourly wage for Dental Hygienists in the region is $59.75, with a median annual wage of approximately $124,289, making it a financially rewarding career path with strong long-term prospects. (Figure 1).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	2022-2032 Occupational Employment Projections														
2	Los Angeles-Long Beach-Glendale Metropolitan Division														
3	(Los Angeles County)														
4	SOC Level[1]	SOC Code[2]	Occupational Title[3]	Base Year Employment Estimate 2022[4][5]	Projected Year Employment Estimate 2032	Numeric Change 2022-2032[6]	Percentage Change 2022-2032	Exits [7]	Transfers [8]	Total Job Openings [9]	Median Hourly Wages [10]	Median Annual Wages [10]	Entry Level Education [11][12]	Work Experience [11][12]	On-the-Job Training [11][12]
351	4	29-1229	Physicians, All Other	5,140	5,520	380	6.9%	1,090	320	1,790	$85.12	$177,051	Doctoral or professional degree	None	Internship/residency
352	4	29-1241	Ophthalmologists, Except Pediatric	730	800	70	8.8%	130	40	240	$0.00	$0	Doctoral or professional degree	None	Internship/residency
353	4	29-1242	Orthopedic Surgeons, Except Pediatric	460	500	40	8.0%	80	30	150	$0.00	$0	Doctoral or professional degree	None	Internship/residency
354	4	29-1249	Surgeons, All Other	490	520	30	5.8%	90	30	150	$0.00	$0	Doctoral or professional degree	None	Internship/residency
355	4	29-1291	Acupuncturists	1,660	1,890	230	12.2%	890	180	1,300	$38.33	$79,733	Master's degree	None	None
356	4	29-1292	Dental Hygienists	5,360	6,140	780	12.7%	2,470	1,260	4,510	$59.75	$124,289	Associate's degree	None	None

Figure 1 Occupational Employment Projections

1.b. National and Regional Employment Statistics

According to the Lightcast Occupation Overview, there were 359 graduates in 2023 (Appendix A – Lightcast Occupation Overview). This indicates a need for additional graduates to meet the needs of the growing industry over the next ten years. Los Angeles County reported approximately 5,745 Dental Hygienist jobs in 2024 with a projected increase of 3.9% over the next two years according to the Lightcast Occupation Overview (Appendix A). At this rate, the addition of a new Dental Hygiene program in the Los Angeles County region will aid in filling the anticipated openings within the industry.

1.c. Population and Community Descriptions

According to Lightcast (Appendix A), the primary demographic group in the supported geographic area is classified as "Next Wave." This group primarily consists of young, hardworking, and family-oriented households. A significant proportion of these residents are foreign-born and primarily communicate in their native languages. These families are often multi-generational and include young children. The second-largest demographic group is identified as "Sprouting Explorers" (Appendix A). Like the Next Wave demographic, this group largely comprises multilingual, multi-generational households. Most adults are aged 25 and older, and the families typically include children who are part of the second to fourth generation of Hispanic heritage.

The Demographic Profiles for Local Workforce Investment Areas in California from 2022 support the data identified in the Lightcast report (Appendix B). In LA County 44% of households are married-couple families and 31.5% have one or more people under 18 years old. The average family size is 3.6. The median family income for the county is estimated to be $93,675 and 91% of families have health insurance, with 40% being public coverage. The program would also have the ability to help with oral health needs for the 15% of the population whose income is below poverty level.

1.d. Impact of Local RDH Educational Programs

The campus conducted a survey of approved RDH programs within a 100-mile radius. Ten institutions were identified within a 100-mile radius with one institution identified at 105-mile radius. Surveys were sent to eleven institutions, and 6 surveys were returned. The results of the survey are included as Appendix C. In summary, 5 of the 6 schools do not have a waitlist. The one program that does have a waitlist has 3 alternates. The schools indicated it takes a few weeks to a couple of months for their licensed graduates to obtain gainful employment. We defined gainful employment as at least 3 days a week in a job within the dental hygiene field. The regions where schools recruit students from are Bakersfield, Orange County, Inland Empire, San Fernando Valley, and LA County.

1. West Los Angeles College
   9000 Overland Avenue
   Culver City, CA 90230
   Distance: 12.3
   Students are drawn from LA County, Ventura County, and Orange County. The program sees at

least twice the qualified applicants each year.
Graduates secure full-time employment within 3 days.

2. West Coast University
12215 Victory Blvd.
North Hollywood, CA 91606
Distance: 12 miles
No response received

3. Pasadena City College
1570 East Colorado Blvd
Pasadena, CA 91106
Distance: 17.2 miles
No response received

4. Cerritos College
11110 East Alondra Blvd
Norwalk, CA 90650
Distance: 29 miles
Students are drawn from LA County
No waiting list
Graduates are gainfully employed within one week after graduation.

5. Cypress College
9200 Valley View Street Cypress, CA 90630
Distance: 32.9 miles
Students are drawn from Los Angeles and Orange County
No waiting list
Graduates are usually employed within 6 months

6. Concorde Career College-Garden Grove
12951 Euclid Street Suite 101
Garden Grove, CA 92840
Distance: 39 miles
Students are drawn from Orange County
No waiting list
Graduates are gainfully employed within 2-4 weeks of graduation.

7. San Joaquin Valley College-Ontario
4580 Ontario Mills Parkway
Ontario, CA 91764
Distance: 56 miles
Students are drawn from Inland Empire, Orange County, and San Fernando Valley
No waiting list
Graduates are employed within 1 month

8. Concorde Career College-San Bernardino
201 East Airport Drive
San Bernardino, CA 92408 Distance: 64.1 miles
Students are drawn from Inland Empire
3 Alternates
Graduates are gainfully employed once licensed, less than a month.

9. Loma Linda University
   11092 Anderson St.
   Loma Linda, CA 92350
   Distance: 66.2 miles
   No response received

10. Moreno Valley College
    16130 Lassellee St
    Moreno Valley, CA 92551
    Distance: 83 miles
    No response received

11. Taft College
    29 Cougar Ct
    Taft, CA 93268
    Distance: 105 miles
    Students are drawn from Bakersfield
    No waiting list
    Graduates secure employment within a few weeks to a couple of months. We have a saturation of hygienist in our area.

During preparation of a prior submission, several survey responses were transcribed incorrectly from the original survey results into the narrative summary. Following identification of those discrepancies, Concorde completed a comprehensive reconciliation of the narrative summary and Appendix C against the original survey responses received from participating institutions.

The information contained in the narrative and Appendix C now reflects the original responses provided by participating institutions. No survey responses were modified or substantively changed; revisions were limited to correcting transcription and attribution inconsistencies identified during the review process.

The introduction of a new RDH educational program in North Hollywood offers a strategic opportunity to strengthen California's dental workforce and expand access to oral health education. This initiative aligns with DHBC's mission to ensure high-quality dental hygiene care across the state and supports broader public health goals.

North Hollywood is a diverse and densely populated area with a large pool of potential students. A new program would provide more accessible training opportunities for individuals who may face geographic or financial barriers to attending existing programs located farther away. By increasing the number of RDH graduates, the program would help address regional shortages in dental hygiene professionals, particularly in underserved communities. A new program can serve as a hub for community-based oral health initiatives,

offering preventive care and education to local residents through student-led clinics and outreach events. This enhances public health while providing students with valuable hands-on experience.

While there are ten other institutions within a 100-mile radius of the proposed Concorde Career College-North Hollywood campus, new programs often bring fresh perspectives and innovative approaches to education through interdisciplinary training and culturally responsive care models that reflect the needs of the local population. The program would contribute to local economic development by creating jobs for faculty and staff, and by supporting the career advancement of students entering the dental hygiene profession. The addition of a new program in Burbank will help meet this demand without saturating the market. Rather than drawing students away, it will likely attract new entrants to the field who were previously unable to enroll due to limited options.

Student enrollment at existing programs is unlikely to be affected, as each institution serves distinct geographic and demographic populations. Students typically choose programs based on proximity, cost, scheduling flexibility, and institutional reputation. These factors vary widely across the region. The student pool within a 100-mile radius is sufficiently large and diverse, ensuring that all programs can maintain healthy enrollment levels. The new Burbank program will provide additional access points for students who may not have considered or been able to attend other programs due to location or capacity constraints.

Historical data from similar program expansions in California suggest that new programs complement rather than compete with existing ones, contributing to a stronger overall workforce pipeline without diminishing enrollment at neighboring institutions. For example, the proposed dental hygiene program at California Baptist University in Riverside gained support from The California Dental Association (2025), emphasizing that it complements existing programs rather than competes with them. According to the ADA Health Policy Institute (2022), the shortage for dental hygienists in California far exceeds the current supply. The shortage is driven by greater outflows from the profession and slower inflows, indicating that additional programs are necessary to meet growing needs without cannibalizing existing student populations. First-year enrollment and capacity in dental hygiene programs have steadily increased since 2020, reaching all-time highs

in 2023-2024 (Becker's Dental Review, 2023). This trend suggests a robust and expanding student pool capable of supporting multiple programs simultaneously.

1.e. Program Description

Program Overview
Degree Awarded: Associate of Science Degree in Dental Hygiene
Program Length: 25 months
Intended Start Date: October 25, 2027
Projected Size of First Class: 50

Year	Starts	Net Withdrawals	Graduates	Ending Headcount
2027	50	0	0	50
2028	100	4	0	146
2029	50	7	44	145
2030	100	6	88	151
2031	50	7	44	150

Table 1 5-Year Projected Enrollment

By starting 50 students every eight months, the program is designed for scalability and community impact. It will address a critical workforce need in California, strengthen partnerships with local dental providers, and enhance Concorde's role in promoting oral health within the community.

Preclinical dental hygiene courses are conducted in the Dental Hygiene clinic's twenty-five (25) fully equipped operatories, which provide an environment that closely simulates and supports contemporary dental hygiene practice. This capacity was intentionally selected to foster a small, structured clinical environment that prioritizes individualized instruction and comprehensive evaluation of both clinical processes and end results. The program will employ a carefully designed rotational scheduling model—aligned with CODA's standards for accreditation—in which students are divided into clinical sections which ensure that one operatory is available for each student in that section. Through this rotational model, faculty will be able to provide close, individualized supervision and real-time feedback during the development of foundational clinical competencies, strengthening the quality of student learning and patient care outcomes.

Additionally, the model maximizes operatory utilization by ensuring that each station is actively and efficiently used during every scheduled clinic session rather than remaining idle during periods of lower demand. Clinical sections are limited to a maximum of 25 students, with 25 operatories available during each clinic session, thereby maintaining a 1:1 student-to-operatory ratio. Students participate in scheduled preclinical

and clinical experiences ranging from six to twelve hours per week, depending on curriculum level and course requirements, providing consistent opportunities for skill development, patient care, competency assessment, and clinical evaluation. This scheduling model ensures that each student has regular access to clinical facilities, equipment, patients, and faculty supervision throughout the program. Program leadership will continuously monitor student progress, clinical experiences, and competency completion to ensure that all students receive sufficient clinical time and successfully complete required patient experiences, competencies, and clinical hour requirements well within the established program timeline.

Preclinical instruction is conducted using a 1:5 instructor-to-student ratio and utilizes a peer-to-peer learning model to promote skill development in interprofessional communication, collaboration, and interaction. During preclinical sessions, students are paired, with one student serving as the primary operator to perform assigned instrumentation exercises, and the other student completing structured educational activities designed to support competency development. For example, the second student will participate in analysis of instrumentation techniques, peer assessment and feedback, clinical reasoning discussions, documentation exercises, dental software utilization, quality assurance activities, practice management exercises, and professional communication activities. These responsibilities support the development of clinical judgment, critical thinking, documentation proficiency, practice management skills, and professional communication competencies essential for entry-level practice. Faculty provides ongoing feedback and evaluation to both students.

Each student is required to have their typodont and instrumentation kit available and participates in hands-on activities designed to reinforce instrumentation techniques, adaptation, fulcrum placement, ergonomics, instrument assessment, and other psychomotor competencies required for entry into patient care experiences. Both students will also receive faculty observation, guidance, feedback, and evaluation throughout the instructional session, ensuring meaningful engagement and continuous skill development throughout each learning experience. The combination of hands-on practice, peer-assisted learning, structured observation, competency evaluation, and direct faculty guidance promotes the development of psychomotor skills, clinical judgment, critical thinking, professionalism, and entry-level dental hygiene competencies.

The Dental Materials course is conducted in the Dental Materials Laboratory and is designed to provide students with both the theoretical knowledge and hands-on skills necessary for the safe and effective selection, manipulation, and evaluation of dental materials utilized in contemporary dental practice. Instruction includes the physical and chemical properties of dental materials, infection control considerations, material handling techniques, safety requirements, and the application of evidence-based principles in the clinical setting.

As a dental science course, Dental Materials incorporates substantial laboratory instruction that allows students to apply didactic concepts through supervised practice. Within the Dental Materials Laboratory, students participate in a variety of activities that reinforce classroom instruction, including the manipulation and evaluation of impression materials, gypsum products, dental cements, restorative materials, polishing agents, sealant materials, fluoride products, and preventive dentistry materials. Students develop competency in mixing, dispensing, handling, storing, and evaluating dental materials while adhering to manufacturer recommendations, infection control protocols, and established safety standards. Additional laboratory activities include faculty demonstrations, guided practice, competency assessments, problem-solving exercises, and evaluation of material properties and clinical applications.

Laboratory instruction is conducted using a faculty-to-student ratio of 1:10, consistent with DHBC requirements for laboratory instruction in dental science courses. Maintaining this ratio ensures direct faculty supervision and provides students with the individualized instruction necessary to safely develop psychomotor skills and demonstrate competency in required laboratory procedures. The 1:10 ratio allows faculty to closely monitor student performance, provide feedback, assess competency attainment, verify proper manipulation of dental materials, and ensure compliance with safety and infection control requirements throughout all laboratory experiences.

The Dental Materials Laboratory and the clinical operatory instructional spaces are appropriately designed and adequately equipped to accommodate the planned enrollment while maintaining the required faculty-to-student ratios. The facilities provide sufficient workspace, equipment, utilities, instructional resources, typodont stations, instrumentation, dental materials, and patient-care resources necessary to support all planned educational activities. The available space allows students to safely participate in laboratory

demonstrations, skill-development exercises, competency evaluations, preclinical instruction without overcrowding. As a result, the facilities provide an environment conducive to effective instruction, achievement of course learning outcomes, and compliance with DHBC expectations for dental science and preclinical education.

The Dental Materials Laboratory has been designed to accommodate the planned enrollment of fifty student workstations and a laboratory layout that supports demonstration, practice, competency assessment, and faculty supervision. Each workstation includes access to the utilities and instructional resources necessary to support dental materials instruction and laboratory activities. The laboratory build-out includes cabinetry, countertops, storage areas, task lighting, electrical service, plumbing, compressed-air connections, air and water syringes, shut-off valves, utility connections, and related infrastructure required to support instruction and safe laboratory operation. The laboratory also contains model trimmers, vacuum-forming equipment, plaster traps, laboratory stools, and associated instructional equipment identified in Table 5. Construction costs associated with the laboratory include the infrastructure, installation, utility rough-ins, and related build-out components necessary to create a fully operational educational environment. The laboratory design allows all required educational activities to be completed while maintaining appropriate faculty supervision and instructional effectiveness.

To demonstrate clinical capacity, the program developed a cohort-based rotation schedule which is provided in Appendix J. The schedule illustrates instructional delivery when multiple cohorts are enrolled simultaneously and demonstrates how the program utilizes twenty-five clinic operatories to support a cohort size of fifty students through alternating clinical sections. Students are assigned to Clinic A and Clinic B groups of twenty-five students, ensuring that each student has access to an individual operatory during scheduled clinical sessions while maintaining the required faculty-to-student supervision ratio.

During the preclinical sequence, students complete DHCA1411 pre-clinic I and DHCA1405 pre-clinic II using a combination of didactic instruction and supervised laboratory experiences scheduled in dedicated clinical sections. The schedule provides a minimum of six weekly pre-clinical practice hours. As students transition into direct patient care, DHCA2502 Dental Hygiene II utilizes alternating morning and afternoon

clinic sections, providing approximately eight hours of direct patient-care experiences per week. In DHCA2503 Dental Hygiene III, students participate in ten hours of direct patient-care clinic experiences per week. During DHCA2604 Dental Hygiene IV and DHCA2505 Dental Hygiene V, students are scheduled for twelve hours of direct patient-care experiences weekly.

The rotational scheduling model allows multiple cohorts to be enrolled concurrently without exceeding clinic capacity, while ensuring adequate access to operatories, radiography facilities, laboratory resources, patients, and faculty supervision. The schedule demonstrates that all students receive the required clinical and preclinical experiences, maintain continuous progression through the curriculum, and can complete competency requirements, patient-care experiences, and graduation requirements within the planned program timeline.

1.f. Promotion and Marketing

The marketing strategy focuses on sustaining and growing lead volumes while leveraging the new location through digital, earned, and traditional media campaigns, balancing rapid asset creation with longer-term brand-building efforts. The first year will consist of two initiatives: sustain and grow lead delivery volumes and leverage benefit of new facility and location. We will use Geo-fencing to target prospects in the new location. Stitch terrestrial radio flights and modify streaming TV spots, as well as invest in transit and/or billboard advertising. Concorde intends to use earned media and social media to create organic awareness throughout the build, move, and grand opening phases. It is expected that asset building will require less than 30 days to repurpose digital assets and 90+ days lead-time to execute flighting ads across terrestrial radio and outdoor advertising. The estimated cost per start is $5,014 with an estimated program portfolio up to $304 over five years.

The projected timeline for planning and initiating the program is as follows:

Program Development Items	Target Completion Date
Initial Feasibility Study submission	June 2025
DHBC approval of Feasibility Study	November 2026
Program Director hired	September 2026
CODA Self-Study submission	November 2026
Initial CODA/DHBC site visits scheduled	March 2027
CODA consideration for Initial Accreditation Status	June 2027
CODA approval	July 2027
Begin marketing for new program	July 2027
ACCSC and BPPE approval	July 2027

Begin hiring faculty for new program	August 2027
First cohort start date	November 2027
CODA/DHBC site visit before first graduating class	Fall 2028

Table 2 Projected Timeline

Section 2: Structure and Governance

Description of the institution and the institution's experience providing dental hygiene or other health- related educational programs. The description must include:

a. *Institutional accreditation status and history such as date of initial accreditation, denials, revocations, warnings for the institution and any programs offered by the institution.*

b. *History, organizational structure and programs (attach an organization chart).*

c. *Geographic area (community) served by the institution and a description of the community and its population.*

d. *Institution's strategic plan.*

e. *Type of RDH or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency.*

f. *If the institution does not have an RDH education program or other health- related programs, provide a statement related to the processes and resources it shall utilize to start and sustain an RDH education program.*

Section 2. Structure and Governance

2.a. Institutional Accreditation Status

Concorde Career College-North Hollywood is accredited by the Accrediting Commission of Career Schools and Colleges and approved by the Bureau for Private Postsecondary Education. Concorde Career College, North Hollywood received initial accreditation September 30, 1973.

In 2017, the Accrediting Commission of Career Schools and Colleges placed Concorde Career College-North Hollywood on reporting status in response to program advisory committee standards and student satisfaction. In 2024, Concorde Career College-North Hollywood was granted a 5-year renewal of accreditation without reporting status.

In 2017, the Commission on Accreditation in Physical Therapy Education placed the physical therapist assistant program on probationary status in response to practical examination scoring ensuring competency. In 2018, the program demonstrated compliance, and the probationary status was removed.

In 2024, the surgical technology program voluntarily withdrew accreditation from the Commission on Accreditation of Allied Health Education Programs. This was response to receiving approval from the Accrediting Bureau of Health Education Schools.

Approvals are included as Appendix D.

2.b. History, Organizational Structure and Programs

Concorde Career College, formerly Valley College of Medical and Dental Careers, has been operating since 1955. The original program offerings were Medical and Dental Assistant. Over the years, the school has expanded its curricula to meet the increasing demands for trained allied health professionals in a variety of areas. The Vocational Nursing program, which prepares students for state licensure as licensed vocational nurses, was started in November 1966. The Respiratory Therapy program was added in 1969 and is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC).

In May 1986, Concorde Career Colleges, Inc., acquired the school. In 1989, the campus name changed to Concorde Career Institute. In September 1997, the campus moved to its current location on Victory Boulevard in North Hollywood. Approval to grant associate degrees occurred in 1999. On August 15, 2005, the campus name changed to Concorde Career College.

The current program offerings include Dental Assistant, Medical Assistant, Physical Therapist Assistant, Respiratory Therapy, Sterile Processing Technician, Surgical Technology, and Vocational Nursing. Our Physical Therapist Assistant program is accredited by and in good standing with the Commission on Accreditation in Physical Therapy Education. Our Respiratory Therapy program is accredited by and in good standing with the Commission on Accreditation for Respiratory Care. Our Surgical Technology program is accredited by and in good standing with the Accrediting Bureau of Health Education Schools and our Vocational Nursing program is approved by and in good standing with the Board of Vocational Nursing & Psychiatric Technicians.

The campus is managed by the Campus President, LaToya Northington. The Director of Operations, Walter Guevara, supports and manages the Program Directors for each of our programs. The campus is supported by a Campus Administrative Assistant and Academic Affairs Assistant. Student services and support

are provided by the Online Success Coach, Academic Technology and Media Coordinator, Director of Student Affairs and Student Services Coordinator. Our graduates receive assistance in employment from our Graduate Employment Specialist. The campus Organizational Chart is included below and as Appendix E.

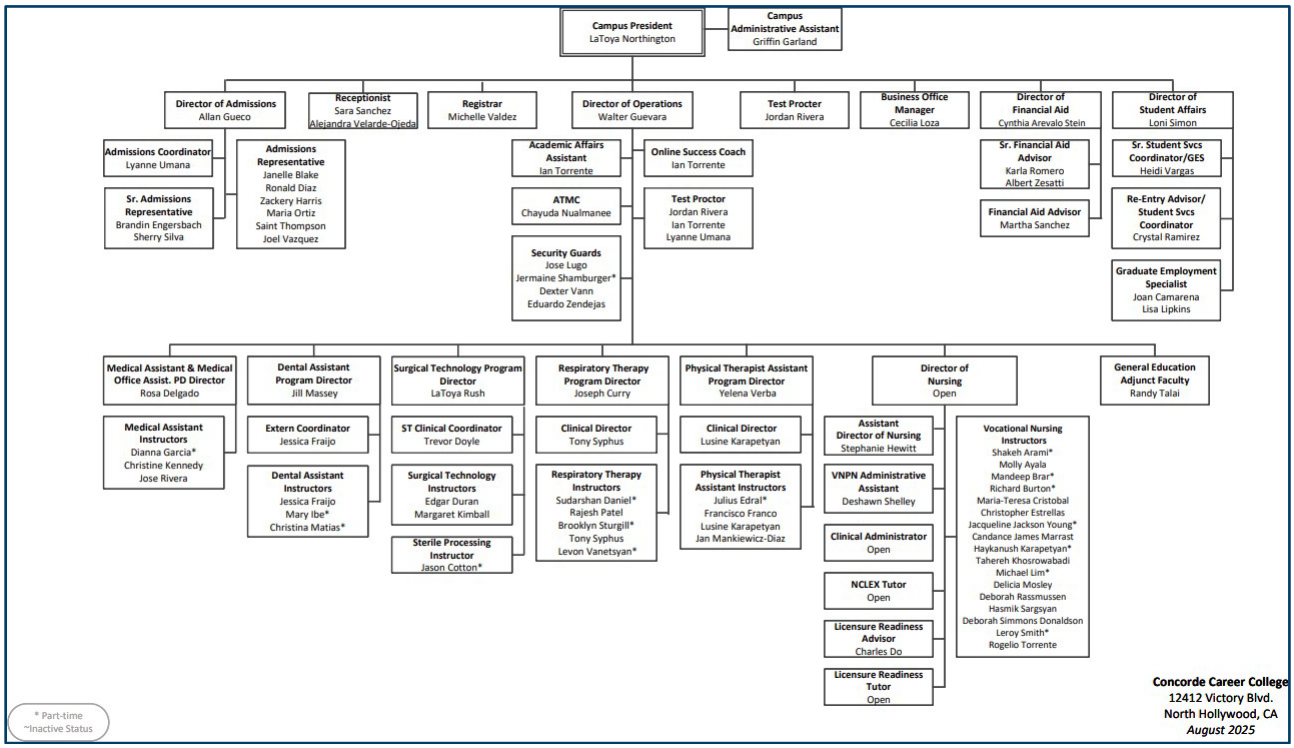


Figure 2 Campus Organizational Chart

2.c. Geographic Area and Community Served

The student demographic at the North Hollywood campus is similar to that of the patient population for the Dental Hygiene Clinic. According to the County Demographics (Appendix B), 33% of the population are college students and 20% of the population are high school graduates. As reported to the National Center for Education Statistics (Figure 3) 84% of our student population attend full- time. We serve a diverse population of students with 57% reporting Hispanic/Latino, 8% Black or African American, 5% Asian, and the remaining 30% a mix of other races and ethnicities. Most of our students are aged 25 and over.

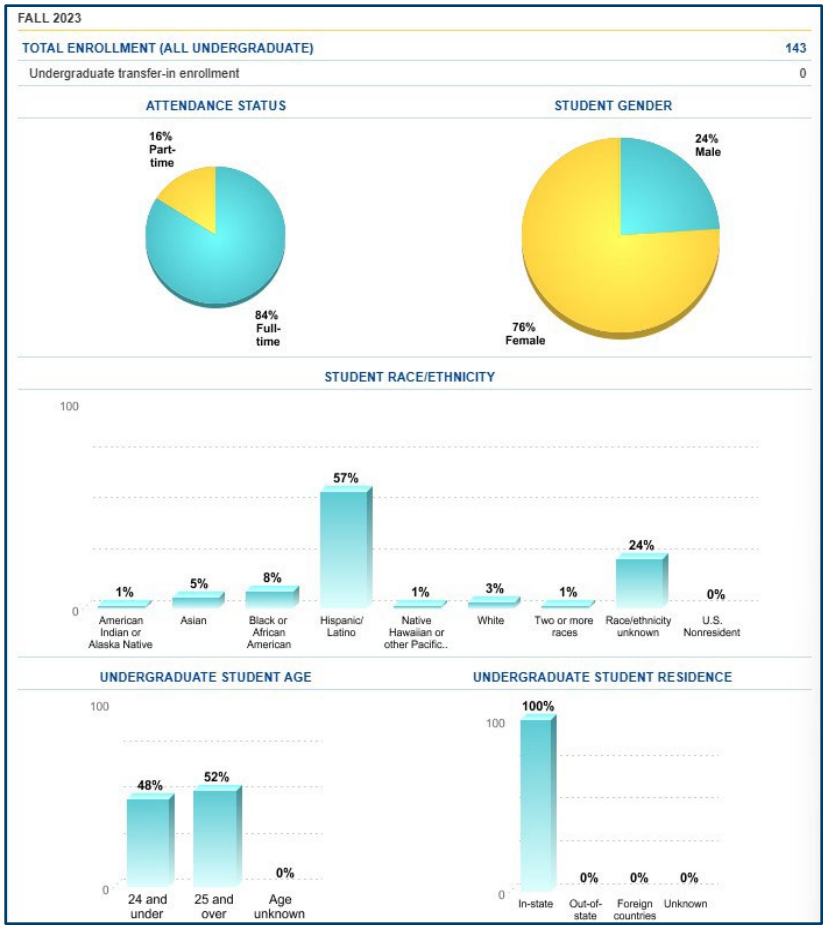


Figure 3 National Center for Education Statistics

2.d. Strategic Plan

The proposed Dental Hygiene program directly supports Concorde's mission of preparing committed students for successful employment in a rewarding health profession through high caliber training, real-world experience, and student-centered support. The Dental Hygiene program is designed to provide students with quality academic instruction, clinical training in a 25-operatory lab environment, and comprehensive licensure preparation, all of which align with Concorde's goal of producing career-ready healthcare professionals.

The program's mission is to provide a supportive learning environment where students acquire theoretical knowledge, technical skills, and professional attributes to qualify for licensure and employment. This program's mission mirrors Concorde's emphasis on student-centered learning and successful career outcomes. By offering real-world experience and supporting students through the licensure process, the Dental Hygiene program embodies Concorde's core values.

This program also advances Concorde's long-term strategic goals in three key areas:

- Allied Health Program Expansion: Dental Hygiene adds value to the current allied health portfolio and complements existing offerings such as dental assisting, medical assisting, and nursing.
- Community Engagement: The on-campus dental hygiene clinic will serve as a resource to the community, offering preventive oral care and promoting dental health awareness while providing students with hands-on experience.
- Workforce Development: By addressing the growing need for dental hygienists in California, the program contributes to meeting local workforce demands and supports economic development in the region.

The proposed Associate of Science in Dental Hygiene program is a strategic addition to Concorde's allied health portfolio. It aligns closely with the school's mission by providing high-quality, hands-on education and preparing students for licensure and entry-level employment as dental hygienists. The 25-month program will feature a robust clinical training environment, with 25 operatories and comprehensive resources to support student learning and patient care.

2.e. Other Health Related Programs

The North Hollywood campus currently offers seven allied health programs with a total enrollment of 597 students. The programs include dental assistant, medical assistant, sterile processing technician, physical therapist assistant, respiratory therapy, surgical technology, and vocational nursing. Dental assistant, medical assistant, and vocational nursing are diploma programs. Sterile processing technician is a certificate program. Physical therapist assistant and respiratory therapy are Associate of Science programs and surgical technology is an Associate in Applied Science program. Enrollment and graduation data for each program is listed below.

Program Name	Current Enrollment (as of September 19, 2025)	2024 Graduates
Dental Assistant	34	28
Medical Assistant	116	125
Sterile Processing Technician	11	0
Physical Therapist Assistant	41	36
Respiratory Therapy	152	54
Surgical Technology	58	15
Vocational Nursing	185	83

Total Enrollment	597	341

Table 3 Enrollment and Graduation Data

The physical therapist assistant program is accredited by the Commission on Accreditation in Physical Therapy Education. The program has demonstrated substantial compliance with the evaluative criteria for accreditation until the next scheduled evaluation in 2026. The benchmark for licensure set by the Commission on Accreditation in Physical Therapy Education is 85% average over 2 years. Concorde Career College-North Hollywood exceeded this benchmark on the most recent annual report achieving 97.2% licensure pass rate.

The respiratory therapy program is accredited by the Commission on Accreditation for Respiratory Care. The program was reaffirmed in 2023 with all standards in compliance with the next scheduled evaluation in 2033. The benchmark for licensure set by the Commission on Accreditation for Respiratory Care is a TMC high cut score of 60%. The Commission on Accreditation for Respiratory Care uses the percentage of graduates who achieve the high cut score on the Therapist Multiple Choice Exam as a key program outcome measure. This metric reflects how well a program prepares students for advanced practice and eligibility for the Registered Respiratory Therapist credential. Achieving a High Cut Score on the Therapist Multiple Choice Exam administered by the National Board for Respiratory Care grants the Certified Respiratory Therapist credential and qualifies the graduate to take the Clinical Simulation Examination which if passed leads to the Registered Respiratory Therapist credential. This credential is considered the gold standard in the field. Concorde Career College-North Hollywood has exceeded this benchmark on the 2024 annual report achieving 100% licensure pass rate.

The surgical technology program is accredited by the Accrediting Bureau of Health Education Schools. The program received initial accreditation in 2024 and was granted accreditation until 2028. The program has yet to submit an annual report that includes credentialing pass rates. Credentialing requirements for surgical technology programs are shaped by several key organizations including the Accrediting Bureau of Health Education Schools, the National Board of Surgical Technology and Surgical Assisting, and the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting. To maintain accreditation by the Accrediting Bureau of Health Education and Schools, an annual report is submitted of first-time pass rates of the Certified Surgical Technologist exam or the Tech in Surgery-Certified exam offered by the National Center

for Competency Testing. The benchmark set by the Accrediting Bureau of Health Education Schools for credentialing is 70%. As reported to the Accrediting Bureau of Health Education Schools on November 4, 2025, Concorde Career College-North Hollywood exceeded this benchmark, achieving 96% credentialing rate.

The vocational nursing program is approved by the California State Board of Vocational Nursing and Psychiatric Technicians. The program was granted approval with the next evaluation period scheduled for 2028. The California State Board of Vocational Nursing and Psychiatric Technicians oversees the licensure exam process for Licensed Vocational Nurses. To be licensed in the State of California, graduates must take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). The California State Board of Vocational Nursing and Psychiatric Technicians states that the program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved vocational nursing schools for the same period. Concorde Career College-North Hollywood has exceeded this benchmark on the most recent report achieving 83% licensure exam pass rates.

See Table 4 for exam pass rates as reported to regulatory agencies.

Program Name	Exam	2024	2023	2022	2021	2020
Physical Therapist Assistant	NPTE-PTA	97.2%	100%	100%	97.6%	100%
Respiratory Therapy	TMC	100%	84%	85%	86%	71%
Vocational Nursing	NCLEX-PN	Not yet reported	83%	62%	61%	82%

Table 4 Credentialing Exam Pass Rates

2.f. RDH Education Program Resources

In addition to the allied health programs identified above, Concorde Career Colleges, Inc., has three Dental Hygiene programs in the surrounding areas approved by the DHBC. The program directors at these programs will be available to serve as mentors and provide guidance to the development and growth of the proposed North Hollywood program.

Section 3: Facilities and Resources

Describe physical location of proposed RDH program.

a. *Describe space committed to the program and provide copies of floor plans to include faculty and staff offices, classrooms, laboratories, clinical facilities, and storage areas.*

b. *Provide status report on construction or renovation of physical facilities.*

c. *List educational resources, equipment, supplies purchased or to be purchased for the program.*

Section 3: Facilities and Resources

3.a. Physical Location Description

Concorde Career College – North Hollywood is in the process of relocating from its existing location at 12412 Victory Boulevard, North Hollywood CA, 91606 to a new location. The intended site for the proposed Dental Hygiene program is in Burbank, California at 115 N. First St., Burbank, CA, 91502. Of the approximately 14,532 square feet dedicated to the Dental Hygiene program, approximately 9,282 square feet are allocated to the twenty-five-operatory Dental Hygiene Clinic and associated Dental Materials Laboratory. These specialized instructional and patient-care areas are designed to support preclinical instruction, laboratory activities, clinical patient care, competency assessment, sterilization, radiography, storage, and faculty supervision. The remaining program space includes faculty and staff offices, patient reception and consultation areas, student support space, storage, and related circulation areas.

The sterilization area has been specifically designed to support instrument processing, storage, and infection-control activities required for dental hygiene education and patient care. The sterilization suite includes designated dirty-to-clean workflow areas, built-in cabinetry and millwork for instrument storage, work surfaces, sinks, utility connections, and sufficient space for sterilization equipment, ultrasonic cleaning equipment, instrument washers, and related accessories. The sterilization facilities support compliance with infection-control standards while providing sufficient capacity for the planned enrollment and clinical activity levels. Construction costs associated with this area include cabinetry, utility connections, plumbing, electrical service, equipment installation, and related build-out requirements necessary for full operation.

The radiology facilities include six dedicated radiology rooms designed to support instruction, competency evaluation, and patient-care radiographic procedures. The radiology suite includes digital imaging equipment, radiographic training equipment, storage cabinetry, workstations, data and network connectivity, electrical service, and equipment mounting systems. The rooms have been designed to support both instructional and patient-care activities while providing sufficient capacity for the planned enrollment and curriculum sequence. Construction costs for the radiology facilities include cabinetry, utility infrastructure, electrical and data connections, equipment installation, mounting systems, and related build-out costs required to place the radiology facilities into service.

In addition, a private consultation room is locted within the Dental Hygiene suite and is available for confidential meetings between faculty and students, academic advising, performance discussions, and other private matters. Faculty also have access to a faculty workroom located on the second floor of the campus. The faculty workroom contains individual cubicle workstations for faculty members and provides workspace for class prepartion, grading, student support activties, curriclum development, and other administrative responsibilites. These combined facilties provide adequate workspace for full-time and part-time faculty while supporting privacy, confidentiality, and fulfillment of faculty assignments consistent with program needs.

The Dental Materials Laboratory consists of approximately 1,039 square feet and is designed to accommodate fifty student workstations for supervised dental materials instruction. The laboratory includes four sinks, model-trimming equipment, instructional work surfaces, upper and lower cabinetry, material and instrument storage, electrical service, plumbing and drainage, compressed-air connections, task lighting, and related utility infrastructure. An interactive display and mobile whiteboard support faculty demonstrations and allow instruction to be delivered from multiple locations within the laboratory while maintaining visibility across the student workstations. The laboratory is designated exclusively for instructional activities and will not be used for patient treatment.

A color-coded proposed floor plan is included below. The space will be fully equipped with two (2) dedicated faculty offices for the program director and supervising dentist (purple), a materials lab (blue), and ample storage for program materials and equipment, including one hundred (100) student lockers (green). The

Dental Hygiene clinic will contain twenty-five (25) clinical operatories (yellow), six (6) x-ray rooms (red), areas for patient reception (orange), and dedicated rooms for sterilization and student observation (pink).



Figure 4 Proposed Floor Plan

The program will provide one hundred secure student lockers configured in space-efficient vertical banks. Locker assignments will be coordinated by cohort, term, and scheduled clinic or laboratory utilization. The facility is not designed for the full projected enrollment to occupy the Dental Hygiene suite simultaneously; rather, the maximum scheduled occupancy requiring locker access is approximately one hundred students, consisting of students assigned to concurrent clinic and laboratory activities. This configuration provides secure storage for instructional supplies, personal protective equipment, and personal belongings while supporting the

program's rotational scheduling model. Program administration will continuously evaluate locker utilization relative to enrollment growth and scheduling patterns to ensure adequate resources remain available for all students.

In addition to space dedicated exclusively to the Dental Hygiene program, students and faculty will have access to shared campus classrooms and instructional resources located throughout the Burbank campus. These shared instructional spaces provide flexibility for general education courses, program meetings, review sessions, guest lectures, interprofessional activities, and other educational functions as needed. The classrooms are equipped with instructional technology to support contemporary teaching and learning, including computers, internet access, audiovisual presentation systems, projection equipment, display monitors, and learning management system connectivity. Faculty may utilize these resources to deliver lectures, demonstrations, interactive learning activities, and assessments. Dental Hygiene students will have the same access to shared classroom technology, campus network resources, and educational support services as students enrolled in other programs offered at the campus. Access to both dedicated program facilities and shared institutional resources ensure that students have sufficient educational space, instructional technology, and learning resources to support achievement of the program's goals, student learning outcomes, and clinical competency requirements.

3.b. Construction of Physical Facilities

Construction on the facility at the new location is expected to be completed in the second quarter of 2027. The estimated cost for the campus relocation is $9,030,000.00 for the institution. The Dental Hygiene program represents a substantial institutional investment in specialized instructional and patient-care facilities. The project budget includes construction and interior improvements; mechanical, electrical, plumbing, lighting, and life-safety systems; clinic and laboratory utility infrastructure; millwork, cabinetry, countertops, and storage; and the equipment and technology required to place the facilities into operation. The combined investment supports the development of a fully equipped twenty-five-operatory clinic, a fifty-station Dental Materials Laboratory, sterilization and radiology facilities, faculty and staff work areas, and student-support spaces sufficient to implement and sustain the proposed program.

The Dental Hygiene facility is being developed as a comprehensive educational and patient-care

environment. Facility expenditures include not only the purchase of equipment and furnishings but also the infrastructure required to place those resources into service. Construction costs include cabinetry, casework, millwork, countertops, storage systems, plumbing, electrical service, lighting, compressed-air systems, vacuum systems, network infrastructure, utility rough-ins, data connections, installation, calibration, testing, and other construction-related services required to support instructional and clinical operations. These costs are incorporated within the facility construction budget and corresponding facility categories presented throughout the feasibility study.

The Dental Hygiene clinic costs represent the complete installed operatory environment rather than solely the purchase price of dental chairs. Clinic expenditures include dental chairs, delivery systems, operator stools, lighting, center islands, cabinetry, storage components, utility connections, compressed-air systems, vacuum systems, plumbing, electrical service, data infrastructure, installation, calibration, testing, and clinic build-out requirements. The facility approach provides a fully functioning dental hygiene clinic that supports patient care, instruction, and competency assessment activities. The detailed cohort rotation schedules demonstrating utilization of the twenty-five clinic operators is included in Appendix J. The clinic facility costs reported within the budget therefore include both the major equipment and the associated construction and installation requirements necessary for operation.

The Dental Materials Laboratory facility costs include the construction and installation of fifty student workstations, laboratory-grade countertops, upper and lower cabinetry, sink bases, instructor-support cabinetry, material and instrument storage, and related work surfaces. The build-out also includes plumbing and drainage, electrical service, data connectivity, lighting, compressed-air connections, utility rough-ins, and ventilation infrastructure. A localized exhaust hood integrated into the cabinetry will support laboratory activities requiring targeted ventilation. The laboratory ventilation design includes a localized exhaust hood incorporated into the upper cabinetry above the designated work counter to support activities requiring targeted exhaust ventilation. These improvements provide the infrastructure necessary for safe materials manipulation, model preparation, competency assessment, faculty demonstration, and supervised student practice.

The sterilization facility costs include all cabinetry, enclosed storage, millwork, utility connections,

plumbing, electrical service, equipment placement, installation, and operational infrastructure necessary to support instrument processing activities. The sterilization room houses sterilizers, instrument washers, ultrasonic cleaners, water-purification systems, and associated equipment. Facility expenditures include the infrastructure required to support those systems, including installation, connectivity, and functional integration into daily clinical operations.

Radiology facility costs include room preparation, cabinetry, mounting hardware, utility connections, data and network connectivity, equipment installation, calibration, and related infrastructure necessary to support digital imaging operations. The radiology budget includes both instructional and patient-care imaging resources together with the construction and installation activities necessary to create fully operational radiographic facilities. The program's instructional materials include adult and pediatric Dental X-Ray Trainers with Trunks, which are utilized for preclinical radiography instruction, image receptor positioning, exposure technique practice, and competency assessment throughout the curriculum and are included within the program's instructional equipment inventory and budget.

The Dentrix practice-management and electronic patient-record system includes initial system acquisition, implementation, configuration, user licensing, workstation integration, staff training, and technical setup. Initial implementation costs are included within program equipment and instructional technology expenditures. Ongoing annual licensing, software maintenance, technical support, upgrades, data management, and user-access fees are budgeted within operational expenditures and institutional technology support budgets. These resources are sufficient to support patient scheduling, electronic patient records, clinical tracking, treatment planning, patient communication, quality assurance activities, and practice-management instruction throughout implementation and full program operation.

In addition, the program will purchase the equipment listed below in Table 5.

Table 5 Facilities Expenditures

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
			Quick Disconnects			
29	DCI	642-9381	Fitting 1/4 Female QD Panel Mt	$15.49	$10.00	$290.00
29	DCI	642-0555	Fitting 1/4 Male QD	$15.49	$10.00	$290.00
29	DCI	642-8973	Fitting 3/8 Female QD Panel Mt	$27.79	$20.00	$580.00
29	DCI	642-9862	Fitting 3/8 Male QD w/Shut-off	$25.29	$15.00	$435.00

			Dental Hygiene Clinic Operatories			
25	DCI	642-2037	Chair, Next Gen, Series 5, 200W	$9,850.00	$6,365.00	$159,125.00
25	DCI	642-2213	ErgoBk Plush Bk Style	$0.00	$0.00	$0.00
25	DCI	642-2036	Upholstery, UL, Specify Color	$750.00	$493.00	$12,325.00
25	DCI	642-0120	Swing Mt Auto Dental Unit & Light	$8,210.00	$5,540.00	$138,500.00
25	DCI	642-0687	Light Source System for Deluxe HP	$190.99	$129.00	$3,225.00
25	DCI	642-0762	ISO-C 6-Pin PO HP Tubing	$260.99	$177.00	$4,425.00
25	DCI	642-0158	System Mt Series 5 LED Light, Gy	$3,930.00	$2,652.00	$66,300.00
25	DCI	642-0176	Rear Asst Pkg, 4 Pos, Chr TP	$2,030.00	$1,370.00	$34,250.00
25	DCI	642-0672	Extra HVE Tubing & Conn S5	$180.99	$123.00	$3,075.00
25	DCI	642-0381	Doctors Stool	$970.00	$655.00	$16,375.00
25	DCI	642-2198	UL Upholstery Stool S5 Spec Color	$140.00	$95.00	$2,375.00
25	DCI	642-3497	Option, Steri-Mate 360 Scaler	$4,220.00	$2,848.00	$71,200.00
			ICW Mounts			
28	ICWINT	135-2769	Mount, Bent Keyboard Tray, WB	$1,407.99	$1,000.00	$28,000.00
			Intraoral X-Rays			
7	MIDMAK	606-7210	X-Ray, Preva DC, Double Stud Mt	$7,409.00	$4,680.00	$32,760.00
7	PROGEN	606-8101	Progeny Exposure Switch	$92.99	$60.00	$420.00
5	TPCADV	189-0990	Chair, Mirage X-Ray, Black	$1,450.00	$967.00	$4,835.00
			Panoramic X-Rays			
1	INSTRM	628-5767	OP2D 3D Ready X-Ray	$35,991.00	$23,281.00	$23,281.00
1	DEXIS	134-7078	Software Starter Bundle	$5,595.00	$2,740.00	$2,740.00
			Sterilization/Hygiene			
1	DCI	DCI Custom	Custom Steri Hygiene QE262133	$37,108.00	$25,036.00	$25,036.00
4	MIDMAK	147-0783	Midmark M11 Steam Sterilizer	$12,257.00	$7,893.00	$31,572.00
1	SCICAN	141-6702	Washer Instrument Automated	$13,808.99	$9,545.00	$9,545.00
1	COLTEN	888-7743	Biosonic UC300B Ultrasonic	$3,247.99	$2,553.00	$2,553.00
4	MIDMAK	148-5526	USB Kit Sterilizer Data	$1,055.99	$606.00	$2,424.00
1	SCICAN	138-2160	Statim G4 5000	$9,147.99	$6,389.00	$6,389.00
			Water Purification			
3	SCICAN	150-8923	STATCOOL Direct-to-Drain	$1,200.00	$968.00	$2,904.00
2	SCICAN	138-0878	DrainHub 8 Port Kit	$220.99	$125.00	$250.00
4	MIDMAK	147-0789	VistaCool Adapter	$220.99	$159.00	$636.00
			Mechanical Room			
2	AIRTEC	698-1065	AirStar100 14 User 4.8 HP	$25,230.00	$14,667.00	$29,334.00
1	AIRTEC	698-1614	Tandem Compressor Install Kit	$4,260.99	$3,510.00	$3,510.00
2	AIRTEC	698-1078	Remote Air Intake Kit	$931.99	$570.00	$1,140.00
1	AIRTEC	698-1632	Utility Stack Rack XL	$3,045.00	$1,977.00	$1,977.00
1	AIRTEC	698-2603	3 V15 MDSM DV Pumps, 2 Tanks	$80,545.00	$47,270.00	$47,270.00
1	AIRTEC	698-2192	Wall Mt Water Solenoid 1 & 1/2	$5,115.00	$3,318.00	$3,318.00
1	AIRTEC	698-8665	Control Panel: 3-Switch	$580.00	$378.00	$378.00
3	AIRTEC	698-2064	Amalgam Separator Acadia Plus	$965.00	$819.00	$2,457.00
1	AIRTEC	698-2555	Mojave DSM V3	$18,075.00	$9,640.00	$9,640.00

1	AIRTEC	698-2118	AirStar 30 Compressor-Twin	$12,705.00	$6,776.00	$6,776.00
1	AIRTEC	698-4542	Control Panel Air/Vac	$520.00	$312.00	$312.00
1	AIRTEC	698-1078	Remote Air Intake Kit	$1,012.99	$570.00	$570.00
1	AIRTEC	698-2064	Amalgam Separator Acadia Plus	$1,050.00	$819.00	$819.00
			Materials Lab			
8	HANDLR	612-2272	Model Trimmer 10 1/3 HP	$1,011.99	$749.00	$5,992.00
4	NATKEY	100-6234	Vacuum Forming Machine	$459.99	$319.00	$1,276.00
6	PRACTI	681-5249	Gleco Plaster Trap Complete	$185.99	$145.00	$870.00
6	PRACTI	681-9424	Gleco Replacement Jars	$52.99	$44.00	$264.00
64		550-6899	Stool, Vinyl w/ Title & Castr		$ 304.62	$19,495.68
			Furniture			$25,329.61
			Materials Lab | Parts for Blow Gun Connection			
6	DCI	642-6780	Blow Gun With 10 ft Coil	$48.70	$33.00	$198.00
6	DCI	642-0931	FPT x FPT Coupler 1/4	$2.95	$2.00	$12.00
6	DCI	642-2081	Male Quick Connect 1/4 in.	$10.40	$8.00	$48.00
6	DCI	642-7510	4 Hole Terminal	$8.50	$6.00	$36.00
50	DCI	642-2080	Air Hose Quick Connect, Female	$16.60	$12.00	$600.00
50	DCI	642-5855	3/8 Poly x 1/4 MPT	$3.11	$3.00	$150.00
50	DCI	642-2405	Fitting 3/8 Poly x 3/8 Compression	$5.70	$4.00	$200.00
200	DCI	642-3286	Tubing 3/8 Poly Yellow	$3.64	$3.00	$600.00
			Materials Lab | Parts for Air Syringe			
50	DCI	642-7379	Syringe One-Button w/7 ft	$79.10	$54.00	$2,700.00
50	DCI	642-0555	Fitting 1/4 Male QD	$13.50	$10.00	$500.00
50	DCI	642-2477	Holder Unit Syringe Black	$6.80	$5.00	$250.00
50	DCI	642-5362	Master Shut-Off Valve	$122.99	$83.00	$4,150.00
50	DCI	642-9381	Fitting 1/4 Female QD Panel Mt	$13.70	$10.00	$500.00
40	DCI	642-6153	1/8 Barb x 10-32	$5.80	$4.00	$160.00
200	DCI	642-8840	Tubing, 1/4 in. OD Poly Supply	$2.95	$2.00	$400.00
			Mobile Nitrous			
9	PORTER	550-0853	MXR Flowmeter w/Tall Stand	$8,234.00	$4,545.00	$40,905.00
			Dexis Sensors & Scanner			
2	DEXIS	148-0406	Scanner I/O Wired 3D IS 3800	$16,361.99	$9,584.00	$19,168.00
5	DEXIS	146-8119	Dexis Ti2 Kit	$12,322.00	$6,899.00	$34,495.00
1	DEXIS	628-5865	IXS X-Ray Sensor Size 1		$6,400.00	$6,400.00
			DCI Central Islands			
11	DCI		Center Island Hygiene Area	$11,984.00	$7,581.00	$83,391.00
2	DCI		Center Island Assisting Area	$16,405.00	$11,068.00	$22,136.00
			DCI Side Cabinets			
1	DCI	642-1076	63 Side Storage, 16 Drawer, 16	$9,520.00	$6,424.00	$6,424.00
1	DCI	642-1073	63 Side Storage, 16 Drawer, 16	$9,520.00	$6,424.00	$6,424.00
Total						**$931,826.29**
			Lockers			
4	SAFCO	5519	Single Continuous Metal Locker Base Addition		$36.80	$147.20
7	SAFCO	5520	Triple Continuous Metal Locker Base Addition		$73.60	$515.20

4	SAFCO	5523	Double Tier Locker (2 Lockers Total), Right Hinge		$333.33	$2,666.64
7	SAFCO	5526	Double Tier Locker (6 Lockers Total), 3 Column, Right Hinge		$816.53	$11,431.42
Locker Total						**$14,760.46**
			Store Room			
2	SAFCO	5288	Industrial Wire Shelving Starter Unit, 24 x 36 in.		$304.00	$608.00
5	SAFCO	5289	Industrial Wire Add-On Unit, 24 x 36 in.		$295.47	$1,477.35
Store Room Total						**$2,085.35**
			Computers and Information Technology			
41	Dell	QC24251 / 210-BPPL	Dell Pro 24 All-in-One (35W), 23.8-inch FHD, Intel Core Ultra 5, 32 GB memory, 512 GB SSD, Windows 11 Pro	$3,508.49	$1,521.00	$62,361.00
			Furniture-Offices and Program Support			
44	HON	HBLPCLASSIC	Classic Pull 2-pack		$7.68	$337.92
6	HON	HLPLBC3013B	Mod 30W x 13D x 29H 2-shelf bookcase, Desert Oak		$89.27	$535.62
23	HON	HLPLBC3013B	Mod 30W x 13D x 53H 4-shelf bookcase, Desert Oak		$129.88	$2,987.24
46	HON	HLPLDR72GS	Mod frosted glass doors for HLPLDH72/HLPLWMH72, 2-pack		$77.93	$3,584.78
12	HON	HLPLDR66GS	Mod frosted glass doors for HLPLDH66/HLPLWMH66, 2-pack		$77.93	$935.16
58	HON	HLPLLEG30U	Mod 30W U-leg, Black		$85.61	$4,965.38
23	HON	HLPLPSBBF	Mod 15W x 20D x 28H B/B/F support pedestal, Desert Oak		$183.29	$4,215.67
6	HON	HLPLPMBBF	Mod 15W x 20D x 28H B/B/F mobile pedestal, Desert Oak		$225.73	$1,354.38
23	HON	HLPLRS4224	Mod 42W x 24D x 29H return shell, Desert Oak		$108.66	$2,499.18
29	HON	HLPLRW6630	Mod 66W x 30D rectangular worksurface, Desert Oak		$102.07	$2,960.03
23	HON	HLPLTACK72	Mod 72W x 18H tackboard, Cool Neutral		$67.32	$1,548.36
6	HON	HLPLTACK66	Mod 66W x 18H tackboard, Cool Neutral		$63.29	$379.74
1	HON	HLPLTBL36BASE	Mod X-base for 36-inch conference table top, Desert Oak		$45.37	$45.37
1	HON	HLPLTBL36RND	Mod 36-inch round conference table top, Desert Oak		$92.20	$92.20
23	HON	HLPLWMH72	Mod 72W x 14D x 13.5H open wall-mounted storage, Desert Oak		$221.71	$5,099.33
6	HON	HLPLWMH66	Mod 66W x 14D x 13.5H open wall-mounted storage, Desert Oak		$212.20	$1,273.20
29	HON	HLPLXS66	Mod external stiffener for 66-inch worksurface, Black		$42.44	$1,230.76
29	HON	HCT1MM	HON mesh mid-back task chair with adjustable arms and lumbar support		$208.98	$6,060.42
20	HON	HMG2	Motivate 4-leg stack chair, upholstered seat, set of 2		$314.12	$6,282.40
1	HON	HTG2PWR-3P-1E	ElloraB G2 flip-top power module, 3 AC power / 1 Extron opening, 10-foot cord		$328.66	$328.66
7	HON	HWR2460P	Systems rectangular worksurface, 24D x 60W		$165.61	$1,159.27
6	HON	HWSB2	Worksurface bracket kit		$16.83	$100.98
7	HON	HCT1MM	HON mesh mid-back task chair with adjustable arms and lumbar support		$194.98	$1,364.86

7	HON	HMG2	Motivate 4-leg stack chair, upholstered seat, set of 2		$314.12	$2,198.84
			Furniture-Classrooms			
30	HON	HMG1	Motivate 4-leg stack chair, set of 2		$277.57	$8,327.10
2	HON	HMGT1	Motivate 4-leg chair with right-hand tablet arm		$267.70	$535.40
17	HON	HPTCC2-T3UM	Altern custom task stool, mesh mid-back		$249.89	$4,248.13
42	HON	HMBFLIP18L	Huddle flip-top base for 18 x 60 and 18 x 72 tops		$321.37	$13,497.54
112	HON	HMBTLEG18	Huddle fixed-height T-leg base for 18-inch tops		$219.29	$24,560.48
150	HON	HMT1860E	Huddle 18 x 60 table top with T-mold, Kingswood Walnut		$170.89	$25,633.50
4	HON	HMT1872E	Huddle 18 x 72 table top with T-mold, Kingswood Walnut		$210.07	$840.28
3	HON	HMVMB-3672WW	Mobile whiteboard, 36W x 72H, whiteboard/whiteboard		$670.06	$2,010.18
17	HON	HMVPC-DTLG	Motivate presentation cart desktop lectern		$156.95	$2,668.15
17	HON	HMVPCF-1830G	Motivate presentation cart, fixed leg, 18D x 30W		$411.16	$6,989.72
			Furniture-Waiting and Reception			
2	HON	HSB50	Accommodate bariatric chair		$454.04	$908.08
4	HON	HSGS6DF	Accommodate guest chairs with dual fabric, set of 2		$508.10	$2,032.40
6	HON	HSGS6	Accommodate guest chairs, set of 2		$437.02	$2,622.12
Furniture and Computer Total						**$208,773.27**
					Total	**$1,157,445.37**

3.c. Educational Resources, Equipment, and Supplies

The Dental Hygiene clinic's twenty-five (25) operatories will include twenty-five (25) examination chair units (with operation lights, hanging delivery tray, and rotatable ceramic spittoon), twenty-five (25) dentist chairs, twenty-five (25) hygienist chairs, and fifteen (15) partition cabinets for additional storage. Clinical and educational supplies include PPE, prophy materials, periodontal and anesthesia supplies, home care kits, and patient education tools. A full list is shown in Table 6. The equipment and supplies will be purchased prior to the start of the program or the term that requires them for student use.

The equipment inventory supports the planned clinic, Dental Materials Laboratory, sterilization, radiology, instructional technology, and student-support spaces. Equipment quantities and configurations have been developed in relation to the planned enrollment, rotational scheduling model, curriculum sequence, and applicable faculty-to-student supervision requirements. Equipment will be installed, tested, and placed into service before the term in which it is required for instruction or patient care.

The program will utilize a dental practice-management and electronic patient-record system to support

patient scheduling, clinical documentation, treatment planning, patient education, appointment management, clinical tracking, and practice-management instruction. Software implementation costs include system acquisition, configuration, installation, user licensing, workstation integration, staff training, and technical setup. Ongoing expenses include annual licensing, maintenance, technical support, software updates, and related operational costs. These resources support student competency development in documentation, patient management, and contemporary dental practice operations while ensuring continuity between educational experiences and current professional practice environments.

Nitrous oxide-oxygen instruction will utilize complete mobile delivery systems that include flowmeters, mobile carts or stands, scavenging systems, disposable nasal hoods, and associated components required for instructional use. Medical gas cylinders are supplied through the program's contracted gas vendor, while instructional equipment and accessories are maintained by the institution. Associated costs include equipment acquisition, delivery systems, scavenging components, setup, installation, testing, maintenance, and replacement as necessary. Disposable and clinical-use accessories are maintained through the annual clinical supplies budget to ensure sufficient equipment is available throughout instruction.

Each Dental Hygiene student receives heavy-duty, puncture-resistant nitrile utility gloves through the student kit package. Utility gloves are utilized for instrument processing, environmental cleaning, sterilization procedures, and infection-control activities. The utility gloves are included within student-kit costs and are provided prior to participation in laboratory, preclinical, and clinical activities requiring their use. Replacement gloves are maintained as needed to ensure compliance with infection-control and safety requirements.

Table 6-Equipment and Supplies

Transfer Tubs & Trays/ Sterilization/ Monitors/ Waterline				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
6580705	B-Lok Set-Up / Flat Tray B Grey Plastic – for lab	75	$ 14.24	$1,068.00
6011796	IMS Transfer Tub Only Black Plastic Ea	40	$ 19.03	$761.20
6001058	IMS Locking Transfer Tub Cover Ea	40	$ 19.03	$761.20
6001443	IMS Signature Series Tub Rack Size Standard White Ea	17	$ 95.99	$1,631.83
6004353	Enzymax Ultrasonic Powder 800 Gm Lemon 800gm/Cn	4	$ 44.79	$179.16
6002236	Enzymax Spray Gel anti-drying Lemon 24oz/Bt	16	$ 18.23	$291.68
3865728	Speed-clean Autoclave Cleaner Liquid 16oz/Bt	8	$ 24.99	$199.92
1380008	Hydrim Washer Detergent	2	$ 159.99	$319.95
6002087	Team Vista Waterline Cleaner Combination Pack Ea	2	$ 161.59	$323.18
1066794	MaxiWipe Germicidal Large	50	$ 4.74	$237.00
1310908	AdvantaClear Spray Bottle Fragrance Free 24 oz Ea	30	$ 16.79	$503.70
1310909	AdvantaClear Liquid Refill 1 Gallon Ea	4	$ 39.59	$158.36
	Transfer Tubs & Trays/ Sterilization/ Monitors/ Waterline Total			**$6,435.18**

BioHazard/Sharps Supplies				
Item #	*Description*	*Qty*	*Current Price*	*Current Ext*
1078417	Stick-On Biohazard Bag 9x10" 1.4qt 100/Box	4	$ 29.83	$119.32
1003416	Biohazard Bag 23x8x41" 33gal Red Large 100/Ca	2	$ 49.59	$99.18
1532993	Sharps Container 1qt Small Red/Black EA	30	$ 2.79	$83.70
1078417	Stick-On Biohazard Bag 9x10" 1.4qt 100/Box	4	$ 29.83	$119.32
1003416	Biohazard Bag 23x8x41" 33gal Red Large 100/Ca	2	$ 49.59	$99.18
1532993	Sharps Container 1qt Small Red/Black EA	30	$ 2.79	$83.70
	BioHazard/Sharps Supplies Total			**$604.40**

Aerosol/Microbial reduction Supplies				
Item #	*Description*	*Qty*	*Current Price*	*Current Ext*
1005205	Saliva Ejector White 100/pk	40	$ 2.11	$84.40
5768084	Seal-Tight Air / Water Tip White 1500/Bg	2	$ 268.79	$537.58
1049634	Acclean Disp.Prophy Angle Firm Gray L-Free 1000/Bx	12	$ 351.19	$4,214.28
1045452	Acclean Disp Prophy Angle Soft Pink L-Free 100/Bx	6	$ 39.99	$239.94
1046459	Acclean Disp Tapered Prophy Angle Brush Soft 100/Bx	12	$ 62.39	$748.68
	Aerosol/Microbial reduction Supplies Total			**$5,824.88**

Barriers & Sterilization items				
Item #	*Description*	*Qty*	*Current Price*	*Current Ext*
5701315	Sticky Wrap Film Cover 4 in x 6 in Clear 1200/Bx	40	$ 12.43	$497.20
1019518	Barrier Film Dispenser White Ea	40	$ 29.83	$1,193.20
5701317	Chair Cover 27.5 x 24 (short - op shelf cover)	40	$ 18.67	$746.80
1003346	Chair Sleeve 29 x 80 (long) 125/roll	40	$ 37.65	$1,506.00
1018627	Headrest Cover tissue 10 in x 13 whiter 500/Bx	20	$ 23.03	$460.60
1890596	LCD & Keyboard Cover 22 in x 26 in 250/Bx	40	$ 19.19	$767.60
1000874	Tray Sleeve Tray Cover 11.5 in x 16 in Clear 500/Bx	20	$ 30.79	$615.80
1126936	Dri-Guard Towel Chainless gray 500/ca	40	$ 42.39	$1,695.60
1047423	Syringe cover air/water	40	$ 11.79	$471.60
1077093	CSR Wrap 20 in x 20 in Blue 500/Ca	4	$ 163.19	$652.76
1126757	Essentials Non-Woven Sponge 2x2 - 4ply	6	$ 56.79	$340.74
1009175	Cotton Tipped Applicator Non Sterile 6 in 1000/Bx	2	$ 7.74	$15.48
1126917	Essentials Cotton Roll Med 2 Non Ster 1.5 in 2500/Bg	4	$ 16.79	$67.16
9004601	Maxima Multi Para Pouches 3.5x9	16	$ 12.39	$198.24
9007838	Maxima Multi Para Pouches 2.25x4	16	$ 9.59	$153.44
9004603	Maxima Multi Para Pouches 5.25x10	16	$ 18.39	$294.24
1046469	Sensor Sheath 500/Bx	8	$ 12.79	$102.32
5701319	X-Ray Barrier Sleeves	8	$ 27.02	$216.16
1276845	Curing light Sleeve 250/Bx	12	$ 33.19	$398.28
	Barriers & Sterilization items Total			**$10,392.62**

PPE items				
Item #	*Description*	*Qty*	*Current Price*	*Current Ext*
1015748	Side shield disposables	8	$ 35.99	$287.92
1044632	HSI Sensitive Mask White 50/bx	6	$ 14.72	$88.32
5700716	HSI Earloop Mask Level 3 white	60	$ 37.83	$2,269.80
1381858	Bouffant Cap 24 In One Size Blue 100/Bg	4	$ 10.15	$40.60
1382115	Isolation Gown White 50/Ca	20	$ 69.49	$1,389.80
2473156	Polyethylene Utility Gloves Latex-Free 100/Bg	4	$ 6.58	$26.32
1127143	Criterion Nitrile Gloves L-Free X-Small Rad Razz 200/Bx	20	$ 42.13	$842.65
1127144	Criterion Nitrile Gloves L-Free Small Rad Razz 200/Bx	40	$ 42.13	$1,685.20
1127146	Criterion Nitrile Gloves L-Free Medium Rad Razz 200/Bx	40	$ 42.13	$1,685.20
1127147	Criterion Nitrile Gloves L-Free Large Rad Razz 200/Bx	8	$ 42.13	$337.04
	PPE items Total			**$8,652.85**

Vitals/ Pt Safety/ First Aid				
Item #	*Description*	*Qty*	*Current Price*	*Current Ext*
1303080	Stethoscope Trainer Dual Head piece	8	$ 26.81	$214.48
9004816	Stethoscope Pro Plus 22” burg	16	$ 38.51	$616.16
9004817	Stethoscope Pro Plus 22” navy	16	$ 38.51	$616.16
1126076	HSI Essent Economy Sphygmo/Aneroid 9 Chld Nvy Bl Ea	6	$ 18.71	$112.26
1126077	HSI Essent Economy Sphygmo/Aneroid 11 Adlt Nvy Bl Ea	20	$ 18.71	$374.20
1126086	HSI Essent Economy Sphygmo/Aneroid Sz 12 Lg Adlt Nvy	12	$ 27.89	$334.68
1374609	3 Series Monitor BP13.5-21.5cm Adlt Wrist Dgt Dspl Ea	12	$ 77.84	$934.08
1014625	FlexiPort Cuff & Bladder BP Mntr Lg Adlt Size 12 Arm Ea	6	$ 121.49	$728.94

6924964	Kit First Aid (small carrier)	4	$ 36.49	$145.96
5599618	Cabinet First Aid Ea	2	$ 110.90	$221.80
1343540	Pro-Vision Econo Wrap Safety Eyewear Lens CLEAR Ea	30	$ 5.49	$164.70
			Vitals/ Pt Safety Total	**$4,463.42**
Oral Cancer Screening				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
2130017	ViziLite Plus Oral Cancer Lesion Detection 10/Pk	4	$ 297.99	$1,191.96
1253973	VELscope Vx Screening System Value Bundle With Pod Ea	2	$ 1,994.99	$3,989.98
7917144	VELsheath Barrier Handpiece Disposable 250/Pk	4	$ 41.99	$167.96
			Oral Cancer Screening Total	**$5,349.90**
Prophy/FL2/Denture Care				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
1124868	Acclean Varnish Fluoride 5% NaF 0.5 mL Cherry 50/Bx	4	$ 60.79	$243.16
5430213	Colgate PreviDent 5000 TPaste 1.1% NaF Mint 1.8oz/Tb	20	$ 4.00	$80.00
5559392	NUPRO Prophy Paste Fine Grape 200/Bx	2	$ 42.39	$84.78
5556936	NUPRO Prophy Paste Medium Assorted Flavors 200/Bx	2	$ 42.39	$84.78
3787077	Comfy-Grip Prophy Cup Holders Autoclavable 3/Pk	16	$ 7.19	$115.04
1004107	Tin Oxide 4 oz Ea	2	$ 17.03	$34.06
9165534	HV Snap-n-Go Swabs Disclosing Solution .15mL Rd 72/Bx	16	$ 21.09	$337.44
3259812	Super Floss Pack 10/Bag Mint 100bg/Bx	2	$ 89.99	$179.98
1091114	Glide Unwaxed Teflon Floss 200 Meters Vial Dispenser Ea	4	$ 7.64	$30.56
7126537	GUM Eez-Thru Floss Threader 5/Envelope 100/Pk	30	$ 26.39	$791.70
1026790	Acclean Denture Brush Assorted 12/Bx	8	$ 4.26	$34.08
1004263	Tartar & Stain Remover 1 Gallon Gal/Bt	4	$ 19.19	$76.76
3217457	Listerine Total Care Fresh Mint Mouthwash 1 Liter 6/CA	8	$ 52.79	$422.32
3210059	Listerine Zero-Alcohol Denture Rinse 1 Liter 6/Ca	8	$ 27.19	$217.52
			Prophy/FL2/Denture Care/ Total	**$2,732.18**
Pt Home Care Kits/ Pt Educ.				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
3680800	Goodie Bags Polka Dot Large 9 in x 13 in 250/Pk	4	$ 93.99	$375.96
9004065	Acclean Toothbrush Adult 47 Tuft Soft Full Assorted72/Bx	10	$ 51.19	$511.90
1126850	Acclean Toothbrush Youth 30 Tuft Soft Assorted 72/Bx	4	$ 39.19	$156.76
5430224	Colgate Mint Toothpaste Patient Size 0.88 oz 24/Ca	12	$ 7.68	$92.16
1093749	Crest Kids Toothpaste Patient Size 0.85 oz 72/Ca	4	$ 21.59	$86.36
7124961	Red-Cote Tabs Packaged Cherry 248/Pk	2	$ 14.79	$29.58
3250060	Glide Pro-Health Teflon Floss 15 Meter Mint 72/Bx	2	$ 63.89	$127.78
7120143	GUM Weave Floss Waxed 4 Yards Mint Pt Size 144/Bx	4	$ 46.23	$184.92
1550833	Acclean Floss Waxed 12 Yards Mint Patient Size 72/Bx	6	$ 21.99	$131.94
3210097	Listerine Zero Mint Mouth Rinse 3.2 oz Bottle 24/Ca	4	$ 18.39	$73.56
1336590	Polident Essentials Denture Kit 12/Ca	4	$ 42.39	$169.56
5830339	Polident Cleanser Denture Tablets Overnight 84/Bx	12	$ 7.59	$91.08
1026790	Acclean Denture Brush Assorted 12/Bx	24	$ 4.26	$102.24
7127587	Proxabrush Trav-Ler Interdental Brush Tapered 36/Bx	8	$ 30.39	$243.12
7129285	GUM Stimulator Handle With Tip 12/Bx	4	$ 16.79	$67.16
1026336	Single Ended Interdental Brush Handle 12/Bx	16	$ 7.19	$115.04
1026335	Interdental Brush Ultra Fine Cylindrical 2x36/Bx	2	$ 22.39	$44.78
1027460	Interdental Brush Medium Cylindrical 2x36/Bx	2	$ 22.39	$44.78
1026330	Interdental Brush Medium Tapered 2x36/Bx	2	$ 22.39	$44.78
1026339	Interdental Brush Ultra Fine Tapered 36x2/Bx	2	$ 22.39	$44.78
3674788	Stickers Dental Finding Nemo Assorted 100/Rl	2	$ 7.99	$15.98
3682039	Stickers PAW Patrol Assorted 100/Rl	2	$ 7.99	$15.98
3682332	Stickers Disney Princess Assorted 100/Rl	2	$ 7.99	$15.98
3682646	Stickers Justice League Assorted 100/Rl	2	$ 7.99	$15.98
3681825	Stickers Disney Frozen Dental Assorted 100/Rl	2	$ 7.99	$15.98
3666208	Dental Puppet Dragon Puf E. Smiles 15 In With TB Ea	2	$ 92.99	$185.98
6814222	Dental Puppet Alligator Allie Z. Gator 15 in Zmile TB Ea	2	$ 44.79	$89.58
3677679	Book The Chairside Instructor Spanish Ea	4	$ 105.99	$423.96
3679365	Flip Guide Periodontal Diseases 14 Pages English Ea	16	$ 59.99	$959.84
3673800	Poster Periodontal Disease 16 in x 20 in Laminated Ea	2	$ 51.99	$103.98
			Pt Home Care Kits/ Pt Educ. Total	**$4,581.48**
Perio Chemotherapeutics				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***

1025120	Syringe 23 Gauge Blue With 3 cc Irrigating Needle 100/Bx	2	$ 36.79	$73.58
9004010	Acclean Rinse 0.12% Chlorhexi/Gluconate Mint 16oz/Bt	10	$ 3.29	$32.90
4229209	Arestin Stainless Steel Syringe Ea	8	$ 46.15	$369.20
			Perio Chemotherapeutics Total	**$475.68**
Sealants/ Desensitizer/Whitening/ Trays				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
8880559	Alpen Diamond Round Bur Grip Coarse 801-021C 5/Pk	2	$ 49.59	$99.18
5571572	Pumice Abrasive Preppies 100/Box	4	$ 36.79	$147.16
1125624	Dri-Gard Cotton Roll Substitute White Small 50/Bx|	8	$ 10.79	$86.32
1125625	Dri-Gard Cotton Roll Substitute White Large 50/Bx	8	$ 10.79	$86.32
9336917	Micro Applicators-Medium Assorted 250/Bx	20	$ 32.79	$655.80
5701998	40% Phosphoric Acid Etching Gel Syringe Kit -12/Bx	10	$ 39.99	$399.90
9001004	NE Pit & Fissure Sealant Kit Light Cure White Opaq 4/Pk	16	$ 21.99	$351.84
3788236	Cure-Shield Curing Light Shield Large Ea	8	$ 26.99	$215.92
1002876	Articulating Paper Thin Blue	8	$ 9.99	$79.92
1127236	Desensitizer Oxalate Ea	8	$ 39.99	$319.92
8090106	Vita Classic Shade guide	8	$ 270.99	$2,167.92
9004449	Natural Elegeance Plus at Home Whitening System-Patient 16%	8	$ 22.90	$183.20
9004450	Natural Elegeance Plus at Home Whitening System-Patient 22%	8	$ 22.90	$183.20
9004451	Natural Elegeance Plus at Home Whitening System Maint. 16%	8	$ 9.34	$74.72
9004452	Natural Elegeance Plus at Home Whitening System Maint. 22%	8	$ 9.34	$74.72
3650428	Bleaching Tray Material .060 25/Pk	4	$ 17.59	$70.36
1072176	Retainer Box Assorted 12/Bx	8	$ 6.79	$54.32
			Sealants/ Desensitizer/Whitening Total	**$5,150.72**
Oraqix/Anesthesia				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
5554520	Oraqix Topical Anesthetic Dispenser Ea	10	$ 47.99	$479.90
5550626	Oraqix Topical Anesthetic Gel Cartridge 20/BX	16	$ 101.69	$1,627.04
9911756	ProTector Needle Sheath Prop Disposable 500/Bx	2	$ 78.53	$157.06
2284308	Aspirating Syringe Thumb Ring Gold Standard Ea	6	$ 87.14	$522.84
2283730	Aspirating Syringe Thumb Ring Blue Petite Ea	6	$ 87.14	$522.84
4651205	Lidocaine HCl 2% Epinephrine 1:100,000 Red 50/Bx	12	$ 21.86	$262.32
2288210	Septocaine Articaine HCI 4% Epinephrine 1:100,000 1.75 mL 50/Bx	6	$ 64.32	$35.92
4673005	Mepivacaine HCl 3% Plain Tan 50/Bx	6	$ 27.07	$162.42
9001889	HSI Needle Plastic Hub 25 Gauge Long Red 100/Bx	8	$ 6.39	$51.12
9001894	HSI Needle Plastic Hub 25 Gauge Short Red 100/Bx	8	$ 11.29	$90.32
5700362	Benzo-Jel Topical Anesthetic Gel Bubble Gum 1oz/Jr	4	$ 3.84	$15.36
1127288	Benzo-Jel Topical Anesthetic Mint Unit Dose 100/Bx	2	$ 39.15	$78.30
			Oraqix/Anesthesia (DDS only) Total	**$4,005.44**
Radiography Bays/Radiography/Pano				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
1028344	Maxi-Dispenz Acrylic Triple Glove Box Holder Clear Ea	5	$ 42.39	$211.95
5701379	Maxi X-Ray Apron Lead Adult Grey w Collar Ea- (Nomads)	6	$ 88.79	$532.75
5701393	Maxi X-Ray Apron Lead PEDO Grey w Collar Ea- (Nomads)	2	$ 87.99	$175.98
1341752	X-Ray Apron Hanger 15 in x 2 in Each	6	$ 20.79	$124.75
1891646	XCP Evolution 2000 Color- Instrument Kit –Traditional	12	$ 131.46	$1,577.52
1890471	XCP -DS FIT Positioning System Hygiene Kit	5	$ 279.80	$1,399.00
1005811	Bite Wing Tabs no peel	1	$ 4.99	$4.99
			Radiography Bays/Radiography/Pano Total	**$4,026.94**
Dental Materials Lab/Trays/Dressing/Suture/Dam				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
2224890	Jeltrate 1 Lb Regular Set Each	30	$ 9.29	$278.70
5579895	Silky-Rock Die Stone Type IV Yellow 55Lb	2	$ 61.59	$123.18
6125417	Model Trimmer Safety Shield . Ea	8	$ 65.69	$525.52
1008737	Carbide Bur Laboratory Lathe A 1/2 Regular Cut Ea	4	$ 29.19	$116.78
1013120	Abbott-Rob.Carbide Bur Lathe C 1/2 Diamond Cut Ea	4	$ 36.39	$145.56
1013129	Abbott-Rob. Carbide Bur Lab Lathe D 1/2 Diamond Cut Ea	4	$ 36.39	$145.56
1015723	Abbott-Rob. Carbide Bur Lab Lathe A 1/2 Diamond Cut Ea	4	$ 36.39	$145.56
9001265	Flexibole Flexible Mixing Bowl Large Green Ea	68	$ 13.19	$896.92
9001266	Flexibole Flexible Mixing Bowl X-Large Green Ea	8	$ 13.59	$108.72
1048897	Plaster Spatula 11R Flexible Ea	68	$ 7.99	$543.32
6586402	Alginate Spatula Single End Ea	68	$ 8.54	$580.72

3332040	Regular Impression Tray Full Set Perforated 8/Bx	2	$ 307.19	$614.38
2160103	Excellent Impression Tray Upper Medium 12/pk	12	$ 5.43	$65.16
2160101	Excellent Impression Tray Upper Large 12/pk	12	$ 5.43	$65.16
2160105	Excellent Impression Tray Upper Small 12/pk	12	$ 5.43	$65.16
1160042	Excellent Impression Tray Lower Small 12/pk	12	$ 5.43	$65.16
2160102	Excellent Impression Tray Lower Large 12/pk	12	$ 5.43	$65.16
2160104	Excellent Impression Tray Lower Medium 12/pk	12	$ 5.43	$65.16
1008759	Utility Wax 64/Bx	8	$ 16.39	$131.12
1028344	Maxi-Dispenz Acrylic Triple Glove Box Holder Clear Ea	4	$ 42.39	$169.56
1042446	Work Pans Lab 12/Bx	4	$ 16.79	$67.16
3651768	Lab Knife 3 Green Handle Carbon Steel Green Ea	16	$ 11.59	$185.44
6122693	Plaster Bin	2	$ 197.09	$394.18
1006676	Cement Spatula 24A Single End Ea	8	$ 9.59	$76.72
1955075	Glass Ionomer Base Cement Ylw IntroKit 15 Gm 8 mL Ea	2	$ 95.99	$191.98
1004129	HSI Mixing Slab Glass Thick #H 6 in x 3 in x 0.5 in Ea	8	$ 17.19	$137.52
9007637	Suture 4-0 Gut C-6 Undyed Beige 18" Monofil 12/Bx	4	$ 26.79	$107.16
6011390	Curved Suture Scissor 4.5 in Iris Ea	8	$ 180.79	$1,446.32
1016279	Forcep Adson 4-3/4" Serrated Size 0 Stainless Steel Ea	8	$ 15.83	$126.64
2220766	Barricaid VLCPeriodontal Dressing 4 Gm Syringe Pkg 4/Bx	4	$ 119.19	$476.76
1002712	Plastic Filling Instrument PF4 Standard Ea	8	$ 14.79	$118.32
1000298	Mouth Prop 954 Adult Black 2/Bx	8	$ 15.99	$127.92
1006367	Mouth Prop 952 Child Black 2/Bx	8	$ 15.99	$127.92
1002880	Poly Mixing Pad 3 in x 3 in 100 Sheets / Pad Ea	8	$ 0.86	$6.88
1003064	Thermo-Forming Mouthguard Material .150 312/pk	2	$ 294.39	$588.78
1009127	Thermo-Forming Mouthguard Material .08 625/pk	2	$ 291.99	$583.98
1018910	Thermo-Forming Mouthguard Material .04 12/pk	40	$ 10.62	$424.80
1010312	Perfecta Block-out Resin	20	$ 14.45	$289.00
2550749	Vacuum Forming Machine Pressure Dome	8	$ 130.49	$1,043.92
9001878	Dappen Dish disposable assorted 1000/ca (for labs)	2	$ 39.99	$79.98
	Dental Materials Lab/Trays/Dressing/Suture/Dam Total			**$11,517.94**
Instrument Sharpening				
Item #	***Description***	***Qty***	***Current Price***	***Current Ext***
6005390	Sharpen-EZ Oil Stone Oil Bottle	4	$ 13.03	$52.12
	Instrument Sharpening Total			**$52.12**
Educational Materials				
XBT-20	Dental X-Ray Trainer w/Trunk	5	$ 2,168.00	$10,840.00
XBT-40	PEDO Dental X-Ray Trainer w/Trunk	2	$ 2,632.00	$5,264.00
PORTA-SIM-E	Porta-Sim Mounting Stand w/Extrneded Rod & Mount (Used with Pan-o-	1	$ 125.00	$125.00
KI-044L	Sliding Rail Unit w/Left Side Mount	32	$ 425.00	$13,600.00
FAKE CALCULUS	Power & Liquid Calculus Kit	4	$ 11.00	$44.00
B3-305	32 Anatomically shaped Teeth Mounted on Plastic Card- Replcemnt for	30	$ 76.50	$2,295.00
B4-309B	20 Piece set Deciduous Teeth w/anatomical Roots	30	$ 42.00	$1,260.00
A-22	Plastic skull w/Open Lower Jaw	30	$ 202.00	$6,060.00
P3B-705	APE-STP002 Adult Toothbrushing Model	8	$ 44.00	$352.00
P3B-703	PE-STP003 Pediactric Tooth Brushing Model	8	$ 63.00	$504.00
PE-ORT002	PE-ORT002 Oversized Adult Model w/Braces (colored & Clear) No Floss	2	$ 107.00	$214.00
	Educational Materials Total			**$40,558.00**
Facility Needs				
	Ceiling Projector Systems with installation	2	$600.00	$1,200.00
	Faculty cubical office chairs	10	$ 175.00	$1,750.00
	Refrigerator	2	$ 1,500.00	$3,000.00
	Microwaves	2	$ 90.00	$180.00
4490335	CritiKit Emergency Kit	1	$ 674.00	$674.00
	TV with mounts in lobby	2	$ 330.00	$660.00

Table 7 Student Kits

ITEM #	Unit Description	Qty Ordered	Unit Cost	
MIR5DSHD	#5 HD CS Mirror DS, 1 EA	12	$7.50	$90.00
MH7C	Mirror Handle, #7 Clr	12	$7.50	$90.00

PQ2N7C	CC DE #2 Nabers Probe 3-6-9-12, #7 Clr	4	$22.10	$88.40
H3	#3 Mosquito Hemostat - Curved	4	$38.10	$152.40
APF2-U	Articulating Paper Forceps	6	$16.25	$97.50
S18	#18 Iris Scissors, Curved	4	$44.65	$178.60
S17	#17 Iris Scissors, Straight	4	$44.65	$178.60
SSDGRIT	Dual Grit Ceramic Stone	2	$19.55	$39.10
SS4	#4 Flat Arkansas Stone	4	$19.05	$76.20
PTS	Plastic Test Stick (Pkg Of 6)	1	$11.70	$11.70
XP23/PH6	#23 Expro COLORVUE Handle	12	$10.05	$120.60
PCVUNC12PT	#UNC12 COLORVUE Probe Pts, 12	1	$43.95	$43.95
EXD11/127C	#11/12 ODU DE Explorer, #7 Clr	12	$10.60	$127.20
DP17-U	#17 Dressing Pliers	6	$17.25	$103.50
SAS1/2R9E2-U	#1/2 Mini 5 Rigid Curette, EE2 #9	2	$17.85	$35.70
SAS3/4R9E2-U	#3/4 Mini 5 Rigid Curette,EE2 #9	2	$17.85	$35.70
SAS7/8R9E2-U	#7/8 Mini 5 Rigid Curette, EE2 #9	2	$17.85	$35.70
SAS11/12R9E2	#11/12 Mini 5 Rigid Curette,EE2 #9	2	$17.85	$35.70
SAS13/14R9E2-U	#13/14 Mini 5 Rigid Curette,EE2 #9	2	$17.85	$35.70
SAS15/16R9E2-U	#15/16 Mini 5 Rigid Curette,EE2 #9	2	$17.85	$35.70
S204SD9E2-U	#204SD DE Scaler, EE2 #9 Handle	2	$17.85	$35.70
SBH1/2R9E2-U	#1/2 Barnhart Rigid Curette, EE2 #9	1	$17.85	$17.85
SBH5/6R9E2-U	#5/6 Barnhart Rigid Curette, EE2 #9	1	$17.85	$17.85
SO8/96	#8/9 Orban DE Hoe Scaler	1	$16.20	$16.20
SO6/76	6/7 ORBAN DE HOE SCALER SATIN STEEL, HDL	1	$16.20	$16.20
IMPCKITII	Implant Maintenance Starter Kit	1	$116.32	$116.32
6008467	Sw ivel Direct Flow 30K R	4	$143.33	$573.32
6008467	Sw ivel Direct Flow 30K L	4	$143.33	$573.32
1126724	Streamline Direct Flow 1000/30K	6	$120.93	$725.58
1126722	Streamline Direct Flow 100/30K	6	$120.93	$725.58
				$4,429.87

Table 8 Book List

Course	Book	ISBN	Vendor	Student Price	Tax	Total
BIOL1431	Microbiology Lab Kit (3)	SI10884MB01	Science In	$273.00	$23.89	$296.89
Term 1			**Term Total**	**$273.00**	**$23.89**	**$296.89**
BIOL1411	AP 1 Lab Kit (3)	SI10904AP01	Science In	$190.00	$16.63	$206.63
CHEM1411	Chemistry Lab Kit (3)	LP5261GB01	Science In	$184.00	$16.10	$200.10
Term 2			**Term Total**	**$374.00**	**$32.73**	**$406.73**
CHEM1421	Face Shield (1)	FaceShield	Ambience	$77.00	$6.74	$83.74
CHEM1421	Biochemistry Lab Kit (3)	LP5262GB01	Science In	$205.00	$17.94	$222.94
BIOL1421	BLS Manual (1)	20-1102	Cardio Pa	$24.00	$2.10	$26.10
BIOL1421	AP II Lab Kit (3)	SI10883AP01	Science In	$267.00	$23.36	$290.36
Term 3			**Term Total**	**$573.00**	**$50.14**	**$623.14**
DHCA1411	Clinical Practice of the Dental Hygienist 14e (1)	9781284255997	Jones & B	$132.00	$11.55	$143.55
DHCA1411	Semi Gums w/Calc & w/MF Typodont (2)	P15DP-TR.56C-GSE-MF	Kilgore Int	$250.00	$21.88	$271.88
DHCA1411	Hu-Friedy Instrument Kit CA Only (3)	HF102	Hu-Friedy	$1,271.00	$111.21	$1,382.21
DHCA1411	Henry Schein Instrument Kit - CA (3)	HS102	Henry Sch	$1,275.00	$111.56	$1,386.56
DHCA1411	Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation (1)	9781284019339	Jones & B	$132.00	$11.55	$143.55
DHCA1203	Woelfels Dental Anatomy 9e Enhanced (1)	9781284218244	Jones & B	$107.00	$9.36	$116.36
11DH110	Essentials of Oral Histology and Embryology 6th Edition (1)	9780323876643	Elsevier	$91.00	$7.96	$98.96
11DH110	Darbys Comprehensive Review of Dental Hygiene (1)	9780323679480	Elsevier	$86.00	$7.53	$93.53
DHCA1401	Dental Radiography Principles and Techniques 6e (1)	9780323695503	Elsevier	$96.00	$8.40	$104.40
Term 4			**Term Total**	**$3,440.00**	**$301.00**	**$3,741.00**
11DH104	Dental Materials Clinical Applications for Dental Assistants and Dental Hygienists 5e (1)	9780443114496	Elsevier	$91.00	$7.96	$98.96
DHCA1208	Illustrated Anatomy of the Head and Neck (1)	9780323613019	Elsevier	$92.00	$8.05	$100.05
DHCA1307	Oral Pathology for Dental Hygiene 8e (1)	9780323764032	Elsevier	$115.00	$10.06	$125.06
Term 5			**Term Total**	**$298.00**	**$26.08**	**$324.08**
DHCA2502	Local Anesthesia for the Dental Hygienist (1)	9780323718561	Elsevier	$94.00	$8.23	$102.23
DHCA1101	Q-Optics TTL Loupes (1)	MODEL F-2.5TTL	Quality As	$1,300.00	$113.75	$1,413.75
DH260	What Language Does Your Patient Hurt in 3e (1)	9780763862572	Paradigm	$67.00	$5.86	$72.86
11DH203	Foundations of Periodontics for the Dental Hygienist 6e (1)	9781284261059	Jones & B	$110.00	$9.63	$119.63
DHCA1101	Medical Emergencies: Essentials for the Dental Professional 2E (1)	9780133065626	Pearson E	$100.00	$8.75	$108.75
Term 6			**Term Total**	**$1,671.00**	**$146.21**	**$1,817.21**

11DH224	Dental Public Health & Research: Contemporary Practice for the Dental Hygienist 4e (1)	9780134255460	Pearson E	$126.00	$11.03	$137.03
DHCA2301	Applied Pharmacology for the Dental Hygienist 9e (1)	9780323798631	Elsevier	$85.00	$7.44	$92.44
Term 7			**Term Total**	**$211.00**	**$18.46**	**$229.46**
11DH209	The Dental Hygienist Gde T/Nut Care 6E (1)	9780323797009	Elsevier	$85.00	$7.44	$92.44
11DH226	Ethics & Law in Dental Hygiene 4e (1)	9780323761192	Elsevier	$70.00	$6.13	$76.13
DHCA2604	Understanding Research Methods An Overview of the Essentials 11e (1)	9780367551186	Taylor & F	$120.00	$10.50	$130.50
Term 8			**Term Total**	**$275.00**	**$24.06**	**$299.06**
11DH207	DH HESI V-2 (1)	EXIT V.2	Elsevier	$0.00	$0.00	$0.00
11DH207	DH HESI Exit V-1 (1)	EXIT V.1	Elsevier	$0.00	$0.00	$0.00
Term 9			**Term Total**	**$0.00**	**$0.00**	**$0.00**
			Prgm Total	**$7,115.00**	**$622.56**	**$7,737.56**

Section 4: Cost-Revenue Projections

Start-up Budget and Funding Sources

a. *Local, state, and federal support*
b. *Projected student fees*
c. *Grant support*
d. *Support from other entities such as funding from corporate, private industry, professional associations, donations*
e. *Projected clinic revenue*

Include a 5-year capital and operational line-item budget that includes projected costs for proposed program which includes:

I. *Capital Expenditures*

A. *Facilities (for example):*
1. *Clinic*
2. *Laboratory*
3. *Locker Room*
4. *Reception Room*
5. *Faculty & staff offices*
6. *Other (specify)*

B. *Equipment (for example):*
1. *Dental Units*
2. *Radiography (unit.)*
3. *Laboratory*
4. *Instructional equipment*
5. *Other (specify)*

II. *Non-capital Expenditures*
A. *Instructional materials, e.g., slides, films*
B. *Clinic supplies*
C. *Laboratory supplies*
D. *Office supplies*
E. *Program library collection*
1. *Institutional*
2. *Departmental*
F. *Equipment maintenance and replacement*
G. *Other (specify)*

III. *Faculty*
A. *Salaries*
B. *Benefits*
C. *Professional Development*
D. *Travel for Student Supervision*
E. *Other (specify)*

IV. *Staff*
A. *Secretarial Support*
B. *Clinic Support Staff*
C. *Other (specify)*

V. *Other Categories, if any (specify)*

Section 4: Cost-Revenue Projections

4.a. Local, State, and Federal Support

No local, state, or federal support will be utilized. The resources to begin and sustain the program are 100% institutional.

4.b. Start-up Budget and Funding Sources

Concorde Career College is a private, post-secondary school. Start-up costs are budgeted and approved by Universal Technical Institute. Institutional funding for program implementation includes the construction, equipment, technology, millwork, cabinetry, infrastructure, installation, and commissioning costs necessary to establish the Dental Hygiene facilities. The planned investment supports the complete development of the clinic, Dental Materials Laboratory, sterilization and radiology facilities, faculty and staff work areas, storage, instructional technology, and student-support spaces. Capital expenditures are presented by required budget category in Table 10, while detailed equipment and facility items are identified in Table 5 and the supporting institutional financial model. Revenue will be obtained through program tuition. The estimated financial performance is illustrated below in Table 9.

Financial Performance	
Investment Required – CAPEX	$2,537,500
Start Up CapEx Required	$294,961
Square Footage per Student	107.1
Cost Per Start	2,257
Revenue per Student	$80,859
EBITDA Steady State (Four Years)	$2,364,791

Table 9 Financial Performance

4.c. Projected Student Fees

The projected cost of the program including all student fees is $80,859 per student.

4.d. Grant Support

No grant support will be utilized.

4.e. Additional Support from Other Entities

No additional support from other entities.

4.f. Projected Clinic Revenue

The dental hygiene clinic would offer services for a fee of $20 for adult prophylaxis with adjunctive therapy and $10 for child prophylaxis with adjunctive therapy. Students, staff, and faculty services would be offered free of charge. The clinic will offer community free of charge events such as free of charge care for military veterans. No clinic revenue is assumed.

4.g. Detailed 5-year Capital and Operational Line-Item Budget

The proposed 5-year capital and operational budget reflects a phased approach aligned with program development and student enrollment timelines. This budget strategy prioritizes efficient resource use, compliance with accreditation standards, and readiness for program launch without incurring unnecessary early-stage expenses. Capital expenditure figures may appear underestimated due to benefits from substantial corporate discounts negotiated with vendors. These discounts reduce the actual cash outflow compared to initial estimates based on standard pricing. These lower reported capital and operational line items do not reflect a reduction in asset acquisition or investment scope; it reflects the cost efficiency achieved through vendor agreements. The purchasing department works closely with vendors such as Henry Schein when creating capital and operational budgets.

- Clinic and laboratory supplies share common consumables for hands-on training and clinical practice. Consolidating these costs ensures consistency in resource allocation and avoids duplication. Both areas require similar types of materials, and supplies, which justify equal budgeting.
- There are no budgeted expenditures for instructional materials, clinic supplies, laboratory supplies, office supplies, and secretarial support in years prior to student enrollment because they are directly tied to instructional delivery and program operations. Before students begin the program, the focus is on capital investments such as equipment and facility readiness. Operational costs for faculty, staff, instructional materials and office supplies will commence in the fiscal year when instruction starts, ensuring fiscal responsibility and alignment with actual program activity.
- The compliance budget line item includes graduate related costs associated with employment and licensure.

- The proposed faculty staffing plan has been developed from the instructional schedules, projected enrollment growth, and required faculty-to-student supervision ratios. The Program Director was hired in 2026. A Clinic Coordinator and Administrative Assistant will be hired prior to student enrollment. During initial implementation, the program will employ five full-time dental hygiene faculty members to support didactic, laboratory, preclinical, and clinical instruction.

  As enrollment increases and multiple cohorts progress through the curriculum simultaneously, additional faculty will be added to maintain required faculty-to-student ratios. At full implementation, the program will employ five full-time faculty positions and four part-time faculty positions. The full-time faculty members will provide primary responsibility for didactic instruction, preclinical instruction, clinical supervision, student assessment, calibration activities, advising, and program operations. The part-time faculty members will provide additional radiography, laboratory, preclinical, and clinical supervision during periods when multiple sections operate concurrently and additional faculty are required to maintain established supervision ratios.

  The faculty salaries and benefits budget include funding for five full-time faculty positions and four part-time faculty positions, consistent with the phased staffing plan and projected enrollment growth. This approach ensures adequate instructional and supervisory resources are available throughout implementation and at full enrollment.

  The facility plan supports the proposed staffing model. One dedicated faculty office is assigned to the Program Director, and one dedicated office is assigned to the supervising dentist. Full-time and part-time faculty members will utilize designated workstations within the faculty workroom, providing appropriate workspace for instruction, preparation, assessment, and program-related activities. In addition, the consultation room identified in the facility plan will be available for confidential student advising, mentoring, and academic counseling. This arrangement aligns with the facility plan, office-space allocation, and projected staffing levels throughout program implementation and at full enrollment.

- All student educational activities are completed on campus and no off-site travel for supervision is expected.
- Clinical Equipment: Initial purchase of dental hygiene operatory, radiography, and simulation equipment in 2027, with future expenditures primarily related to maintenance, calibration, and replacement.
- Instructional Technology: Computers, classroom technology, and software acquired for program launch in 2027, followed by routine upgrades and replacements in subsequent years.
- Furniture and Fixtures: One-time expenditures associated with program implementation in 2027, including classroom, office, clinic, and student support furnishings.
- Instructional and Clinical Supplies: Recurring annual expenditures for consumable laboratory, clinical, and instructional materials necessary to support student learning and patient care activities.
- Maintenance and Replacement: Ongoing annual expenditures for equipment service agreements, repairs, calibration, and replacement of items reaching the end of their useful life.

Facility expenditures reported in Table 10 include both construction-related costs and the infrastructure necessary to support instructional and clinical operations. These expenditures include cabinetry, casework, millwork, countertops, storage systems, utility rough-ins, plumbing, electrical service, lighting, compressed-air systems, vacuum systems, network and data infrastructure, equipment installation, calibration, testing, and other related build-out costs. Equipment itemized in Table 5 is presented separately for transparency; however, many items are installed as part of integrated facility construction projects. As a result, clinic, laboratory, radiology, sterilization, locker, reception, and office costs include associated installation and infrastructure expenses required to place the equipment into service.

The Dental Materials Laboratory budget is distributed across multiple capital categories. Facility expenditures include construction, utilities, ventilation, lighting, cabinetry, workstations, storage, and installation, while specialized laboratory equipment and instructional supplies are reported under the applicable equipment and non-capital expenditure categories. Collectively, these expenditures represent the complete cost of creating and operating the fifty-station Dental Materials Laboratory. The categorization used in Table 10 is

intended to distinguish permanent facility improvements from equipment and recurring instructional supplies without excluding any component of the planned laboratory investment.

The radiography budget includes imaging equipment, instructional radiology equipment, digital sensors, scanners, software, positioning systems, training resources, and the related construction and installation costs required to support program operations. Radiology expenditures include both educational and patient-care applications and are reflected consistently throughout the facility, equipment, and operational budget schedules.

	2026	2027	2028	2029	2030
I. Capital Expenditures					
A. Facilities					
Clinic	$0.00	$921,155.89	$9,500.00	$0.00	$0.00
Laboratory	$0.00	$63,731.29	$10,000	$0.00	$0.00
Locker Room	$0.00	$14,760.46	$0.00	$0.00	$0.00
Reception Room	$0.00	$8,604.60	$0.00	$0.00	$0.00
Faculty & Staff Offices	$0.00	$92,941.64	$26,790	$0.00	$0.00
Other	$0.00	$2,085.35	$0.00	$0.00	$0.00
B. Equipment					
Dental Units	$0.00	$511,175	$0.00	$0.00	$0.00
Radiography Unit	$0.00	$77,335.00	$0.00	$0.00	$0.00
Laboratory	$0.00	$64,007	$0.00	$0.00	$0.00
Instructional Equipment	$0.00	$75,292.00	$56,667	$28,333	$0.00
II. Non-Capital Expenditures					
A. Instructional Materials	$0.00	$0.00	$37,050	$74,136	$83,664
B. Clinic Supplies	$0.00	$67,530.69	$147,600	$157,634	$178,966
C. Laboratory Supplies	$0.00	$11,517.94	$10,000	$10,500	$11,025
D. Office Supplies	$0.00	$0.00	$3,015	$3,180	$3,342
E. Program Library Collection					
Institutional	$0.00	$3,445	$2,261	$2,500	$2,500
Departmental	$0.00	$500	$500	$500	$500
F. Equipment Maintenance and Replacement	$0.00	$0.00	$0.00	$2,434	$4,667
G. Other: Compliance	$0.00	$0.00	$64,895	$129,854	$146,543
III. Faculty					
A. Salaries	$108,755	$133,442	$845,367	$1,539,147	$1,658,105
B. Benefits	$16,313	$20,016	$126,805	$230,872	$248,716
C. Professional Development	$0.00	$0.00	$1,440	$1,679	$2,500
D. Travel for Student Supervision	$0.00	$0.00	$0.00	$0.00	$0.00
IV. Staff					
A. Secretarial Support	$0.00	$0.00	$26,385	$52,770	$55,349
B. Clinic Support Staff	$0.00	$0.00	$58,240	$60,819	$63,578
C. Other: Benefits	$0.00	$0.00	$5,016.28	$7,246.98	$7,587.54

Table 10 Capital and Operational Line-Item Budget

Table 5 identifies detailed facility, equipment, radiography, instructional, furniture, technology, and infrastructure expenditures associated with development of the Dental Hygiene program. Table 10 reorganizes many of these expenditures into required budget categories. As a result, certain equipment and infrastructure costs are reported within associated facility categories because they are installed as part of integrated construction and build-out activities. Appendix H reflects the broader institutional financial model utilized by Concorde Career Colleges for capital planning and includes corporate-level facility allocations, leasehold improvements, and implementation assumptions. While presented differently across the documents, the expenditures represent the same planned investment in facilities, equipment, technology, and operational readiness required to establish and sustain the proposed Dental Hygiene program.

Admission and progression criteria:

a. *Admission criteria:*
   - *Institutional policies*
   - *Educational program selection policies*

b. *Progression and graduation criteria:*
   - *Institutional criteria for progression and graduation*
   - *Educational program's criteria for progression and graduation, including grading policies*

Student policies:

a. *Provisions for student health and housing*

b. *Provisions for counseling and guidance*

c. *Financial aid policies, scholarship and grant opportunities*

d. *Appeals Provisions*

Section 5: Students and Student Services

5.a.1 Admission Criteria: Institutional Policies

The admissions criteria will be the same as the admissions policies and criteria at our other Dental Hygiene programs. Admission to the dental hygiene program is competitive. Special admissions criteria and procedures are used to ensure that students who have the potential to successfully complete the program are chosen for admission. Entrance requirements include documentation of high school graduation or successful passage of the GED, attaining a minimum score of 20 on the Wonderlic assessment, and a minimum cumulative score of 70% on the HESI A2 Examination.

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

- 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.

- College-level general education courses in the topic areas of:

  (i) Oral Communication

  (ii) Written Communication *

  (iii) Psychology

  (iv) Sociology

  (v) Mathematics *

  (vi) Cultural Diversity **

  (vii) Nutrition **

  * Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course.

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

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

  (i) Anatomy

  (ii) Physiology

  (iii) Inorganic Chemistry

  (iv) Biochemistry or Organic Chemistry with Biochemistry

  (v) Microbiology

5.a.2. Educational Program Selection Policies

Further selection of applicants will be based on the criteria listed in the Dental Hygiene Weighted Selection Point System. An example of the selection criteria is below (Figure 5).

HEALTH CARE EXPERIENCE/CREDENTIAL	POINTS	YES/NO	VERIFIED*	AWARDED
One or more years Dental Experience	2			
Graduate of a Dental Assistant Program	2			
Graduate of an alternate Allied Health Program	1			
CDA / RDA Licensure	3			
ACADEMIC ACHIEVEMENT	**POINTS**	**YES/NO**	**VERIFIED***	**AWARDED**
High School Courses *(unofficial transcripts acceptable for scoring system documentation)*				

Algebra	A=3/B=2			
Chemistry	A=3/B=2			
Other Science Course(s)	A=3/B=2			
College Courses *(unofficial transcripts acceptable for scoring system – official transcripts are required for transfer credit)*				
Oral Communication	A=3/B=2			
Written Communication	A=3/B=2			
Psychology	A=3/B=2			
Sociology	A=3/B=2			
Cultural Diversity	A=3/B=2			
Nutrition	A=3/B=2			
Anatomy with Wet Lab	A=4/B=3			
Physiology with Wet Lab	A=4/B=3			
Microbiology with Wet Lab	A=4/B=3			
General & Inorganic Chemistry with Wet Lab	A=4/B=3			
Organic and Biochemistry with Wet Lab	A=4/B=3			
Degree Completion				
Associate's degree	4			
Bachelor's degree	6			
Master's degree or above	8			
Testing				
HESI A^2 Exam *(Minimum 70) Add # of points above minimum*				
DH PROGRAM INTERVIEW *(for DH department use only)*	**POINTS**			**AWARDED**
Professional Dress & Grooming	1-2			
Enthusiasm & Positive Demeanor	1-2			
Appropriate Responses	1-2			
Communication Skills	1-2			
Self-Confident & Respectful	1-2			

Figure 5 Example Dental Hygiene Weighted Point System

Candidates who have met the entrance requirements will qualify for initial enrollment and be placed on a waitlist to be considered for one of the available seats in the Dental Hygiene program based upon the approved cohort structure. Applicants must then create an admissions portfolio which includes all required documentation for the Dental Hygiene Weighted Selection Point System. To qualify for an interview with the program director, portfolio contents must be complete. The admissions process has been outlined below (Figure 6)

Steps	Admissions Process
1	The interested candidate makes an appointment with an Admissions Representative. He/she receives a tour of the campus, a copy of the Dental Hygiene Application Packet, and an overview of the waitlist procedure. The Weighted Selection Point System Scoring Sheet is reviewed and discussed.
2	The applicant takes the Online Readiness Assessment and the Wonderlic examination, which must be passed with a minimum score of 20.
3	Upon successful completion of the Wonderlic exam, the applicant is eligible to schedule an appointment to take the HESI A2 Exam

4	When the candidate is successful in passing the HESI A2 Exam with a minimum cumulative score of 70%, enrollment paperwork is initiated, and the applicant is put on the waitlist.
5	With the candidate's authorization, Concorde will arrange for a background check to be performed. Acceptable results must be obtained in order for the applicant to remain enrolled.
6	The applicant will then make an appointment with a Financial Aid representative to develop a tentative plan for financing his/her education.
7	At this time the applicant must request that official copies of High School/GED transcripts for proof of graduation be submitted directly to the Concorde admissions representative. Only official transcripts will be accepted for this purpose.
8	Applicants who want to have college courses evaluated for transfer to Concorde must request official transcripts; and a copy of the course description of the course(s) from the catalog year that they were taken in. Only college-level general education courses in Oral Communication, Written Communication, Psychology, Sociology, Cultural Diversity, and Nutrition will be considered for transfer. Only college-level biomedical science courses, each of which must include a wet laboratory component in Anatomy, Physiology, Inorganic Chemistry, Biochemistry or Organic Chemistry with Biochemistry, and Microbiology will be considered for transfer. Transcripts must be sent in a sealed envelope directly to the Academic Dean of the campus where the applicant is applying.
9	Applicants must also collect unofficial transcripts of high school and college courses that qualify; and all other needed documentation for the items listed on Weighted Selection Point System Scoring Sheet.
10	Once transferability of his/her general education courses has been confirmed, the applicant will make an appointment with Financial Aid to finalize payment options/ loan packaging.
11	Applicants who have successfully completed steps 1-10 will be contacted for an interview with the Dental Hygiene Program Director. Applicants must bring their completed application portfolio to this interview (see Dental Hygiene Admissions Checklist).
12	After final scoring of all applicants, the Admissions Committee will choose the top 50 applicants. The next three qualified applicants in the ranking will be designated as alternates. All applicants will be notified of their standing a minimum of two weeks prior to their start date.
13	Successful applicants must confirm with the Director of Admissions that they will accept their seat in the program. At this time, they will be informed about the date and time of the mandatory program orientation meeting

Figure 6 Admissions Process

In addition to the specific program requirements, prospective students will be required to meet the general admissions requirements outlined in the Concorde Career College catalog and included below. The following items must be successfully completed prior to enrollment and prior to being eligible to sit in class:

- Personal interview and campus tour
- Completion of all admissions documentation, including but not limited to the Enrollment Agreement and disclosures
- Completion and passage of applicable entrance assessments

- Completion of Online Readiness Assessment
- Acceptable proof of graduation, which includes one of the following (1):
- Copy of high school diploma or unofficial or official transcripts (must be a standard high school diploma not including special diploma, certificate of completion or other diplomas that do not meet the standards or regular high school requirements)
- Home school transcripts
- Copy of a General Education Diploma (GED) or successful completion of other high school equivalency exam (e.g. HiSET)
- Copy of a diploma, unofficial or official transcripts of a conferred Associate, Bachelor's, Master's or Doctoral degree from an accredited postsecondary institution recognized by the U.S. Department of Education.
    - In accordance with Federal regulations, to be a recognized equivalent of a proof of high school diploma, the following are acceptable:
        - Successful completion of an associate degree program (diploma or transcripts);
        - Success completion of at least 60 semester or trimester credit hours or 72 quarter credit hours that did not result in the awarding of an associate degree, but that are acceptable for full credit toward a bachelor's degree at any institution (transcripts); or
        - Enrollment in a bachelor's degree program where at least 60 semester or trimester credit hours or 72 quarter credit hours have been successfully completed, including credit hours transferred into the bachelor's degree program (transcripts).
        - Foreign transcripts (high school or college) accompanied by foreign evaluation report and translation (if applicable).

(1) Acceptable documentation of high school graduation must be received by the Institution prior to the student's first scheduled class of the program. It is the student's responsibility to provide acceptable documentation of high school graduation or its equivalency, as well as any additional documentation that may be needed to support the validity of the documentation. Any student who does not provide valid documentation

of high school graduation or its equivalent within this timeframe will be unregistered from all classes and his or her program of study.

Prospective students may be conditionally accepted contingent upon satisfaction of all admissions requirements and receipt of supporting documentation no later than the first scheduled day of class. Admission to Concorde is open to all applicants who will be 18 years of age at the time the clinical/externship portion of their program begins (as applicable). A parent, legal guardian, or spouse of legal age must co-sign the Enrollment Agreement for applicants under 18.

A health certificate, immunization records, and the results of certain tests may be required for some programs.

Applicants must be able to read, speak, and write English.

Please refer to the "Financial Information" section of this catalog for information on additional requirements applicable to tuition financing.

All applicants must be citizens, permanent residents, or eligible noncitizens of the United States.

Documentation of eligibility status may be required.

Social Security Number

Applicants for admission must possess a valid social security number. Documentation must be provided upon request. A valid social security number is required to be registered and/or certified by appropriate boards. Other documents may be required by some licensing agencies.

Foreign Students

Applicants indicating that they graduated from a foreign high school and have the equivalent of a U.S. secondary education must present original credentials (diploma, transcript, etc.). In addition, documentation from foreign countries must be translated and certified to be at least the equivalent of a U.S. high school diploma.

Foreign Transcripts

Coursework taken at a foreign institution (excluding secondary school documents that are in English and are recognized by the U.S. Department of Education) must be evaluated for equivalence to coursework taken at

a United States institution. Concorde only accepts for consideration the evaluations of foreign coursework conducted by agencies approved by the National Association of Credential Evaluation Services (NACES) or Association of International Credential Evaluators, Inc. (AICE), which charge applicants directly for these services. Listings of approved agencies can be found at:

- www.naces.org
- www.aice-eval.org

Document Integrity

Any forged/altered academic document, foreign or domestic, submitted by a prospective student will be retained as property of the Institution and will not be returned to the prospective student. The student will not be considered for admission. If a student is currently attending, and the Institution becomes aware of a forged credential, the following applies:

If the forged document was used to admit the student, and the absence of that credential would make the student inadmissible, the student will be dismissed from the Institution with no earned credits awarded; or If the forged document was used to gain transfer credit, the student will be dismissed from the Institution and any transfer credit already awarded from the forged credential will be removed.

Personal Interview

The school requires a personal, on-campus interview with each applicant prior to acceptance into any program. The school encourages parents or spouses to attend the interview. This gives applicants and their families the opportunity to see the campus' equipment and facilities and to ask specific questions relating to the school, the curriculum, and the career training being considered. The personal interview also gives the school the opportunity to meet prospective students and evaluate their qualifications and aptitude. Certain programs may also require an interview with the program director prior to enrollment.

Acceptance by the School

For all other programs, once all entrance requirements have been completed, the applicant will be placed on a waitlist.

Student Orientation

Prior to beginning classes, all new students attend an orientation program. Orientation facilitates a successful transition into Concorde; therefore, attendance for new students is imperative regardless of prior college experience. At orientation, students are acquainted with the campus, administrative staff, faculty and their peers. Administrative departments explain ways in which they assist students and clarify students' rights and responsibilities. In the event a student is unable to attend orientation, Student Affairs will meet with the student during the first week of class to ensure all relevant information is reviewed with him/her.

Waitlists

Concorde limits the number of students who are accepted for admission to its programs to maintain optimum faculty to student ratios and ensure appropriate clinical opportunity for all students. Once all applicants are processed, those placed on the waitlist will be ranked using a rubric. The rubric is a points-based assessment, with points awarded based on applicant success in the following components: Online Readiness Assessment, clinical entrance assessment, interview with department personnel, and financial readiness.

Alternates

Depending on circumstances, students may be conditionally accepted into certain programs as an Alternate Student. Alternates are chosen based on the rank order of the waitlist. Waitlist applicants selected as an alternate must attend orientation and all classes scheduled in the first seven calendar days. Alternates are subject to the requirements of the school catalog, including attendance, behavior, dress code, and classroom assignments.

Should space become available within the seven days, alternates have the opportunity to be accepted as regular students. If not formally accepted as regular students during the seven days, alternates will not be able to attend further classes. If not accepted as regular students, alternates will not incur any tuition charges. Alternates may be charged for books and equipment not returned in accordance with the requirements of the school catalog and the Enrollment Agreement. Alternates not accepted as regular students have the option of transferring their enrollment to a future start date or canceling it.

Retest for Waitlist

Prospective students who are placed on a waitlist for any program may retest for a higher score at their own expense. Contact the Director of Admissions for further information.

Distance Education

Currently, the school offers General Education classes and certain core classes through online delivery. The online courses are offered through a consortium agreement with Concorde Career College, Kansas City, Mo. Certain courses may only be offered in a distance education format; therefore, all students must meet the requirements outlined in the "Distance Education/Online" section of this catalog.

In addition to the Entrance Assessment Requirements below, all students must take an Online Readiness Assessment (ORA) immediately following the first attempt of the Wonderlic. A passing score on the Wonderlic does not preclude the requirement for the applicant to complete the ORA. The ORA is used for assessing the applicant's readiness for online coursework and to identify any obstacles where he or she may need extra support or guidance.

All program progression and graduation requirements are included in the Campus Catalog prospective students are provided during their initial interview. The catalog is also available on the Concorde website (https://catalogs.concorde.edu/).

A diploma, certificate, or degree will be issued to students upon successful completion of all academic requirements. Successful completion of all courses listed in the program breakdowns requires a minimum cumulative grade point average of 2.0 or above. All externships/clinicals must also be successfully completed with a passing grade. Duplicate diplomas or certificates take approximately 14- 30 working days after payment to produce. A fee will be assessed for all duplicate requests.

5.b. Progression and Graduation Criteria

5.b.1. Institutional Criteria for Progression and Graduation

To be considered a Concorde graduate, students are required to successfully complete all program requirements. This includes all phases of their didactic training as well as their externship and/or clinical education.

Students are required to earn a minimum of 75% of their credits/hours in residence at Concorde Career College/Institute. Therefore, the total of transfer credits and online classes cannot exceed 25% of a program's credits/hours. An exception may be made for students transferring to the same program of study at another Concorde school.

To remain in good academic standing and maintain financial aid eligibility, students must meet the following minimum Satisfactory Academic Progress (SAP) standards as measured at the end of each grading and/or payment period:

1. Must maintain a minimum cumulative grade point average (CGPA) of 2.0.
2. Must maintain a rate of progress (ROP) of 66.67% or greater.
3. Must be able to complete the program within 150 percent of the program length (Maximum Time Frame [MTF]).

Cumulative Grade Point Average (CGPA)

CGPA measures the quality of the student's work by assigning quality points to each letter grade and weighting the course by the credit hours. Only courses with earned grades required in the student's program of study are included in the CPGA calculation. In the case of repeated coursework, only the most recent attempt is counted toward the CGPA.

Rate of Progress (ROP)

Students are required to maintain a satisfactory ROP toward successful completion of their program. ROP is defined as the credit hours completed divided by the credit hours attempted. All periods of the student's enrollment for the current program count when assessing progress, even periods in which the student did not receive Federal Student Aid (FSA) funds.

Maximum Time Frame (MTF)

Students must be able to successfully complete all the required course credit hours of their program within the Maximum Time Frame. To maintain SAP, the credit hours attempted cannot exceed one and one-half times (1.5) or 150 percent of the credit hours required to complete a program.

SAP Evaluation

Each program is broken down into grading periods and payment periods. At the end of each of these periods, the student's CGPA, ROP and MTF will be evaluated. The evaluation will ensure that all aspects of Satisfactory Academic Progress are met. A student failing to maintain the minimum standards of Satisfactory Academic Progress will be notified of such and will face administrative actions. These actions include being placed on Academic Warning, Academic Probation or dismissal from the program at the end of a grading period. In addition, a student failing to maintain Satisfactory Academic Progress at the end of a payment period may be placed in a Financial Aid (FA) Warning status or Financial Aid Probation status, or the student may lose Federal Financial Aid eligibility altogether.

The outcome of SAP Evaluation is different depending on whether a student is enrolled in a Non-Term Program or a Term Based Program.

Academic Warning

A student not meeting all aspects of Satisfactory Academic Progress (CGPA, ROP and MTF) at the end of a grading period will be placed on Academic Warning. The school will advise the student of his or her status immediately upon completion of the SAP evaluation, and, in cooperation with campus academic leadership, the student will be required to complete an Academic Success Plan (ASP).

The student will remain in Academic Warning status until; a.) the student's SAP is evaluated at the end of the upcoming grading period, is met, and the student is returned to good academic standing and Active status; or b.) the student does not meet the requirements agreed to in the Academic Success Plan created at the beginning of the grading period whereupon the student will be notified of pending dismissal from the program. A student may appeal pending dismissal in writing to the Academic Dean within 72 hours of notification. (see Satisfactory Academic Progress Appeals) A student who does not file an appeal or for whom an appeal is not granted will be academically dismissed. A student submitting a successful appeal will be placed in Academic Probation status.

Academic Probation

A student notified of pending dismissal who submits a successful SAP Appeal will be placed in Academic Probation status. A student on Academic Probation who fails to meet the requirements of the Academic Success Plan created at the beginning of the Academic Probation grading period will be dismissed.

Active Status

A student on Academic Warning or Academic Probation will be returned to good standing and Active status at the end of a grading period in which all Satisfactory Academic Progress standards are met.

Academic Success Plan

At the end of every grading and/or payment period in which a student does not meet Satisfactory Academic Progress standards, campus academic staff will assist the student in creating an Academic Success Plan. The Academic Success Plan will outline, in detail, minimum academic performance standards for the students for the upcoming term. The student must acknowledge and meet the requirements of the Academic Success Plan to remain enrolled in the program.

Satisfactory Academic Progress Appeals

A student may appeal dismissal from the program due to failure to meet SAP and/or the loss of financial aid based on mitigating circumstances.

Written appeals must include:

- A clear statement about the mitigating circumstances that caused the student to be unsuccessful and include appropriate supporting documentation of such circumstances;
- An explanation of how such mitigating circumstances contributed to the student's academic situation;
- An explanation about what has changed in the student's situation that would allow the student to attain Satisfactory Academic Progress at the next payment period; and
- An acknowledged and signed Academic Success Plan created with the assistance of campus academic staff.

- If the student does not submit an appeal within 72 hours of notification, or the appeal is denied, the student will be academically dismissed.

Records of grades are maintained by the Registrar. Students receive letter grades at the end of each grading period (course) using the official letter grading scale. Grades are based on assignments, tests, and manipulative performance examinations given with each unit of learning. At the end of each evaluation period, the student's cumulative grade point average (CGPA) will be determined.

Incomplete Grades

All missed exams and assignments must be complete by the last day of the current term. In rare circumstances, an "I" (incomplete) grade may be issued with the approval of the Academic Dean or the Campus President. The student will then have seven calendar days (excluding published holidays) in which to make up the missing work. A student who has a final grade of "I" and who has not made up the work by the end of this period, will receive a course grade calculated based on a grade of zero for the missing work. Any action that may result from a grade calculated on this basis (such as probation, being required to repeat the course, or withdrawal/dismissal) will be executed immediately.

When the "I" is replaced with a letter grade, Satisfactory Academic Progress will be recalculated based on the letter grade and the credits earned. Incompletes, although a temporary grade, will be included as attempted credits.

Course Co-Requisites

Some programs require courses to be taken concurrently. These courses are identified as co- requisite courses. A student who fails a lecture course will also receive a failing grade (F) for any lab or clinical course identified as a co-requisite to the failed course(s) regardless of the grade earned for the clinical/lab course. A student who fails a clinical or lab course but passes the/all co-requisite lecture course(s) is required to repeat only the failed clinical or lab course. If a course is co-requisite with one or more other courses, that requirement is listed in each course description or in the program matrix in this catalog.

Grading Scale Key

Modifier	Description	Meaning

1	Superscripted 1 with letter grade	Course must be repeated
2	Superscripted 2 with letter grade	This course does not impact GPA but does count toward rate of progress
3	Superscripted 3 with letter grade	This course does not impact CGPA and is not assigned credits, attempted, or earned credit hours
N/E	In the GPA column	No effect on grade point average (GPA)

Table 11 Grading Scale Key

General Education Classes

This is the official letter grading scale for all non-nursing general education courses.

Letter Grade	Numerical %	Description	GPA
A	90–100	Highly Competent	4.00
B	80–89	Fully Competent	3.00
C	70–79	Competent	2.00
F_1	0–69	Not Competent	0.00
T_3	N/A	Transfer of Credit	N/E
I	N/A	Incomplete	N/E
W_2	N/A	Withdrawn from Course	N/E

Table 12 General Education Grading Scale

Pass/Fail Courses

The following grading scale will be used for courses identified as pass/fail. These courses do not impact CGPA, but they do count toward rate of progress and maximum time frame.

Letter Grade	Numerical %	Description	GPA
P	N/A	Successful completion of a Pass/Fail course	N/E
$F_{1,2}$	N/A	Failure of a Pass/Fail course	N/E
T_3	N/A	Transfer of Credit	N/E
I	N/A	Incomplete	N/E
W_2	N/A	Withdrawn from Course	N/E

Table 13 Pass/Fail Grading Scale

5.b.2 Educational Program's Criteria for Progression and Graduation Program Overview

Dental Hygienists are licensed, professional oral clinicians and dental health educators who prevent and treat oral disease, promote and encourage preventive aspects of dental care, and assume responsibility for patient care in the dental office. They provide a variety of services to patients, including comprehensive examination of the oral cavity, radiographs, prophylaxis, fluoride treatments, patient education, and preventive services. They are required to pass written and clinical examinations before they apply for licensure to practice.

Dental Hygienists are integral members of the dental team who use their dental, clinical, and social sciences to aid individuals in achieving optimum oral health. Besides working in a private dental practice, Dental Hygienists also work as educators, administrators, and researchers.

Program Mission

The mission is to provide a supportive learning environment in which the student acquires theoretical knowledge, technical skills, and professional attributes necessary to qualify for licensure as a Registered Dental Hygienist and entry-level employment as a Dental Hygienist. The program strives to instill the importance of personal growth, professional commitment, community involvement, and continued research. Graduates will be eligible to sit for the National Board Dental Hygiene Examination. Registration and certification requirements for taking and passing these examinations are not controlled by Concorde, but by outside agencies, and are subject to change by the agency without notice. Therefore, Concorde cannot guarantee that graduates will be eligible to take these exams, at all or at any specific time, regardless of their eligibility status upon enrollment.

California State Licensure Requirements

Graduate from a Commission on Dental Accreditation (CODA)-accredited Dental Hygiene program. Undergo a criminal history investigation. Pass a written California Dental Law & Ethics Examination. Pass the National Board Dental Hygiene Examination. Pass the California state clinical board or an authorized regional clinical board.

Program Delivery

The Dental Hygiene program is delivered in a blended format. Courses will be delivered entirely online, entirely on-ground or with an appropriate blend of both online and on-ground hours in the same course. Of the 2,275 program hours, a maximum of 360 course hours (15.8%) may be offered online. The program hours include general education courses. Completion of the general education courses are requisite prior to starting the program specific courses. 1,675 of the program hours are specific to the dental hygiene program content.

The Dental Hygiene curriculum is delivered in academic terms that are a minimum of eleven (11) weeks in length, consisting of ten (10) weeks of instructional activities and one (1) week designated for final examinations, competency assessments, and course completion activities. This term structure provides sufficient

time for delivery of didactic, laboratory, preclinical, and clinical instruction while supporting student achievement of course outcomes, competency requirements, and progression standards. The academic calendar is designed to ensure students receive the instructional and clinical experiences necessary to satisfy program requirements, DHBC regulations, and applicable accreditation standards.

Program Objectives

The objective of the program is to graduate dental hygienists who are knowledgeable, competent, and service-oriented care providers. The Dental Hygiene curriculum prepares students through an array of skill sets with learning objectives that include extraoral and intraoral exams, periodontal and dental exams, patient history reviews, vital sign checks, oral prophylaxis, and risk assessment. Students are expected to operate in an ethical, legal, safe, and effective manner under proper supervision. Program graduates will recognize, respect, and act with consideration for patients' individual differences, values, preferences, and expressed needs.

Term 1

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
BIOL1431	Microbiology with Wet Lab			45 (45 / 0)	30 (30 / 0)		4
ENGL1310	English Composition I			45 (0 / 45)	0	0	3
MATH1320	College Algebra			45 (0 / 45)	0	0	3
PSYC1310	General Psychology			45 (0 / 45)	0	0	3
			Subtotal	**180 (45/135)**	**30 (30/0)**	**0**	**13**

Term 2

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
BIOL1411	Anatomy & Physiology I with Wet Lab			45 (45 / 0)	30 (30 / 0)	0	4
CHEM1411	General and Inorganic Chemistry with Wet Lab			45 (45 / 0)	30 (30 / 0)	0	4
SOCI1310	Introduction to Sociology			45 (0 / 45)	0	0	3
			Subtotal	**135 (90/45)**	**60 (60/0)**	**0**	**11**

Term 3

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
BIOL1421	**Anatomy & Physiology II with Wet Lab**	BIOL1411		45 (45 / 0)	30 (30 / 0)	0	4
CHEM1421	**Organic and Biochemistry with Wet Lab**	CHEM1411		45 (45 / 0)	30 (30 / 0)	0	4
COMM1310	**Elements of Human Communication**			45 (0 / 45)	0	0	3
			Subtotal	**135 (90/45)**	**60 (60/0)**	**0**	**11**

Term 4

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH110	**Oral Embryology & Histology**			45 (30 / 15)	0	0	3
DHCA1203	**Dental Anatomy/Tooth Morphology**	BIOL1431 BIOL1411 BIOL1421		30 (30 / 0)	0	0	2
DHCA1401	**Dental Radiography**			45 (20 / 25)	45 (45 / 0)		4
DHCA1411	**Pre-Clinic I**	BIOL1431 BIOL1411 CHEM1411 BIOL1421 CHEM1421		30 (30 / 0)	80 (80 / 0)	0	4
			Subtotal	**150 (110/40)**	**125 (125/0)**	**0**	**13**

Term 5

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH104	**Dental Materials**			15 (10 / 5)	30 (30 / 0)	0	2
DH140	**Dental Hygiene Process of Care**			15 (15 / 0)	0	0	1
DHCA1208	**Head & Neck Anatomy**	BIOL1431 BIOL1411 BIOL1421		40 (30 / 10)			2.5
DHCA1307	**General and Maxillofacial Pathology**			45 (45 / 0)	0	0	3
DHCA1405	**Pre-Clinic II**	DHCA1411		30 (30 / 0)	80 (80 / 0)	0	4
			Subtotal	**145 (130/15)**	**110 (110/0)**	**0**	**12.5**

Term 6

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH203	Periodontology			45 (40 / 5)	0	0	3
DH261	Cultural Awareness			15 (15 / 0)	0	0	3
DHCA1101	Medical and Dental Emergencies			15 (15 / 0)	0	0	1
DHCA2502	Dental Hygiene II	DHCA1411 DHCA1405		40 (40 / 0)	0	160 (160 / 0)	5.5
			Subtotal	**115 (110/5)**	**0**	**160 (160/0)**	**12.5**

Term 7

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH224	Dental Public Health			45 (30 / 15)	0	0	3
DHCA2301	Dental Pharmacology	MATH1320		45 (45 / 0)	0	0	3
DHCA2503	Dental Hygiene III	DHCA2502		30 (30 / 0)	0	165 (165 / 0)	5
			Subtotal	**120 (105/15)**	**0**	**165 (165/0)**	**11**

Term 8

COURSE #	COURSE TITLE	PRE-REQUISITES	CO-REQUISITES	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH209	Nutrition			45 (20 / 25)	0	0	3
DH226	Dental Law/Ethics			30 (20 / 10)	0	0	2
DHCA2604	Dental Hygiene IV	DHCA2503		45 (45 / 0)	0	165 (165 / 0)	6
			Subtotal	**120 (85/35)**	**0**	**165 (165/0)**	**11**

Term 9

COURSE #	COURSE TITLE	THEORY HOURS (GROUND/ONLINE)	LAB HOURS (GROUND/ONLINE)	CLINICAL HOURS (GROUND/ONLINE)	SEMESTER CREDIT HOURS
DH207	Dental Hygiene Seminar	30 (30 / 0)	0	0	2
DH130	Dental Office Management	15 (10 / 5)	0	0	1
DH277	Board Review	60 (40 / 20)	0	0	4
DHCA2505	Dental Hygiene V	45 (45 / 0)	0	150 (150 / 0)	5.5

DH104: Dental Materials

Credit Hours: 2
Clock Hours: 15/30/0

This course is designed to introduce the dental hygienist to a variety of dental materials used in the dental office. It focuses on history, composition, properties, and uses of materials, as well as techniques of manipulation and how this assists the hygienist in a professional capacity. This course enhances the ability of the student to make judgments in a clinic or office regarding the use of dental materials with consideration of how they react in the oral cavity.

DH110: Oral Embryology & Histology

Credit Hours: 3
Clock Hours: 45/0/0

This course deals with cells and tissues of the body, focusing on those tissues composing the head, neck, and oral cavity. Emphasis is placed on dental histology, embryology, general histology, and healing and repair in the oral structures.

DH130: Dental Office Management

Credit Hours: 1
Clock Hours: 15/0/0

In this course, the students will utilize dental practice management software for electronic data collection, as well as financial and treatment record keeping. In this course, the students will identify the responsibilities of the dental hygienist within a dental practice. The students will recognize the complexity of patient care as it applies to creating and understanding concept maps. The students will discuss and propose a plan to use calendars, time management, prioritizing and organizational skills to increase productivity.

DH140: Dental Hygiene Process of Care

Credit Hours: 1
Clock Hours: 15/0/0

This introduces students to employ critical decision-making skills to reach conclusions about the patient's needs related to oral health and disease that fall within the dental hygiene scope of practice. Students will learn how to work with the dentist to integrate their respective diagnoses and treatment plans into a single comprehensive plan that requires a full spectrum of professional knowledge, skills and judgments. This collaborative relationship between the dental hygienist and dentist ensures that the comprehensive treatment needs of the patient will be identified, evaluated and addressed.

DH203: Periodontology

Credit Hours: 3
Clock Hours: 45/0/0

This course will cover periodontal anatomy, normal periodontal tissues, etiology, pathology, and clinical manifestations of periodontal disease. It will also address periodontal therapy, including preventive, surgical and non-surgical methods. Specific topics will include periodontal disease complexity, prevention of the disease, treatment, drug therapy, and osseous integration.

DH207: Dental Hygiene Seminar

Credit Hours: 2
Clock Hours: 30/0/0

This course is developed for second-year students to obtain new information regarding dental hygiene procedures or practice. The focus is on advanced student presentation evaluation. Special emphasis is on presentation and discussion of such topics as case histories, treatment plans, and preventive measures.

DH209: Nutrition

Credit Hours: 3
Clock Hours: 45/0/0

Basic principles of chemistry, biochemistry, and nutrition in health and disease with emphasis on the relationship between nutrition and dental caries or periodontal disease. Focus is on nutritional counseling in preventive dentistry.

DH224: Dental Public Health

Credit Hours: 3
Clock Hours: 45/0/0

Integration of basic dental public health procedures and dental health instruction as they apply in clinical and community settings. Topics include fluoridation, dental sealants, dental screenings, planning and operation of community health programs, and dental health promotion and education activities.

DH226: Dental Law/Ethics

Credit Hours: 2
Clock Hours: 30/0/0

This course covers the fundamentals of law and ethics for healthcare careers. It concentrates on workplace liabilities and legalities, the law and court system, malpractice, medical records, and informed consented bioethics. Other components of this course will be surveyed briefly throughout the semester.

DH260: Cultural Diversity

Credit Hours: 1
Clock Hours: 15/0/0

This course provides an understanding of cultural diversity in the U.S. workforce, emphasizing practical guidelines for incorporating cultural understanding in public health settings with respect to issues of health disparities in the United States. Topics include cultural differences in the healthcare workplace, valuing and managing diversity, and the development and implementation of culturally appropriate programs.

DH261: Cultural Awareness

Credit Hours: 3
Clock Hours: 15/0/0

This course provides an understanding of cultural awareness within the U.S. workforce, emphasizing practical approaches for understanding and respecting community-based perspectives in public health settings. Students will examine how cultural beliefs and practices influence healthcare delivery and contribute to health disparities in the United States. Topics include cultural influences in the healthcare workplace, strategies for effective cross-cultural communication, and the development and implementation of informed health programs.

DH277: Board Review

Credit Hours: 4
Clock Hours: 60/0/0

This course is designed to give students the necessary knowledge and practice to successfully take and pass the National Board Dental Hygiene Examination.

DHCA1101: Medical and Dental Emergencies

Credit Hours: 1
Clock Hours: 15/0/0

This course is developed for the student to obtain new information regarding assessment and management of emergencies in a dental office.

DHCA1203: Dental Anatomy/Tooth Morphology

Credit Hours: 2
Clock Hours: 30/0/0

This course emphasizes the anatomical structures of tooth morphology for the Dental Hygiene student. Emphasis will be on clinical appearance of oral structures, dental terminology, morphology of the permanent and primary dentition patterns, and the occlusion and malocclusion within the dental arches.
Prerequisites:
BIOL1431, BIOL1411, BIOL1421

DHCA1208: Head & Neck Anatomy

Credit Hours: 2.5
Clock Hours: 40

This course emphasizes the anatomical structures of the head and neck. Course content includes the study of osteology, musculature, neurology, vasculature, Lymph, Glands and nerves of the head and neck.
Prerequisites:
BIOL1431, BIOL1411, BIOL1421

DHCA1307: General and Maxillofacial Pathology

Credit Hours: 3
Clock Hours: 45/0/0

This course provides the student with practical information to aid in the diagnosis of oral injury and disease. The focus is on etiology, clinical features, treatment, and prognosis.

DHCA1401: Dental Radiography

Credit Hours: 4
Clock Hours: 45/45

In this course, the student relates the essential theory of radiography to practice and applies basic radiographic techniques utilized in dental hygiene. The student analyzes radiographic films, interprets and identifies anatomical landmarks, radiographic quality and abnormalities. Students appraise the value of new technologies in radiography.

DHCA1405: Pre-Clinic II

Credit Hours: 4
Clock Hours: 30/80/0

This course builds on all of the knowledge and skills introduced in DHCA1411 with the expectation that those foundational skills will be carried on throughout in this course as students now learn initial instrumentation skills with scalers and curettes. Skills culminate in a clinical process evaluation to include all learned skill from both Pre-clinic courses.
Prerequisites:
DHCA1411

DHCA1411: Pre-Clinic I

Credit Hours: 4
Clock Hours: 30/80/0

This course introduces basic skills that will be utilized while providing dental hygiene care in a clinical setting. These skills include infection control, process of care, medical/dental histories, vital signs, extra oral and intraoral examination, examination and charting-hard and soft tissues, and ergonomics.
Prerequisites:
BIOL1431, BIOL1411, CHEM1411, BIOL1421, CHEM1421

DHCA2301: Dental Pharmacology

Credit Hours: 3
Clock Hours: 45/0/0

Study of pharmacology as it affects the clinical practice of dental hygiene. Emphasis will be on the drugs and drug groups most commonly used in dentistry. Oral manifestations of drugs prescribed for the dental patients will be addressed.
Prerequisites:
MATH1320

DHCA2502: Dental Hygiene II

Credit Hours: 5.5
Clock Hours: 40/0/160

The students in this course continue to practice dental hygiene skills while utilizing problem-solving skills. Students recognize and utilize advanced instrumentation techniques, power-driven scaling and implant maintenance care. Students practice delivery of local anesthesia and nitrous oxide analgesia.
Prerequisites:
DHCA1411, DHCA1405

DHCA2503: Dental Hygiene III

Credit Hours: 5
Clock Hours: 30/0/165

In this course, students will continue to practice principles learned in Pre-Clinic I and II. Students will recognize and manage the special needs patient.
Prerequisites:
DHCA2502

DHCA2505: Dental Hygiene V

Credit Hours: 5.5
Clock Hours: 45/0/150

In this course, the student demonstrates and maintains clinical competency of dental hygiene skills. Students will execute a comprehensive care plan for an advanced periodontal case-type patient. Students will present a case study based on the aforementioned plan. Students will study future trends and technological advances in dentistry along with dental specialties.
Prerequisites:
DHCA2604

DHCA2604: Dental Hygiene IV
Credit Hours: 6
Clock Hours: 45/0/165

In this course, the student continues to refine clinical skills and techniques. The student will critically evaluate research articles and write specific components of a research project.
Prerequisites:
DHCA2503

Cariology and immunology are integrated into DHCA1203, DH110, DHCA2301 and DH203. Leadership principles and health informatics are addressed in DH130. The provision of oral health care services to patients with bloodborne infectious diseases is included in DHCA1411 and DHCA2502. The term-by-term course scheduling details have been updated to demonstrate in Term 9 students are scheduled for DH130 Dental Office Management, DH207 Dental Hygiene Seminar, and DH277 Board Review.

Clinical Program Content Courses

The official letter grading scale for technical courses in all programs taught in ten- or eleven-week academic terms (except Nursing programs) is as follows:

Letter Grade	Numerical %	Description	GPA
A	90–100	Highly Competent	4.00
B	80–89	Fully Competent	3.00
C	75–79	Competent	2.00
F_1	0–74	Not Competent	0.00
T_3	N/A	Transfer of Credit	N/E
I	N/A	Incomplete	N/E
W_2	N/A	Withdrawn from Course	N/E

Table 14 Clinical Program Grading Scale

Attendance Policy

Regular attendance in scheduled ground classes, clinical and externship experiences, and frequent and full participation in online activities is expected of all students. It is expected that students will complete all assigned work, both online and on ground, and complete all homework to receive the full benefit of the program. When a student enrolls, that student accepts the responsibility of participating fully in all coursework. Attendance is recorded for all appropriate online and on-ground activities and becomes part of the student's permanent record with the school. Concorde recognizes, however, that unforeseen situations do occur in

students' lives. For this reason, Concorde allows for specific Attendance Warning and Attendance Probation periods.

In all cases, a student will be withdrawn on the first business day following 14 consecutive calendar days of non-attendance online or on ground, excluding holidays and term breaks published in the school catalog.

Attendance for blended programs/courses may consist of the following:

- Ground Attendance (GA) is time awarded for classes scheduled at specific times on campus. Students are scheduled for these classes and any time absent will be recorded. This attendance includes on-campus lecture or lab activities. Students are expected to attend all GA activities within a term.
- Online Attendance (OA) are academic activities that a student completes online on his or her own schedule. These would include assignments, projects, simulation, and other academically related non-homework activities. Students will be awarded attendance based on the online completion and/or submission of activities.

Homework is incorporated into many classes and is to be completed on the students' own time. Attendance is never awarded for activities identified as homework.

Excessive Absences

Excessive absences will prevent a student from achieving course and program outcomes. For the purposes of this policy, excessive absences are defined as:

- Missing more than 20 percent of total scheduled Ground Attendance hours within a module for programs on four-week modules.
- Missing more than 10 percent of total scheduled Ground Attendance hours within a term for programs on 10-week or longer terms.

Attendance Warning

A student will be advised of their attendance performance and placed on Attendance Warning at the end of the first module or term during which the student has excessive absences. The student will remain on Attendance Warning until the end of the next term or module.

Attendance Probation

A student who is already in an Attendance Warning status will be advised of possible withdrawal and placed on Attendance Probation at the end of an Attendance Warning term or module during which the student has excessive absences. A student already on Attendance Probation will be withdrawn immediately upon having excessive absences during the term or module. A student who does not have excessive absences will remain on Attendance Probation until the end of the following term or module. **Return to Good Standing**

A student in Attendance Warning or Attendance Probation status who does not have excessive absences at the end of a term or module will be notified and returned to good standing.

Clinical Classes

Clinical participation is vital to student success, and students are expected to be present, on time, and prepared for every scheduled clinical experience.

- Many programs require full clinical attendance. In these programs, a student must complete 100% of published clinical hours by the last day of the term to pass the class. A student who does not complete all clinical hours in these programs will fail and be required to repeat the clinical class.
- For programs that do not require full clinical attendance, a student may not miss more than 10% of published clinical hours. A student who is absent more than 10% of the scheduled clinical hours on the last day of the term will fail and be required to repeat the clinical class.
- Some programs' clinical experiences are measured in cases or competencies. For these programs, a student may not miss more than 10% of published clinical hours. A student who is absent more than 10% of the scheduled clinical hours on the last day of the term will fail and be required to repeat the clinical class, even if all clinical cases or competencies are met.

If, for any reason, a student will be late or absent for a clinical shift, the student must notify the instructor or other designated Concorde individual immediately upon becoming aware of the situation. Except

in the case of a documented emergency, failure to notify of an absence or tardiness at least 60 minutes before a scheduled start time or arriving more than 30 minutes late to a scheduled clinical shift may result in disciplinary actions up to and including withdrawal from the program. Some clinical facilities may have additional or stricter attendance requirements for students. In this case, students are required to follow the attendance policy in place at the clinical facility.

Students who have any absence or absences that result in not completing the required clinical hours, lab competencies, or required cases shall fail the course. Clinical make-up sessions may be provided; however, the program's ability to provide make-up hours is dependent upon scheduling and other factors that may prohibit the availability of clinical make-up hours.

The program's clinical scheduling model is designed to ensure students achieve the minimum direct patient care experiences. Students scheduled in patient-care clinics will be assigned sufficient clinical hours to achieve required patient experiences and direct patient care requirements. Any missed clinical experiences must be completed through approved make-up sessions. Students who do not complete all required clinical hours and patient-care experiences are not eligible for course completion or progression in the program regardless of competency achievement.

Make-Up Work

All graded work or performed competencies (letter grade or pass/fail) not completed by the due date, or missed due to absence, including being tardy or leaving early, will not be eligible for a grade. Students will receive a zero (0) for missed work or an "F" for missed competencies. Instructors may approve an extension if a significant, documentable, and infrequent situation caused a student to miss a submission deadline.

The following procedure must be followed for consideration:

- A student must have a significant life event (e.g., natural disaster, personal or immediate family emergency, extended illness/hospitalization, personal injury, extended jury duty, military commitment).
- A student must present a request in writing (email is acceptable) no later than 48 hours after the due date and before the course ends. *Note, discussion boards are not eligible for late submission.

- If the student does not submit a request in the prescribed timeframe, they will not be eligible to submit the missed assignment or assessment. The student will receive a grade of zero (0) for all missed assignments and assessments.
- The student will have three (3) calendar days, or until the last day of the term, whichever comes first, to submit the missing work.

Scholastic Honesty

It is assumed that all students are enrolled in class to learn; therefore, cheating is not an acceptable practice. Dishonesty of any type in a course, including cheating on examinations or plagiarizing materials, can result in a grade of "F" and may be cause for suspension and/or withdrawal from school. Plagiarism includes passing off or attempting to pass off the ideas or writing of another person or any artificial intelligence (AI) as one's own. Plagiarism also includes using personal papers submitted for a prior class, a repeated class, or even work submitted at a different

institution.

Students are prohibited from operating any type of audio or video recording device in a classroom, laboratory, or clinical setting without prior expressed permission from the Campus President or Academic Dean. Prohibited items include, but are not limited to: video cameras, telephones with audio or video recording capability, computers, electronic tablets, or watches with audio or video recording capability. This is not an all-inclusive list. Violations of this policy may lead to disciplinary actions up to and including dismissal from school.

Graduation Requirements

A diploma, certificate, or degree will be issued to students upon successful completion of all academic requirements. Successful completion of all courses listed in the program breakdowns requires a minimum cumulative grade point average of 2.0 or above. All externships/clinicals must also be successfully completed with a passing grade. Duplicate diplomas or certificates take approximately 14- 30 working days after payment to produce. A fee will be assessed for all duplicate requests.

5.c. Student Policies

5.c.1. Provisions for Student Health and Housing

The school does not provide health services on campus. Clinical/externship sites may require various vaccinations prior to participation in a clinical/externship rotation. Program Directors maintain a list of vaccination requirements, which can be provided upon request. The immunization requirements are based on general requirements for working in a healthcare setting and may change without notice. It is the students' responsibility to ensure compliance with immunization requirements at their own cost.

Students who qualify for exclusion must request an exemption; there is no assurance a clinical site will accept the exemption. Furthermore, if a student does not obtain required immunizations or is unable to provide documentation of past immunizations to meet clinical requirements, Concorde cannot guarantee placement at a clinical/externship site. In these cases, the student may be required to complete additional health facility-specific documentation, including waivers. Under no conditions can Concorde guarantee employment.

The externship/clinical sites do not provide health insurance coverage for students. All students are covered by accident and liability insurance policies while in school or on clinical rotation. This policy does not automatically pay for all medical expenses due to school-related accidents. It is designed to work together with the insurance the student may already have. A student is required to meet with the Program Director regarding the processing of a claim. None of the programs provide health insurance as part of the tuition fee. Health insurance is the sole responsibility of the student.

It is the responsibility of the student to inform the appropriate instructor(s) of any physical or mental condition that could interfere with the safety of the student and/or patient while at the externship/clinical site. While ill, it is the responsibility of the student to notify the Program Director, the Director of Clinical Education (DCE)/Clinical Instructor/Extern Coordinator and the externship/clinical site. Students are not permitted to attend class or clinical with a communicable disease.

Concorde does not assume responsibility for student housing, does not have dormitory facilities under its control, nor does it offer student housing assistance. Living accommodations are available within a convenient distance of the school, and, according to rentals.com, rental properties start at approximately: $1,000 per month.

5.c.2. Provisions for Counseling and Guidance

Concorde makes every effort to maintain close communication with its students. Students have access to faculty and administrative staff for both vocational and academic advising. Students experiencing personal problems that require professional counseling will be referred to the Resource Assistance Program at www.HigherEDEAP.com which is offered to every student for free. Academic tutoring is available to all students and may be coordinated through course instructors, the Program Director, the Academic Dean, or Student Affairs. Tutoring is provided by qualified faculty members and is tailored to the individual needs of the student. Support may be offered in one-on-one or small-group settings and focuses on course content review, study strategies, examination preparation, clinical and laboratory competencies, and reinforcement of challenging concepts. Students may request tutoring at any time, and faculty also proactively refer students who may benefit from additional academic support. Tutoring services are designed to promote student success, strengthen comprehension of didactic and clinical content, and assist students in achieving expected learning outcomes and program completion requirements.

5.c.3. Financial Aid Policies, Scholarship and Grant Opportunities

Concorde Career College participates in the United States Department of Education's Federal Student Assistance programs. These programs are available for those who qualify.

Enrollment Definition

For students enrolled in non-standard term programs (excluding Vocational Nursing – part time) the enrollment status is as follows: 8 credits =Full time 6-7.99 credits = 3/4 time 4-5.99 credits = 1/2 time <4 credits = Less than half time Vocational Nursing – Part Time full time enrollment status is as follows: 12 credits = Full time 9-11.99 credits = 3/4 time 6-8.99 credits = 1/2 time <5.99 credits = Less than half time.

Federal Pell Grant

The Federal Pell Grant is a grant to students who qualify under the federal financial need guidelines. Application is made through the Free Application for Federal Student Aid (FAFSA).

Federal Supplemental Educational Opportunity Grant (FSEOG)

The FSEOG is a grant that the school awards to students based on financial need and the availability of funds. Application is made through the Free Application for Federal Student Aid (FAFSA).

Federal Subsidized and Unsubsidized Loans

Subsidized and Unsubsidized Loans are low-interest loans made by the U.S. Department of Education. See Financial Aid for details.

Federal Parent Loans for Undergraduate Students (PLUS)

The Federal PLUS Loan is a low-interest-rate loan available for parents of dependent, undergraduate students enrolled at least half time. Applications are available online at https://studentaid.gov/.

Default

If a student received a loan guaranteed by the federal or state government and default on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. A student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Cal Grant A, B and C Programs

The Cal Grant A, B, and C are grants the State of California awards to students based on financial need. For more information regarding the programs and application filing deadline, contact the Financial Aid Office or the California Student Aid Commission at www.csac.ca.gov or 888-224-7268.

Alternative Financing

For those students who qualify, alternative financing is available through several lenders. Cosigners may be necessary, depending on credit history.

Other Aid

Education is a major financial investment. Flexible payment options are available to help make costs more manageable. Concorde Career College offers many different payment plans depending on financial

situations. Retail Installment Contracts are available to be paid in school prior to the graduation date at a 0% interest. If a student is unable to pay by graduation, we offer extended retail installment contracts. See your Campus Financial Representative for more information.

Veterans Administration Students

All official college transcripts need to be submitted for evaluation for prior credit by the 24th week of school or by the end of the second term, Veterans Benefits and Transition Act of 2018. In accordance with Title 38 US Code 3679 subsection (e), this school adopts the following additional provisions for any students using U.S. Department of Veterans Affairs (VA) Post 9/11 G.I. Bill® (Ch. 33) or Veteran Readiness and Employment (Ch. 31) benefits, while payment to the institution is pending from the VA. This school will not:

- Prevent the student's enrollment;
- Assess a late penalty fee to the student;
- Require the student to secure alternative or additional funding;
- Deny the student access to any resources (access to classes, libraries, or other institutional facilities) available to other students who have satisfied their tuition and fee bills to the institution.

However, to qualify for this provision, such students may be required to:

- Produce the VA Certificate of Eligibility (COE) by the first day of class;
- Provide a written request to be certified;
- Provide additional information needed to properly certify the enrollment as described in other institutional policies

Partnership Agreements

Concorde participates in business and agency agreements with outside organizations. Enrollment pursuant to these agreements is contingent on the student meeting and maintaining eligibility as defined in individual agreements. Any student who originally enrolled with a partnership agreement will need to reverify eligibility to return if he or she is withdrawn from the program.

Concorde Institutional Grants Progra

Concorde makes available institutionally sponsored grant programs to students who qualify. Specific conditions, criteria and awards may vary. Any grant awarded will be applied only to the costs of tuition, fees and books. Grants awarded have no cash value and will not result in a cash or credit balance. A grant cannot be combined with any other Concorde grant, employee education benefit, B2B/partnership discount or any Concorde scholarships except for the Kozet Boyd and Working Student Scholarships. Grant programs are subject to available funding and may be discontinued at any time.

Healthcare Demand Grant

Applicable **only** to the following programs at this time:

- Dental Assistant
- Medical Assistant
- Physical Therapist Assistant
- Respiratory Therapy
- Surgical Technology
- Vocational Nursing - (Day Program Only)

Unfortunately, the Dental Hygiene program with such limited enrollment is not eligible for the Healthcare Demand Grant.

The Healthcare Demand Grant is designed to assist new, enrolling students who are pursuing education in a healthcare program. There is no application process and all newly enrolled students are reviewed for eligibility. Grant amounts vary by program. See the term sheet for each program for more information.

Grant Deadline: April 27, 2026

Eligibility Criteria:

- Newly enrolled students **in the above listed** healthcare program who enroll and start prior to May 1, 2026.
- Achieve the required score on the Wonderlic entrance assessment.

Concorde Alumni Grant

Grant available to Concorde Alumni Enrolling in a Subsequent Degree/Diploma Program Concorde seeks to encourage all graduates to continue their professional education as their career progress. In order to facilitate this Concorde offers a grant* in the form of a tuition reduction to Concorde graduates who enroll in a new program, with certain restrictions.

Grant Amount: Grant amounts vary by program.

Eligibility Criteria:

- Be a graduate of a program of study at any Concorde location
- Meet all admissions criteria for the new program of study as defined in the college catalog***
- Must be current on any financial obligations to Concorde
- Is not in default or delinquent on any federal student loan

For over 60 years, Concorde has trained healthcare professionals who have helped make a difference in their local communities, delivering healthcare and support to those in need. Concorde wishes to recognize those students who have already made a difference while still enrolled at Concorde. To that end, each campus will award a one-time $1,000 grant to Concorde students (one per campus, 16 total recipients) who have helped make a difference in 2024/2025 academic year. To be considered for this grant, current full-time active Concorde students must complete an application at https://concorde.fyi/CHG

Application Deadline: April 25, 2025

Grant Amount: $1,000 (one recipient per Concorde campus) - this is a tuition reduction applied to the student's tuition balance.

Eligibility Criteria:

- Open to all current full-time active Concorde students; must be enrolled prior to the application deadline.
- Must be in good academic and financial standing with Concorde

- Submit complete grant application at https://concorde.fyi/CHG, and describe in 250 words or less how you've helped underserved communities access healthcare and /or delivered quality care to underserved communities
- Include with digital grant application a letter of recommendation from someone who has overseen your volunteer work.
- Not open to employees or family members of Concorde employees or its affiliates.

Award Selection: The local campus president with a committee, along with Concorde's VP of Student Affairs will review applications and select a qualified recipient by May 1, 2025. Applications received after 5 PM DST, April 25, 2025, will automatically be disqualified. Grant recipients will be notified in- person or electronically from their campus by Friday, May 7, 2025.

Scholarships

Kozet Boyd Memorial Scholarship

The Scholarship Foundation for Concorde Career College established the Kozet Boyd Memorial Scholarship to assist students who display the same values and determination that Kozet epitomized as an educator with Concorde's North Hollywood campus. These scholarships are awarded to students who have demonstrated academic discipline and strong personal values that align with Concorde's Mission Statement and Core Values.

Kozet Boyd Scholarships will be based on personal circumstances and references, and the actual amount will be based on a recommendation from the Campus President.

Nursing Demand Scholarship

ELIGIBILITY:

- Must be accepted as a vocational nursing student into the full-time option scheduled to begin classes anytime from now through September 30, 2023, at the Garden Grove or North Hollywood, California campuses. This scholarship is currently not available for the part-time program.
- Earned an 82 or better combined score on the HESI entrance assessment (this can be on any attempt tied to the current enrollment).

- Complete the campus “Greenlight” program prior to taking the NCLEX licensure exam.
- Complete the Nursing Demand Scholarship Application Form.
- The scholarship is available for first-time enrollments only.

SCHOLARSHIP AWARD & DISTRIBUTION:

- Qualified full-time vocational nursing students who’ve met the eligibility requirements will receive a scholarship in the amount of 15 percent of the published tuition charge at the time of enrollment.
- The scholarship amount is applied as a scholarship so long as the student successfully completes and graduates the program.
- This scholarship is non-transferrable or redeemable and is applied toward the cost of tuition so long as the student completes and graduates from the program.
- Withdrawal from the program whether voluntary or involuntary disqualifies scholarship eligibility.
- Scholarship award will be incorporated into student aid package

Scholarship funds are only used to cover direct costs and may not create a credit balance on the student’s account.

Working Student Scholarship

The Working Student Scholarship (WSS) is a scholarship program to assist students, who worked prior to continuing their education, with meeting the financial obligations while career training at a Concorde school. If a student qualifies, the scholarship will be applied to the student’s tuition expenses.

PROCESS:

1. The WSS will be published in the school catalog, and discussed with potential applicants during the Financial Aid process.
2. Any student who meets the Eligibility Considerations may apply by completing the application that is available in the Financial Aid Office, Front Desk, or Online.
3. The WSS Committee (Comprised of the CP and the FAD at each campus) will review the applications and select candidates to move forward in the approval process based on established Eligibility Considerations.

a. completed applications will be reviewed by the WSS Committee, no less than one week prior to class start.

4. This scholarship is awarded in the following increments:
    a. $1,000 for diploma programs and
    b. $2,000 for degree programs.
    c. A maximum of 500 students per fiscal year may receive this scholarship.
    d. The amounts awarded could be less than the above to avoid a credit balance.
5. The WSS Committee will ensure award notifications are communicated to students and the Financial Aid & Admissions departments prior to orientation.

DISBURSEMENT:

1. Scholarship awards will be incorporated into student aid packages.
    a. Scholarship funds are only used to cover direct costs and may not create a credit balance on the student's account.
2. For Clinical programs, funding will be awarded in two equal disbursements at the beginning of the first term and fourth term (after verification of other requirements).
3. For all other programs, funding will be awarded in two equal disbursements:
    a. Beginning of first term
    b. Midpoint (after verification of other requirements)
4. Prior to second disbursement of scholarship funds, Business Office Managers will confirm the student's continued eligibility.

ELIGIBILITY CONSIDERATIONS:

The WSS Committee will evaluate applications on the following criteria. Eligible candidates will:

1. Have a minimum of one year of employment (prior to application) with recommendation letter from Employer.
    a. Exceptions to the one year of employment may be made for single working parents at the sole discretion of the Campus President. Single parents who do not meet the minimum application

requirement for proof of one year of employment may request an interview with the Campus President. If an interview is granted, the Campus President may determine from the interview to allow the single parent with less than one year of employment to apply for this scholarship. The interview is not a guarantee of award but is only to determine if the applicant "may" apply, at which time the WSS Committee will review with other applications.

2. Have a minimum of one letter of recommendation from an employer
3. Express strong motivation, integrity, and desire to pursue their chosen healthcare career through a 80 word minimum "Statement of Commitment".
4. Meet all institutional and program-specific admissions criteria
5. Be enrolled to start at the first available class start date following the scholarship award notification
6. Completed scholarship application form

CONTINUED ELIGIBILITY REQUIREMENTS

1. This is a first come, first serve scholarship so once the Campus limit is attained for the applicable year, this scholarship is not available.
2. Students must graduate to remain eligible for the final disbursement
    a. If a scholarship recipient does not graduate, or withdraws from school, s/he loses continued eligibility and any award amounts not yet disbursed will be cancelled.
3. Continued eligibility is based on the school's stated attendance requirements and the student maintains a 3.0 GPA for the duration of the scholarship award. If attendance requirements and GPA requirements are not met, the remaining balance created due to the loss of scholarship.
    a. Students who do not meet the Continued Eligibility Requirements outlined above may not re-apply for the scholarship.
4. If approved by WSS Committee and all eligibility requirements remain intact, students who have withdrawn in good standing and subsequently re-enter within 180 days, will have their Working Student scholarship funding reinstated, less any prior disbursements.

Cancellation & Refund

Student's Right to Cancel

Students have the right to cancel this agreement, without obligation, and obtain a full refund of all amounts paid, through attendance at the first class session, or seventh day after enrollment, whichever is later. Applicants or students may cancel or terminate their enrollment at any time, before or during their training. Applicants or students should notify an Academic Dean or Campus President of their intent to cancel or withdraw either in person, via telephone, email, or in writing. If a student cancels this Agreement within the prescribed time period, the Institution will refund any money paid within 10 days after notice of cancellation. Students who have not visited the Institution facility prior to enrollment will have the opportunity to cancel without penalty if notice of cancellation is given before midnight of the fifth business day following the first class attended. Please refer to the "Location & Contact Information" section of the catalog for the telephone number to the campus.

Student's Right to Withdraw

The Institution's policy for determining the Student's withdrawal date is the earlier of (A) the date the Student notifies the Institution of his or her withdrawal or the date specified by the Student or (B) the last recorded date of class attendance by the Student, as documented by the Institution, if the Student stops attending classes without notifying the Institution or (C) the date the Student violates published Institution policy that provides for the Student being withdrawn.

The student's start date through the last date of attendance will determine the percentage of program completion, and the applicable percentage will be applied to the formula used in the refund calculation as stated below.

For students withdrawing from degree-granting programs or the Vocational Nursing program, the percentage of program completion is calculated by dividing the number of days the Student was scheduled to attend in the period of enrollment or payment period as of the last recorded day of attendance into the number of days comprising the period of enrollment or payment period for which the Student has been charged.

For students withdrawing from diploma programs, the percentage of program completion is calculated by dividing the number of days the Student was scheduled to attend in the period of enrollment or payment

period as of the last recorded day of attendance into the number of days comprising the period of enrollment or payment period for which the Student has been charged.

Financing Requirements

All students must have a financing package on file no later than the seventh calendar day of their first term. This may include but is not limited to application and confirmation of eligibility for Title IV funding, if desired; executed individual payment plan; completion of all documentation needed to secure non-Title IV funding (e.g., WIA, VA, state grant).

Concorde reserves the right to withdraw at any time any student who fails to complete their individual financing requirements or make timely payments.

Refund Policy

Refunds are made for a student who withdraws or is withdrawn from the Institution prior to the completion of his/her program and are based on the tuition billed for the payment period or period of enrollment in which the student withdraws, according to the Refund Calculation set forth below. Refunds will be based on the total charge incurred by the student at the time of withdrawal, not the amount the student has actually paid. The date from which refunds will be determined is the last date of recorded attendance. Refunds will be made within 45 calendar days of the notification of an official withdrawal or date of determination of withdrawal by the Institution. Students who withdraw or are withdrawn prior to the end of the payment period or period of enrollment are subject to the Return of Title IV Funds Policy noted below which may increase their balance due to the Institution. If there is a balance due to the Institution after all Title IV funds have been returned, this balance will be due immediately, unless a cash payment agreement for this balance has been approved by the Institution.

Concorde does not refund charges for booklist items issued to the student unless the items are returned in new and unused condition within 14 calendar days following the date of receipt or Student withdrawal. Credit balances due to the student of less than $5 (after all Title IV refunds have been made) will not be refunded unless requested by the student.

Refund Calculation

The schedule of refunds for students who withdraw after starting school, or are dismissed by the Institution, will be computed as follows:

- If a first-time student withdraws within the first twenty-one (21) calendar days of his or her program of study, no tuition charges or technology fee will be incurred. A first-time student is defined as one who has not previously attended the Institution.
- If a student withdraws after the first twenty-one (21) calendar days, but prior to the 60 percent point of the period of enrollment or payment period for which he or she has been charged, the student shall be entitled to a pro rata refund of the tuition charged for the period of enrollment or payment period.
- If a student withdraws after the 60 percent point of the period of enrollment or payment period for which he or she has been charged, the student shall be obligated for the tuition charged for the entire period of enrollment or payment period and not entitled to any refund.

Student Notifications Regarding Withdrawal and Refunds

A $100.00 administrative fee will be assessed to any withdrawn student eight days after their last date of attendance. In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the program, the Institution shall make a settlement that is reasonable and fair to both parties. Students may repeat a class. If the Student should withdraw from the program for any reason, based on the refund policy, the hours or weeks in attendance for repeating a class, depending on the program, will be used in the program completion percentage calculation in determining the student's financial obligation to the Institution.

If any portion of tuition was paid from the proceeds of a loan, the refund will be sent to the lender or to the agency that guaranteed the loan. Any amount in excess of the unpaid balance of the loan will be first used to repay any federal/state/private student financial aid program from which the student received benefits, in proportion to the amount of the benefits received. Any remaining amount greater than $5.00 will be paid to the student. If there is a balance due, the student will be responsible for paying that amount.

Education Costs

Concorde will assist students in developing financial plans to pay for their education through a combination of student or family contributions, financial aid (if eligible), and finance plans. All students must sign a Retail Installment Contract for direct educational costs not covered by Title IV or agency funding. All payments are the full responsibility of the student and are payable as stated in the student's Enrollment Agreement and retail installment contract if applicable.

Students may be required to make monthly payments while attending school. Payment amounts are based upon the program in which the student is enrolled and the amount of financial aid the student may be receiving. Any change in financial situation that may affect a student's financial aid or ability to make scheduled payments must be discussed with the Financial Aid Office and the Business Office. Failure to keep all payments current may result in withdrawal from the school.

Financial Aid Office

The Financial Aid Office is open to students during the hours posted on campus. Students are encouraged to call or visit the office if they have any questions or need assistance regarding their financial aid. The resources of the Financial Aid Office are available to all students. Financial Aid staff members assist students in determining individual eligibility for the various aid programs and in completing the necessary applications and paperwork. To receive federal financial assistance, students must maintain satisfactory academic progress toward completion of their program as outlined in the school catalog. The Financial Aid Office is responsible for monitoring each student's academic progress to ensure continued eligibility.

Student Responsibilities

- Students must promptly return all required applications and paperwork to the Financial Aid Office.
- If the Financial Aid Office needs to see a student, the office will contact the student personally. It is the student's responsibility to see Financial Aid when notified.
- Each student who receives a student loan is required to complete entrance and exit counseling. The Financial Aid Office will notify each student when these sessions are scheduled. If a student misses a session, it is the student's responsibility to contact the Financial Aid Office to reschedule a date.

- If a student obtains a loan to pay for an educational program, the student will be responsible for repaying the full amount of the loan plus interest, less the amount of any refund, and that, if the student has received federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal student financial aid program funds.

Return of Title IV Funds Policy

The Institution follows the federal Return of Title IV Funds Policy to determine the amount of Title IV funds the student has received and the amount, if any, which needs to be returned at the time of withdrawal. Under current federal regulations, the amount of funds earned is calculated on a pro rata basis through 60% of the payment period or period of enrollment. After the 60% point in the payment period or period of enrollment, a student has earned 100% of the Title IV funds. The Institution may adjust the student's account based on any repayments of Title IV funds that the Institution was required to make.

Students who withdraw from school or are withdrawn by the school prior to completing more than 60% of their period of enrollment or payment period for degree programs (a period of time for which students receive Title IV aid) will have their Title IV eligibility recalculated based on the percentage of the period of enrollment or payment period for degree programs attended. For example, a student who withdraws completing only 30% of the period of enrollment or payment period for degree programs will have "earned" only 30% of Title IV aid. The school and/or the student must return the remaining 70%.

This policy applies to any student who withdraws or is withdrawn by Concorde Career College and receives financial aid from Title IV funds. The term "Title IV funds" refers to Federal Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Subsidized Federal Stafford Loans, Unsubsidized Federal Stafford Loans, Federal Parent Loans for Undergraduate Students (PLUS), and Federal Perkins Loans.

For purposes of the Return of Title IV Funds Policy, a student's withdrawal date is the student's last day of attendance. Title IV aid is earned in a prorated manner on a per diem basis up to and including the 60% point in the period of enrollment or payment period for degree programs. Title IV aid is considered 100% earned after that point in time. The percentage of Title IV aid earned is calculated in the following manner for all programs:

The total number of calendar days in a period of enrollment or payment period for degree programs and the number of days completed by the student will exclude any scheduled breaks of five days or more.

The percentage of period of enrollment or payment period for degree programs completed will be the percentage of Title IV aid earned by the student. The percentage of Title IV aid unearned (i.e., amount to be returned to the appropriate Title IV program) will be 100% less the percentage earned. Concorde Career College will return unearned aid from the student's account as follows:

1. Unsubsidized Direct Stafford Loans (other than PLUS loans).
2. Subsidized Direct Stafford Loans.
3. Federal Perkins Loans (if applicable).
4. Direct PLUS Loans.
5. Federal Pell Grants for which a return of funds is required.
6. Federal Supplemental Educational Opportunity Grants (FSEOG) for which a return of funds is required.

Concorde will return the unearned aid within forty-five (45) days from the date the school determined the student withdrew. When the total amount of unearned aid is greater than the amount returned by Concorde Career College from the student's account, the student is responsible for returning unearned aid to the appropriate Title IV program as follows:

1. Unsubsidized Direct Stafford Loans (other than PLUS loans).*
2. Subsidized Direct Stafford Loans.*
3. Federal Perkins Loans (if applicable).*
4. Direct PLUS Loans.*
5. Federal Pell Grants for which a return of funds is required.**
6. Federal Supplemental Educational Opportunity Grants (FSEOG) for which a return of funds is required.**

* Loan amounts are returned in accordance with the terms of the promissory note.

** Unearned federal grant amounts to be returned by the student will be reduced by 50%.

Within forty-five (45) days of the date the school determined the student withdrew, the student will be notified in writing if he or she is required to return any federal grant aid (Federal Pell or FSEOG). The student is considered to be in an overpayment status. A student who owes a federal grant overpayment remains eligible for Title IV funds for a period of forty-five (45) days from the earlier of the date the school sends a notification to the student of the overpayment or the date the school was required to notify the student of the overpayment.

If during the forty-five (45)-day period the student repays the overpayment to the school or signs a repayment agreement with the U.S. Department of Education, the student will remain eligible for further Title IV funds. If during the forty-five (45)-day period the student fails to repay the overpayment or sign a repayment agreement with the U.S. Department of Education, the student is considered to be in an overpayment status and, thus, ineligible for any additional Title IV aid until that amount is repaid.

Cal Grant Refund Policy

Cal Grant policies state that if a student is charged tuition that meets or exceeds the Cal Grant award, the Cal Grant award does not need to be adjusted based on a withdrawal or leave of absence. However, Cal Grant recipients may want to rescind their Cal Grant and notify the California Student Aid Commission of their leave or withdrawal in order to preserve their eligibility for a future term. Students can process a leave of absence request with the California Student Aid Commission online at www.csac.ca.gov and click the link "WebGrants4Students." In this case, the student would be responsible for covering the tuition balance on his/her student account. If a student is dismissed or withdraws from school, all unearned Title IV funds will be refunded to the U.S. Department of Education, and any unearned funds will be returned to Cal Grant or State Funds and lastly, to Private Loans accordingly.

Student Tuition Recovery Fund

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, the student must pay the state-imposed assessment for the STRF, or it must be paid on the student's behalf, if a student is in

an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of the tuition.

Students are not eligible for protection from the STRF and are not required to pay the STRF assessment, if the student is not a California resident, or are not enrolled in a residency program.

It is important to keep copies of the enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, the student must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and the student did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. Students enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. Students enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.

6. Students have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. Students sought legal counsel that resulted in the cancellation of one or more student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law. However, no claim can be paid to any student without a social security number or a taxpayer identification number.

5.c.4 Appeals Provisions Satisfactory Academic Progress Appeals

A student may appeal dismissal from the program due to failure to meet SAP and/or the loss of financial aid based on mitigating circumstances.

Written appeals must include:

- A clear statement about the mitigating circumstances that caused the student to be unsuccessful and include appropriate supporting documentation of such circumstances;
- An explanation of how such mitigating circumstances contributed to the student's academic situation;
- An explanation about what has changed in the student's situation that would allow the student to attain Satisfactory Academic Progress at the next payment period; and
- An acknowledged and signed Academic Success Plan created with the assistance of campus academic staff.

- If the student does not submit an appeal within 72 hours of notification, or the appeal is denied, the student will be academically dismissed.

Records of grades are maintained by the Registrar. Students receive letter grades at the end of each grading period (course) using the official letter grading scale. Grades are based on assignments, tests, and manipulative performance examinations given with each unit of learning. At the end of each evaluation period, the student's cumulative grade point average (CGPA) will be determined.

Student Complaint & Grievance Policy

Students are encouraged, at all times, to communicate their concerns to members of the faculty and administration. If a situation arises in which a student has a complaint or grievance the student is to adhere to the following procedure:

1. Within 72 hours: Discuss the matter with his or her instructor, if applicable. If not resolved,
2. Within the following 72 hours: Discuss the matter with the Program Director. If not resolved,
3. Within the following 72 hours: Discuss the matter with the Academic Dean. If not resolved,
4. Within the following 72 hours: Discuss the matter with the Campus President/Director.

If a student is still unable to resolve the issue, a written grievance statement along with supporting documentation may be submitted to the Campus President. The written statement should include the details of the student's issue, a summary of the conversations the student had with individuals while following the above procedure, and an explanation as to why the student believes the issue remains unresolved. The Campus President will schedule a grievance committee meeting within three business days of receipt of the written grievance. Students are required to appear before the grievance committee. The Campus President will inform the student of the time and place to appear before the committee. The grievance committee has the responsibility of reaching a decision that is in balance with the best interests of both the student and the college. Students will be notified in writing within three business days of the committee's decision. Legal representation is not permitted since a grievance committee meeting is not considered a legal proceeding.

Further, students have the right to report any apparent inconsistencies with the application of the Student Complaint & Grievance Policy outlined in the school catalog. The request must be completed in writing and

submitted to Concorde's Campus Support Center Student Affairs Department at: studentaffairs@concorde.edu. The request must include a summary of the student's grievance and any details and supporting documentation of the student's conversation with campus staff regarding the grievance, and it must describe how the campus' management of the grievance procedure was inconsistent with the school catalog. The Student Affairs Department will research the student's report as deemed appropriate, including requesting additional information from the student as needed, and render a final decision that is binding. The student will be notified in writing of the decision. Any questions a student may have regarding this catalog that have not been satisfactorily answered by the Institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834 or P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, (888) 370-7589 or by fax 916-263-1897.

A student or any member of the public may file a complaint about this Institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet web site (www.bppe.ca.gov).

The Office of Student Assistance and Relief is available to support prospective students, current students, or past students of private post-secondary educational institutions in making informed decisions, understanding their rights, and navigating available services and relief options. The office may be reached by calling 888-370-7580 or by visitingwww.osar.bppe.ca.gov

Student Services and Financial Aid policies from the Campus Catalog are included as Appendix I.

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Dental Hygienists
in 3 California Counties

Contents

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What is Lightcast Data?

Lightcast data is a hybrid dataset derived from official government sources such as the US Census Bureau, Bureau of Economic Analysis, and Bureau of Labor Statistics. Leveraging the unique strengths of each source, our data modeling team creates an authoritative dataset that captures more than 99% of all workers in the United States. This core offering is then enriched with data from online social profiles, resumés, and job postings to give you a complete view of the workforce.

Lightcast data is frequently cited in major publications such as *The Atlantic*, *Forbes*, *Harvard Business Review*, *The New York Times*, *The Wall Street Journal*, and *USA Today*.



Report Parameters

1 Occupation

29-1292	Dental Hygienists

3 Counties

6037	Los Angeles County, CA	6111	Ventura County, CA
6059	Orange County, CA		

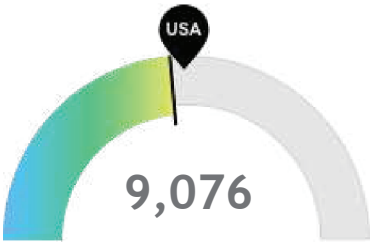
Class of Worker

QCEW Employees, Non-QCEW Employees, Self-Employed, and Extended Proprietors

The information in this report pertains to the chosen occupation and geographical areas.

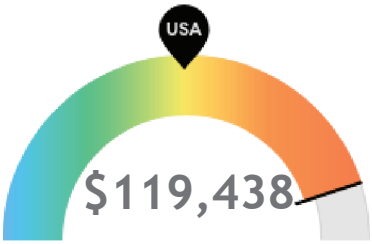
Executive Summary

Light Job Posting Demand Over an Average Supply of Regional Jobs



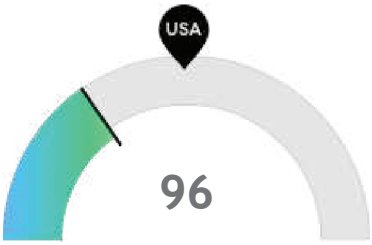
Jobs (2024)

Your area is about average for this kind of job. The national average for an area this size is 9,858* employees, while there are 9,076 here.



Compensation

Earnings are high in your area. The national median salary for Dental Hygienists is $87,302, compared to $119,438 here.



Job Posting Demand

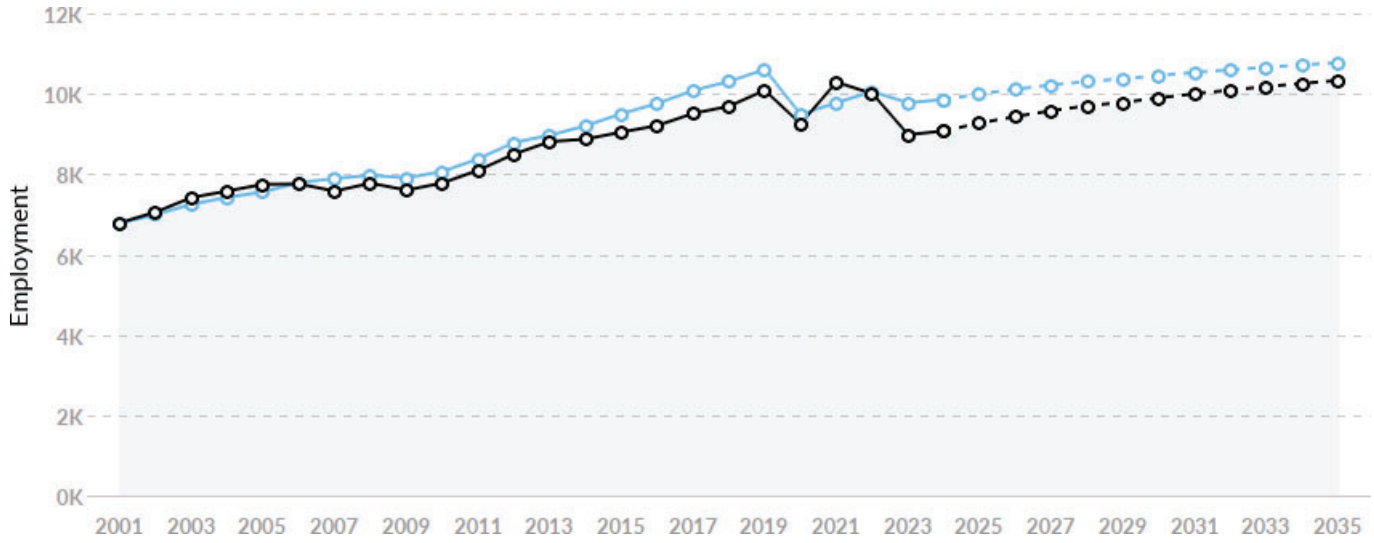
Job posting activity is low in your area. The national average for an area this size is 182* job postings/mo, while there are 96 here.

*National average values are derived by taking the national value for Dental Hygienists and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Jobs

Regional Employment Is About Equal to the National Average

An average area of this size typically has 9,858* jobs, while there are 9,076 here.



	Region	2024 Jobs	2026 Jobs	Change	% Change
A	3 California Counties	9,076	9,434	358	3.9%
A	National Average	9,858	10,114	256	2.6%

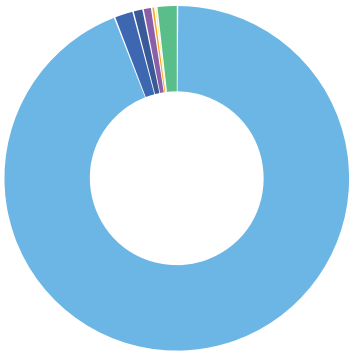
*National average values are derived by taking the national value for Dental Hygienists and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Regional Breakdown



County	2024 Jobs
Los Angeles County, CA	5,745
Orange County, CA	2,663
Ventura County, CA	668

Most Jobs are Found in the Offices of Dentists Industry Sector

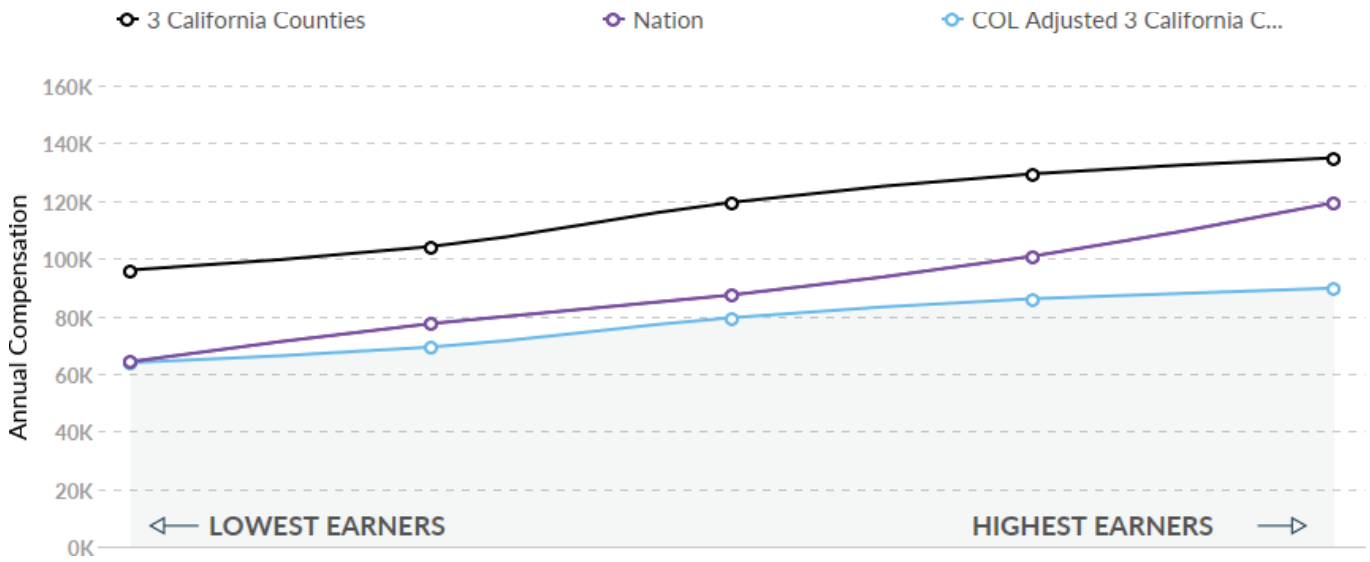


Industry	% of Occupation in Industry (2024)
Offices of Dentists	94.1%
Outpatient Care Centers	1.8%
Employment Services	0.9%
Offices of Physicians	0.8%
Local Government, Excluding Education and Hospitals	0.3%
Offices of Other Health Practitioners	0.2%
Other	1.9%

Compensation

Regional Compensation Is 37% Higher Than National Compensation

For Dental Hygienists, the 2023 median wage in your area is $119,438, while the national median wage is $87,302.



Job Posting Activity

1,246 Unique Job Postings

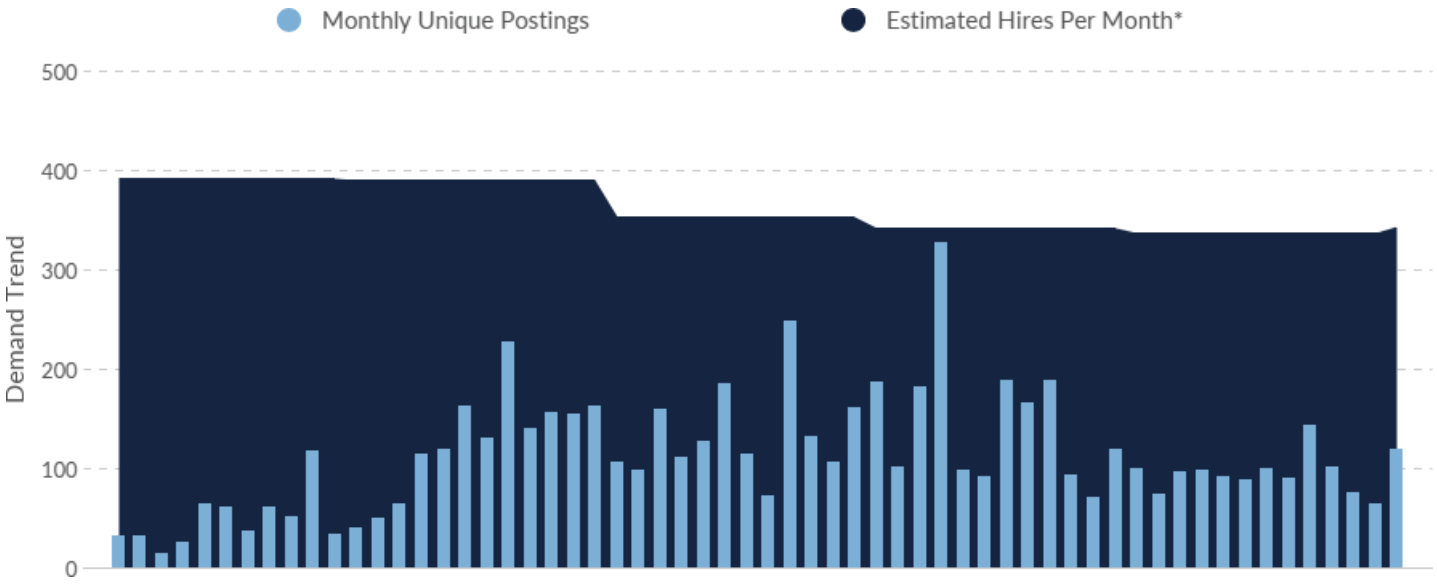
The number of unique postings for this job from Jan 2024 to Jan 2025.

297 Employers Competing

All employers in the region who posted for this job from Jan 2024 to Jan 2025.

24 Day Median Duration

Posting duration is 4 days shorter than what's typical in the region.



Occupation	Avg Monthly Postings (Jan 2024 - Jan 2025)	Avg Monthly Hires (Jan 2024 - Jan 2025)
Dental Hygienists	96	338

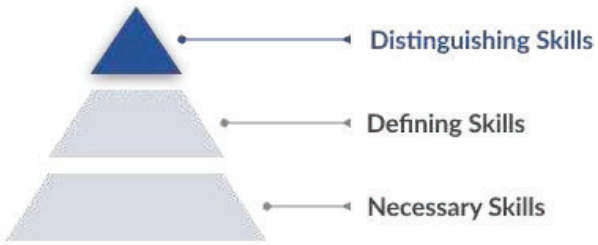
*A hire is reported by the Quarterly Workforce Indicators when an individual's Social Security Number appears on a company's payroll and was not there the quarter before. Lightcast hires are calculated using a combination of Lightcast jobs data, information on separation rates from the Bureau of Labor Statistics (BLS), and industry-based hires data from the Census Bureau.

Top Companies	Unique Postings
Princess Dental Staffing	119
Pacific Dental Services	100
Toothio	83
West Coast Dental Services	63
Gotu	49
Western Dental Orthodontics	46
Smile Brands	23
Western Dental	21
Sonrava Health	17
Gentle Dental	9

Top Job Titles	Unique Postings
Dental Hygienists	636
Registered Dental Hygienists	415
Hygienists	135
Compensation Analysts	25
Licensed Dental Hygienists	14
Dental Assistants/Hygienists	4
Dental Hygienists and Dental As...	3
Dental Hygienists and Office Ma...	3
Certified Industrial Hygienists	1
Dental Hygiene Assistants	1

Top Distinguishing Skills by Demand

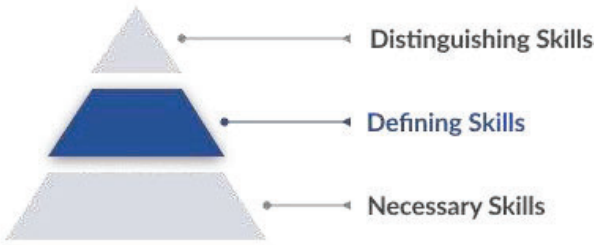
An occupation's Distinguishing Skills are the advanced skills that are called for occasionally. An employee with these skills is likely more specialized and able to differentiate themselves from others in the same role.



Skill	Salary Boosting	Job Postings Requesting	Projected Growth	Growth Relative to Market
Dental Plaque Removal		240	+3.9%	Lagging
Prophylaxis		41	+4.6%	Stable
Voice Command Devices		3	+6.8%	Stable

Top Defining Skills by Demand

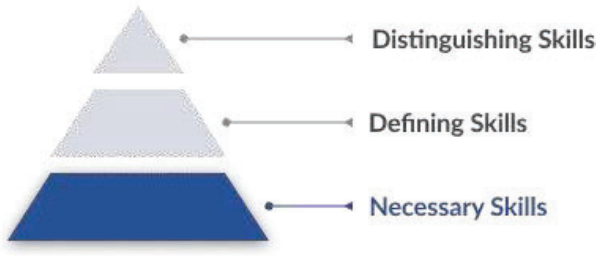
An occupation's Defining Skills represent the day-to-day tasks and responsibilities of the job. An employee needs these skills to qualify for and perform successfully in this occupation.



Skill	Salary Boosting	Job Postings Requesting	Projected Growth	Growth Relative to Market
Dental Hygiene		1,021	+13.6%	Growing
Patient Education And Counseling		498	+11.6%	Growing
Oral Hygiene		383	+11.7%	Growing
Oral Health		309	+6.6%	Stable
Oral Cancer Screening		222	-0.7%	Lagging
Oral Cancer		216	-2.0%	Lagging
Dental Health		213	+15.7%	Growing
Preventive Care		181	+2.1%	Lagging
Scaling And Root Planing		176	-1.0%	Lagging
Dentistry		175	+8.0%	Stable

Top Necessary Skills by Demand

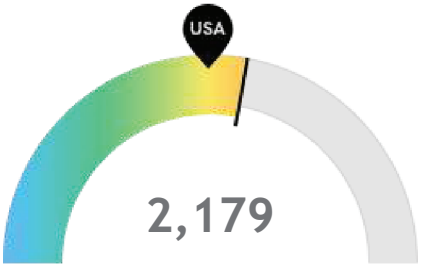
An occupation's Necessary Skills are the specialized skills required for that job and relevant across other similar jobs. An employee needs these skills as building blocks to perform the more complex Defining Skills.



Skill	Salary Boosting	Job Postings Requesting	Projected Growth	Growth Relative to Market
Dental Procedures		226	+5.7%	Stable
Sterilization		115	+9.2%	Growing
Radiography		87	+8.3%	Stable
Patient Evaluation		54	+12.8%	Growing
Patient Preparation		47	+15.8%	Growing
Clinical Experience		19	+9.4%	Growing
Patient Advocacy		11	+22.2%	Rapidly Growing

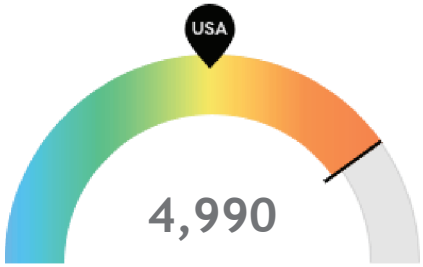
Demographics

Retirement Risk Is High, While Overall Diversity Is High



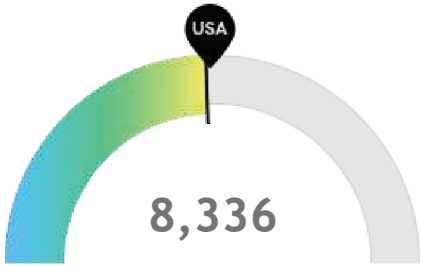
Retiring Soon

Retirement risk is high in your area. The national average for an area this size is 1,850* employees 55 or older, while there are 2,179 here.



Racial Diversity

Racial diversity is high in your area. The national average for an area this size is 2,131* racially diverse employees, while there are 4,990 here.

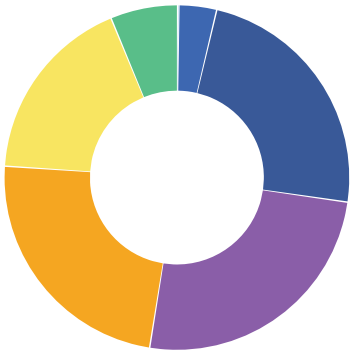


Gender Diversity

Gender diversity is about average in your area. The national average for an area this size is 8,581* female employees, while there are 8,336 here.

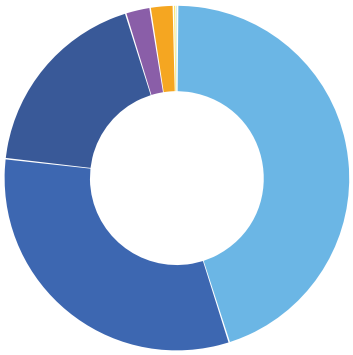
*National average values are derived by taking the national value for Dental Hygienists and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Occupation Age Breakdown



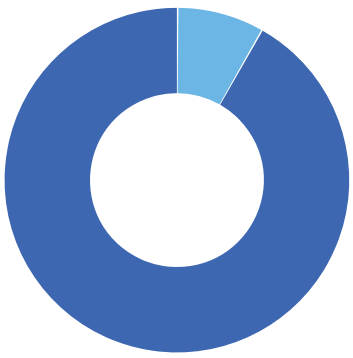
	% of Jobs	Jobs
14-18	0.1%	10
19-24	3.5%	321
25-34	23.6%	2,139
35-44	25.2%	2,292
45-54	23.5%	2,135
55-64	17.7%	1,607
65+	6.3%	572

Occupation Race/Ethnicity Breakdown



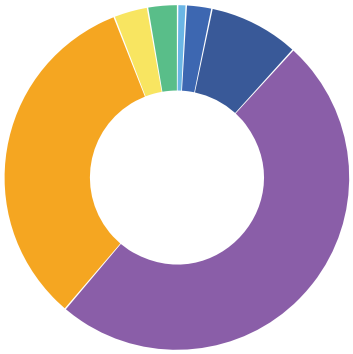
	% of Jobs	Jobs
White	45.0%	4,086
Hispanic or Latino	31.7%	2,878
Asian	18.4%	1,670
Black or African American	2.3%	210
Two or More Races	2.2%	196
Native Hawaiian or Other Pacific Islander	0.2%	22
American Indian or Alaska Native	0.2%	14

Occupation Gender Breakdown



	% of Jobs	Jobs
Males	8.2%	740
Females	91.8%	8,336

National Educational Attainment



	% of Jobs
Less than high school diploma	0.8%
High school diploma or equivalent	2.4%
Some college, no degree	8.5%
Associate's degree	49.5%
Bachelor's degree	32.9%
Master's degree	3.2%
Doctoral or professional degree	2.8%

Occupational Programs



1 Program

Of the programs that can train for this job, 1 has produced completions in the last 5 years.



359 Completions (2023)

The completions from all regional institutions for all degree types.



683 Openings (2023)

The average number of openings for an occupation in the region is 1,510.

CIP Code	Top Programs	Completions (2023)
51.0602	Dental Hygiene/Hygienist	359

Top Schools	Completions (2023)
Cypress College	151
West Coast University-Orange County	70
West Los Angeles College	56
Pasadena City College	26
Concorde Career College-Garden Grove	23
Cerritos College	17
Oxnard College	16

Appendix A

Dental Hygienists (SOC 29-1292):
Administer oral hygiene care to patients. Assess patient oral hygiene problems or needs and maintain health records. Advise patients on oral health maintenance and disease prevention. May provide advanced care such as providing fluoride treatment or administering topical anesthesia.

Sample of Reported Job Titles:
Dental Hygienist
Registered Dental Hygienist (RDH)
Hygienist
Pediatric Dental Hygienist
Licensed Dental Hygienist
Oral Hygienist
Dental Nurse

Related O*NET Occupation:
Dental Hygienists (29-1292.00)

Appendix B - Data Sources and Calculations

Location Quotient

Location quotient (LQ) is a way of quantifying how concentrated a particular industry, cluster, occupation, or demographic group is in a region as compared to the nation. It can reveal what makes a particular region unique in comparison to the national average.

Occupation Data

Emsi occupation employment data are based on final Emsi industry data and final Emsi staffing patterns. Wage estimates are based on Occupational Employment Statistics (QCEW and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors). Occupational wage estimates are also affected by county-level Emsi earnings by industry.

Staffing Patterns Data

The staffing pattern data in this report are compiled from several sources using a specialized process. For QCEW and Non-QCEW Employees classes of worker, sources include Occupational Employment Statistics, the National Industry-Occupation Employment Matrix, and the American Community Survey. For the Self-Employed and Extended Proprietors classes of worker, the primary source is the American Community Survey, with a small amount of information from Occupational Employment Statistics.

Cost of Living Data

Lightcast's cost of living data is based on the Cost of Living Index published by the Council for Community and Economic Research (C2ER).

Lightcast Job Postings

Job postings are collected from various sources and processed/enriched to provide information such as standardized company name, occupation, skills, and geography.

Institution Data

The institution data in this report is taken directly from the national IPEDS database published by the U.S. Department of Education's National Center for Education Statistics.

Appendix B

Demographic Profiles for Local Workforce Investment Areas in California (2022 American Community Survey 5-year estimates)

The U.S. Census Bureau has released a series of **Demographic Profiles** for the 2022 American Community Survey (ACS) 5-year estimates. These profiles contain summary data for age, race/ethnicity, sex, household type and relationship, housing occupancy, and the social and economic data, such as income, poverty and labor force. The Profiles were released for California, counties, incorporated cities and Census Designated Places, Congressional Districts, and Indian Reservations.

Select Local Workforce Investment Areas (LWIA) in California are groups of legal jurisdictions rather than a single county or city. The following Demographic Profile was generated from the Demographic Profiles of the individual component geography. The aforementioned select LWIA's are listed below:

Balance of Alameda county - **Includes:** Alameda County; **Excludes:** Oakland City

Balance of Los Angeles County - **Includes:** Los Angeles County; **Excludes:** Arcadia, Artesia, Bellflower, Burbank, Carson, Cerritos, Downey, Duarte, El Segundo, Gardena, Glendale, Hawaiian Gardens, Hawthorne, Hermosa Beach, Inglewood, La Canada-Flintridge, Lakewood, Lawndale, Lomita, Long Beach, Los Angeles, Manhattan Beach, Norwalk, Paramount, Pasadena, Redondo Beach, Sierra Madre, South Pasadena, and Torrance Cities.

Balance of Orange County - **Includes:** Orange County; **Excludes:** Anaheim and Santa Ana Cities

Balance of Contra Costa County - **Includes:** Contra Costa County; **Excludes:** Richmond City

San Jose-Silicon Valley - **Includes:** Santa Clara County; **Excludes:** Cupertino, Los Altos, Milpitas, Mountain View, Palo Alto, Santa Clara, and Sunnyvale Cities

Foothill Employment and Training Consortium - **Includes:** Arcadia, Duarte, Pasadena, Sierra Madre, and South Pasadena Cities

NOVA Consortium (North Valley Consortium) - **Includes:** San Mateo, Cupertino, Los Altos, Milpitas, Mountain View, Palo Alto, Santa Clara, and Sunnyvale Cities

Pacific Gateway Workforce Investment Area - **Includes:** Long Beach and Signal Hill Cities

SELACO (Southeast Los Angeles County Consortium) - **Includes:** Artesia, Bellflower, Cerritos, Downey, Hawaiian Gardens, Lakewood, Norwalk Cities, and Paramount

South Bay Consortium - **Includes:** Carson, El Segundo, Gardena, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Lomita, Manhattan Beach, Redondo Beach, and Torrance Cities

Verdugo Consortium - **Includes:** Burbank, Glendale, and La Canada-Flintridge Cities

Golden Sierra Consortium - **Includes:** Alpine, El Dorado, and Placer Counties

Kern/Inyo/Mono Consortium - **Includes:** Kern, Inyo, and Mono Counties

Mother Lode Consortium - **Includes:** Amador, Calaveras, Mariposa, and Tuolumne Counties

North Bay Consortium- **Includes:** Marin, Napa, Mendocino, and Lake Counties

NCCC (North Central Counties Consortium) - **Includes:** Colusa, Glenn, Sutter, and Yuba Counties

NoRTEC Consortium (Northern Rural Training and Employment Consortium) - **Includes:** Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity Counties

Calculated Medians and Means:
It was necessary to calculate all median values from the data available in ranges. While some means are calculated with rounded values. These values are indicated with [C] in the item description. The user should be aware that the difference of these medians from the actual median is in direct relationship to the width of the ranges from which they are calculated.

Below is the list of detailed tables from the 2022 American Community Survey 5-year estimates used to calculate all medians and some means in the Demographic Profiles:
B08133, B13002, B17001, B17006, B17009, B17010, B17021, B19001, B19025, B19062, B19063, B19065, B19066, B19067, B19069, B19101, B19127, B19201, B19214, B19313, B20001, B20005, B25003, B25004, B25009, B25063, B25075, B25087

Explanation of Terms:
For more information about the ACS and terminology, see
"American Community Survey Information Guide".

Contact:
Employment Development Department
Labor Market Information Division
(916) 262-2162

DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES
2018-2022 American Community Survey 5-Year Estimates
Geographic Area: Los Angeles County

Subject	Estimate	Percent
HOUSEHOLDS BY TYPE		
Total households	3,363,093	3,363,093
Married-couple family	1,482,931	44.1%
With own children under 18 years	607,162	18.1%
Cohabitating couple household	256,398	7.6%
With own children under 18 years	91,303	2.7%
Male householder, no spouse/partner present	658,112	19.6%
With own children under 18 years	40,903	1.2%
Living alone	402,590	12.0%
65 years and over	100,447	3.0%
Female householder, no spouse/partner present	965,652	28.7%
With own children under 18 years	159,048	4.7%
Living alone	468,143	13.9%
65 years and over	200,612	6.0%
Households with one or more people under 18 years	1,060,302	31.5%
Households with one or more people 65 years and over	999,224	29.7%
Average household size	2.9	(X)
Average family size	3.6	(X)
RELATIONSHIP		
Population in households	9,735,169	9,735,169
Householder	3,363,093	34.5%
Spouse	1,479,335	15.2%
Child	259,884	2.7%
Other relatives	2,989,565	30.7%
Nonrelatives	1,200,237	12.3%
Unmarried partner	443,055	4.6%
MARITAL STATUS		
Males 15 years and over	4,052,250	4,052,250
Never married	1,843,411	45.5%
Now married, except separated	1,790,289	44.2%
Separated	73,457	1.8%
Widowed	78,326	1.9%
Divorced	266,767	6.6%
Females 15 years and over	4,158,944	4,158,944
Never married	1,646,407	39.6%
Now married, except separated	1,697,202	40.8%
Separated	103,688	2.5%
Widowed	312,659	7.5%
Divorced	398,988	9.6%
FERTILITY		
Number of women 15 to 50 years old who had a birth in the past 12 months	107,715	107,715
Unmarried women (widowed, divorced, and never married)	38,113	35.4%
Per 1,000 unmarried women	24	(X)
Per 1,000 women 15 to 50 years old	43	(X)
Per 1,000 women 15 to 19 years old	9	(X)
Per 1,000 women 20 to 34 years old	59	(X)
Per 1,000 women 35 to 50 years old	37	(X)

Subject	Estimate	Percent
GRANDPARENTS		
Number of grandparents living with own grandchildren under 18 years	306,607	306,607
Responsible for grandchildren	58,393	19.0%
Years responsible for grandchildren		
Less than 1 year	10,938	3.6%
1 or 2 years	11,260	3.7%
3 or 4 years	8,228	2.7%
5 or more years	27,967	9.1%
Number of grandparents responsible for own grandchildren under 18 years	58,393	58,393
Who are female	37,242	63.8%
Who are married	38,217	65.4%
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	2,482,311	2,482,311
Nursery school, preschool	131,466	5.3%
Kindergarten	116,876	4.7%
Elementary school (grades 1-8)	916,119	36.9%
High school (grades 9-12)	516,260	20.8%
College or graduate school	801,590	32.3%
EDUCATIONAL ATTAINMENT		
Population 25 years and over	6,909,650	6,909,650
Less than 9th grade	811,822	11.7%
9th to 12th grade, no diploma	552,831	8.0%
High school graduate (includes equivalency)	1,412,260	20.4%
Some college, no degree	1,260,211	18.2%
Associate's degree	482,967	7.0%
Bachelor's degree	1,542,422	22.3%
Graduate or professional degree	847,137	12.3%
Percent high school graduate or higher	5,544,997	0.8%
Percent bachelor's degree or higher	2,389,559	34.6%
VETERAN STATUS		
Civilian population 18 years and over	7,837,963	7,837,963
Civilian veterans	230,282	2.9%
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Total Civilian Noninstitutionalized Population	9,866,623	9,866,623
With a disability	1,045,189	10.6%
Under 18 years	2,091,332	2,091,332
With a disability	69,705	3.3%
18 to 64 years	6,390,228	6,390,228
With a disability	497,942	7.8%
65 years and over	1,385,063	1,385,063
With a disability	477,542	34.5%

Subject	Estimate	Percent
RESIDENCE 1 YEAR AGO		
Population 1 year and over	9,840,001	9,840,001
Same house	8,893,420	90.4%
Different house (in the U.S. or abroad)	946,581	9.6%
Different house in the U.S.	886,402	9.0%
Same county	680,428	6.9%
Different county	205,974	2.1%
Same state	107,424	1.1%
Different state	98,550	1.0%
Abroad	60,179	0.6%
PLACE OF BIRTH		
Total population	9,936,690	9,936,690
Native	6,624,838	66.7%
Born in United States	6,497,398	65.4%
State of residence	5,205,297	52.4%
Different state	1,292,101	13.0%
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	127,440	1.3%
Foreign born	3,311,852	33.3%
U.S. CITIZENSHIP STATUS		
Foreign-born population	3,311,852	3,311,852
Naturalized U.S. citizen	1,794,522	54.2%
Not a U.S. citizen	1,517,330	45.8%
YEAR OF ENTRY		
Population born outside the United States	3,439,292	3,439,292
Native	127,440	127,440
Entered 2010 or later	40,355	31.7%
Entered before 2010	87,085	68.3%
Foreign born	3,311,852	3,311,852
Entered 2010 or later	551,515	16.7%
Entered before 2010	2,760,337	83.3%
WORLD REGION OF BIRTH OF FOREIGN BORN		
Foreign-born population, excluding population born at sea	3,311,836	3,311,836
Europe	169,699	5.1%
Asia	1,191,887	36.0%
Africa	62,527	1.9%
Oceania	16,228	0.5%
Latin America	1,843,900	55.7%
Northern America	27,595	0.8%
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	9,398,060	9,398,060
English only	4,181,327	44.5%
Language other than English	5,216,733	55.5%
Speak English less than "very well"	2,154,616	22.9%
Spanish	3,600,076	38.3%
Speak English less than "very well"	1,440,726	15.3%
Other Indo-European languages	507,507	5.4%
Speak English less than "very well"	176,137	1.9%
Asian and Pacific Islander languages	999,033	10.6%
Speak English less than "very well"	506,508	5.4%
Other languages	110,117	1.2%
Speak English less than "very well"	31,245	0.3%

Subject	Estimate	Percent
ANCESTRY		
Total population	9,936,690	9,936,690
American	322,732	3.2%
Arab	78,768	0.8%
Czech	14,773	0.1%
Danish	20,152	0.2%
Dutch	42,718	0.4%
English	343,816	3.5%
French (except Basque)	105,206	1.1%
French Canadian	15,982	0.2%
German	420,916	4.2%
Greek	26,771	0.3%
Hungarian	27,692	0.3%
Irish	363,827	3.7%
Italian	254,495	2.6%
Lithuanian	10,740	0.1%
Norwegian	47,506	0.5%
Polish	104,762	1.1%
Portuguese	23,309	0.2%
Russian	109,202	1.1%
Scotch-Irish	27,587	0.3%
Scottish	68,373	0.7%
Slovak	5,089	0.1%
Subsaharan African	87,641	0.9%
Swedish	49,903	0.5%
Swiss	13,357	0.1%
Ukrainian	27,337	0.3%
Welsh	21,810	0.2%
West Indian (excluding Hispanic origin groups)	42,962	0.4%
COMPUTERS AND INTERNET USE		
Total households	3,363,093	3,363,093
With a computer	3,207,033	95.4%
With a broadband Internet subscription	3,033,814	90.2%

Source: U.S. Census Bureau, 2018-2022 American Community Survey

Explanation of Symbols:
1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

DP03: SELECTED ECONOMIC CHARACTERISTICS
2018-2022 American Community Survey 5-Year Estimates
Geographic Area: Los Angeles County

Subject	Estimate	Percent
EMPLOYMENT STATUS		
Population 16 years and over	8,086,852	8,086,852
In labor force	5,240,842	64.8%
Civilian labor force	5,235,164	64.7%
Employed	4,869,620	60.2%
Unemployed	365,544	4.5%
Armed Forces	5,678	0.1%
Not in labor force	2,846,010	35.2%
Civilian labor force	5,235,164	5,235,164
Percent Unemployed	(X)	7.0%
Females 16 years and over	4,097,249	4,097,249
In labor force	2,410,273	58.8%
Civilian labor force	2,409,231	58.8%
Employed	2,237,982	54.6%
Own children under 6 years	616,046	616,046
All parents in family in labor force	406,465	66.0%
Own children 6 to 17 years	1,371,840	1,371,840
All parents in family in labor force	931,152	67.9%
COMMUTING TO WORK		
Workers 16 years and over	4,737,721	4,737,721
Car, truck, or van -- drove alone	3,220,537	68.0%
Car, truck, or van – carpooled	440,344	9.3%
Public transportation (excluding taxicab)	217,371	4.6%
Walked	116,287	2.5%
Other means	117,001	2.5%
Worked at home	626,181	13.2%
Mean travel time to work (minutes)	31.0	(X)
OCCUPATION		
Civilian employed population 16 years and over	4,869,620	4,869,620
Management, business, science, and arts occupations	1,957,075	40.2%
Service occupations	886,194	18.2%
Sales and office occupations	1,016,948	20.9%
Natural resources, construction, and maintenance occupations	371,521	7.6%
Production, transportation, and material moving occupations	637,882	13.1%
INDUSTRY		
Civilian employed population 16 years and over	4,869,620	4,869,620
Agriculture, forestry, fishing and hunting, and mining	22,245	0.5%
Construction	304,106	6.2%
Manufacturing	425,706	8.7%
Wholesale trade	153,020	3.1%
Retail trade	485,679	10.0%
Transportation and warehousing, and utilities	314,876	6.5%
Information	215,225	4.4%

Subject	Estimate	Percent
Finance and insurance, and real estate and rental and leasing	285,252	5.9%
Professional, scientific, and management, and administrative and waste management services	657,081	13.5%
Educational services, and health care and social assistance	1,040,973	21.4%
Arts, entertainment, and recreation, and accommodation and food services	522,944	10.7%
Other services, except public administration	268,029	5.5%
Public administration	174,484	3.6%
CLASS OF WORKER		
Civilian employed population 16 years and over	4,869,620	4,869,620
Private wage and salary workers	3,816,969	78.4%
Government workers	609,854	12.5%
Self-employed in own not incorporated business workers	432,025	8.9%
Unpaid family workers	10,772	0.2%
INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)		
Total households	3,363,093	3,363,093
Less than $10,000	175,325	5.2%
$10,000 to $14,999	131,939	3.9%
$15,000 to $24,999	209,117	6.2%
$25,000 to $34,999	220,843	6.6%
$35,000 to $49,999	311,169	9.3%
$50,000 to $74,999	485,597	14.4%
$75,000 to $99,999	411,710	12.2%
$100,000 to $149,999	586,072	17.4%
$150,000 to $199,999	329,974	9.8%
$200,000 or more	501,347	14.9%
Median household income (dollars)	83,411	(X)
Mean household income (dollars)	119,756	(X)
With earnings	2,781,539	82.7%
Mean earnings (dollars)	119,875	(X)
With Social Security	860,480	25.6%
Mean Social Security income (dollars)	20,665	(X)
With retirement income	531,214	15.8%
Mean retirement income (dollars)	37,517	(X)
With Supplemental Security Income	224,218	6.7%
Mean Supplemental Security Income (dollars)	11,034	(X)
With cash public assistance income	145,623	4.3%
Mean cash public assistance income (dollars)	5,874	(X)
With Food Stamp/SNAP benefits in the past 12 months	386,727	11.5%
Families	2,218,646	2,218,646
Less than $10,000	72,768	3.3%
$10,000 to $14,999	41,046	1.9%
$15,000 to $24,999	114,245	5.1%
$25,000 to $34,999	138,199	6.2%
$35,000 to $49,999	203,926	9.2%

Subject	Estimate	Percent
$50,000 to $74,999	324,450	14.6%
$75,000 to $99,999	278,618	12.6%
$100,000 to $149,999	411,788	18.6%
$150,000 to $199,999	242,766	10.9%
$200,000 or more	390,840	17.6%
Median family income (dollars)	93,675	(X)
Mean family income (dollars)	133,537	(X)
Per capita income (dollars)	41,847	(X)
Nonfamily households	1,144,447	1,144,447
Median nonfamily income (dollars)	56,785	(X)
Mean nonfamily income (dollars)	85,200	(X)
Median earnings for workers (dollars)	41,066	(X)
Median earnings for male full-time, year-round workers (dollars)	58,646	(X)
Median earnings for female full-time, year-round workers (dollars)	54,347	(X)
HEALTH INSURANCE COVERAGE		
Civilian noninstitutionalized population	9,866,623	9,866,623
With health insurance coverage	8,977,888	91.0%
With private health insurance	5,777,745	58.6%
With public coverage	3,919,394	39.7%
No health insurance coverage	888,735	9.0%
Civilian noninstitutionalized population under 19 years	2,224,527	2,224,527
No health insurance coverage	80,508	3.6%
Civilian noninstitutionalized population 19 to 64 years	6,257,033	4,546,004
In labor force:	4,876,990	4,876,990
Employed:	4,546,004	4,546,004
With health insurance coverage	4,017,252	88.4%
With private health insurance	3,327,192	73.2%
With public coverage	787,763	17.3%
No health insurance coverage	528,752	11.6%
Unemployed:	330,986	330,986
With health insurance coverage	268,947	81.3%
With private health insurance	140,334	42.4%
With public coverage	137,428	41.5%
No health insurance coverage	62,039	18.7%
Not in labor force:	1,380,043	1,380,043
With health insurance coverage	1,184,898	85.9%
With private health insurance	605,285	43.9%
With public coverage	634,205	46.0%
No health insurance coverage	195,145	14.1%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL		
All families	(X)	10.0%
With related children under 18 years	(X)	14.7%
With related children under 5 years only	(X)	10.9%
Married couple families	(X)	6.3%
With related children under 18 years	(X)	8.4%
With related children under 5 years only	(X)	4.8%
Families with female householder, no husband present	(X)	20.0%
With related children under 18 years	(X)	30.0%
With related children under 5 years only	(X)	29.8%
All people	(X)	13.7%
Under 18 years	(X)	18.1%
Related children under 18 years	(X)	17.8%
Related children under 5 years	(X)	17.5%
Related children 5 to 17 years	(X)	17.9%
18 years and over	(X)	12.6%
18 to 64 years	(X)	12.3%
65 years and over	(X)	13.9%
People in families	(X)	10.6%
Unrelated individuals 15 years and over	(X)	26.6%

Source: U.S. Census Bureau, 2018-2022 American Community Survey

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DP04: SELECTED HOUSING CHARACTERISTICS
2018-2022 American Community Survey 5-Year Estimates
Geographic Area: Los Angeles County

Subject	Estimate	Percent
HOUSING OCCUPANCY		
Total housing units	3,599,561	3,599,561
Occupied housing units	3,363,093	93.4%
Vacant housing units	236,468	6.6%
Homeowner vacancy rate	0.8	(X)
Rental vacancy rate	4.0	(X)
UNITS IN STRUCTURE		
Total housing units	3,599,561	3,599,561
1-unit, detached	1,724,662	47.9%
1-unit, attached	228,777	6.4%
2 units	96,581	2.7%
3 or 4 units	213,431	5.9%
5 to 9 units	281,112	7.8%
10 to 19 units	275,500	7.7%
20 or more units	720,178	20.0%
Mobile home	56,730	1.6%
Boat, RV, van, etc.	2,590	0.1%
YEAR STRUCTURE BUILT		
Total housing units	3,599,561	3,599,561
Built 2020 or later	10,556	0.3%
Built 2010 to 2019	144,909	4.0%
Built 2000 to 2009	197,763	5.5%
Built 1990 to 1999	228,880	6.4%
Built 1980 to 1989	427,785	11.9%
Built 1970 to 1979	499,914	13.9%
Built 1960 to 1969	518,564	14.4%
Built 1950 to 1959	702,463	19.5%
Built 1940 to 1949	350,540	9.7%
Built 1939 or earlier	518,187	14.4%
ROOMS		
Total housing units	3,599,561	3,599,561
1 room	231,164	6.4%
2 rooms	215,882	6.0%
3 rooms	568,082	15.8%
4 rooms	764,272	21.2%
5 rooms	625,457	17.4%
6 rooms	522,574	14.5%
7 rooms	286,176	8.0%
8 rooms	199,115	5.5%
9 rooms or more	186,839	5.2%
Median rooms	4.5	(X)
BEDROOMS		
Total housing units	3,599,561	3,599,561
No bedroom	261,849	7.3%
1 bedroom	689,093	19.1%
2 bedrooms	1,068,353	29.7%
3 bedrooms	1,009,021	28.0%
4 bedrooms	447,655	12.4%
5 or more bedrooms	123,590	3.4%

Subject	Estimate	Percent
HOUSING TENURE		
Occupied housing units	3,363,093	3,363,093
Owner-occupied	1,552,164	46.2%
Renter-occupied	1,810,929	53.8%
Average household size of owner-occupied unit	3.1	(X)
Average household size of renter-occupied unit	2.7	(X)
YEAR HOUSEHOLDER MOVED INTO UNIT		
Occupied housing units	3,363,093	3,363,093
Moved in 2019 or later	144,392	4.3%
Moved in 2015 to 2018	587,277	17.5%
Moved in 2010 to 2014	1,206,560	35.9%
Moved in 2000 to 2009	652,683	19.4%
Moved in 1990 to 1999	395,292	11.8%
Moved in 1989 and earlier	376,889	11.2%
VEHICLES AVAILABLE		
Occupied housing units	3,363,093	3,363,093
No vehicles available	291,082	8.7%
1 vehicle available	1,128,954	33.6%
2 vehicles available	1,171,605	34.8%
3 or more vehicles available	771,452	22.9%
HOUSE HEATING FUEL		
Occupied housing units	3,363,093	3,363,093
Utility gas	2,147,846	63.9%
Bottled, tank, or LP gas	55,952	1.7%
Electricity	934,648	27.8%
Fuel oil, kerosene, etc.	2,949	0.1%
Coal or coke	414	0.0%
Wood	6,410	0.2%
Solar energy	14,849	0.4%
Other fuel	5,863	0.2%
No fuel used	194,162	5.8%
SELECTED CHARACTERISTICS		
Occupied housing units	3,363,093	3,363,093
Lacking complete plumbing facilities	15,178	0.5%
Lacking complete kitchen facilities	52,679	1.6%
No telephone service available	35,853	1.1%
OCCUPANTS PER ROOM		
Occupied housing units	3,363,093	3,363,093
1.00 or less	2,990,763	88.9%
1.01 to 1.50	213,417	6.3%
1.51 or more	158,913	4.7%
VALUE		
Owner-occupied units	1,552,164	1,552,164
Less than $50,000	28,559	1.8%
$50,000 to $99,999	20,978	1.4%
$100,000 to $149,999	13,127	0.8%
$150,000 to $199,999	9,578	0.6%
$200,000 to $299,999	33,970	2.2%
$300,000 to $499,999	212,755	13.7%

Subject	Estimate	Percent
$500,000 to $999,999	821,457	52.9%
$1,000,000 or more	411,740	26.5%
Median (dollars)	732,200	(X)
MORTGAGE STATUS		
Owner-occupied units	1,552,164	1,552,164
Housing units with a mortgage	1,073,905	69.2%
Housing units without a mortgage	478,259	30.8%
SELECTED MONTHLY OWNER COSTS (SMOC)		
Housing units with a mortgage	1,073,905	1,073,905
Less than $500	4,391	0.4%
$500 to $999	20,205	1.9%
$1,000 to $1,499	66,967	6.2%
$1,500 to $1,999	129,309	12.0%
$2,000 to $2,499	165,964	15.5%
$2,500 to $2,999	168,801	15.7%
$3,000 or more	518,268	48.3%
Median (dollars)	2,945	(X)
Housing units without a mortgage	478,259	478,259
Less than $250	20,536	4.3%
$250 to $399	48,340	10.1%
$400 to $599	97,623	20.4%
$600 to $799	93,504	19.6%
$800 to $999	69,491	14.5%
$1,000 or more	148,765	31.1%
Median (dollars)	754	(X)
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)		
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	1,066,146	1,066,146
Less than 20.0 percent	333,621	31.3%
20.0 to 24.9 percent	151,584	14.2%
25.0 to 29.9 percent	122,238	11.5%
30.0 to 34.9 percent	92,726	8.7%
35.0 percent or more	365,977	34.3%
Not computed	7,759	(X)
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	470,603	470,603
Less than 10.0 percent	213,383	45.3%
10.0 to 14.9 percent	80,613	17.1%
15.0 to 19.9 percent	46,889	10.0%
20.0 to 24.9 percent	28,937	6.1%
25.0 to 29.9 percent	20,357	4.3%
30.0 to 34.9 percent	14,659	3.1%
35.0 percent or more	65,765	14.0%
Not computed	7,656	(X)

Subject	Estimate	Percent
GROSS RENT		
Occupied units paying rent	1,761,865	1,761,865
Less than $500	67,852	3.9%
$500 to $999	132,202	7.5%
$1,000 to $1,499	393,654	22.3%
$1,500 to $1,999	471,272	26.7%
$2,000 to $2,499	322,973	18.3%
$2,500 to $2,999	165,835	9.4%
$3,000 or more	208,077	11.8%
Median (dollars)	1,805	(X)
No rent paid	49,064	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)		
Occupied units paying rent (excluding units where GRAPI cannot be computed)	1,721,976	1,721,976
Less than 15.0 percent	165,817	9.6%
15.0 to 19.9 percent	178,647	10.4%
20.0 to 24.9 percent	199,662	11.6%
25.0 to 29.9 percent	191,683	11.1%
30.0 to 34.9 percent	161,490	9.4%
35.0 percent or more	824,677	47.9%
Not computed	88,953	(X)

Source: U.S. Census Bureau, 2018-2022 American Community Survey

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DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES
2018-2022 American Community Survey 5-Year Estimates
Geographic Area: Los Angeles County

Subject	Estimate	Percent
SEX AND AGE		
Total population	9,936,690	9,936,690
Male	4,937,101	49.7%
Female	4,999,589	50.3%
Sex ratio (male per 100 females)	98.8	(X)
Under 5 years	538,630	5.4%
5 to 9 years	559,182	5.6%
10 to 14 years	627,684	6.3%
15 to 19 years	625,715	6.3%
20 to 24 years	675,829	6.8%
25 to 34 years	1,584,416	15.9%
35 to 44 years	1,380,984	13.9%
45 to 54 years	1,317,158	13.3%
55 to 59 years	630,019	6.3%
60 to 64 years	581,217	5.8%
65 to 74 years	819,236	8.2%
75 to 84 years	404,671	4.1%
85 years and over	191,949	1.9%
Median age (years)	37.4	(X)
Under 18 years	2,093,072	21.1%
16 years and over	8,086,852	81.4%
18 years and over	7,843,618	78.9%
21 years and over	7,455,744	75.0%
62 years and over	1,750,482	17.6%
65 years and over	1,415,856	14.2%
18 years and over	7,843,618	7,843,618
Male	3,863,992	49.3%
Female	3,979,626	50.7%
Sex ratio (male per 100 females)	97.1	(X)
65 years and over	1,415,856	1,415,856
Male	618,342	43.7%
Female	797,514	56.3%
Sex ratio (male per 100 females)	77.5	(X)
RACE		
Total population	9,936,690	9,936,690
One race	8,580,980	86.4%
Two or more races	1,355,710	13.6%
One race	8,580,980	86.4%
White	3,937,901	39.6%
Black or African American	780,993	7.9%
American Indian and Alaska Native	111,096	1.1%
Cherokee tribal grouping	2,197	0.0%
Chippewa tribal grouping	419	0.0%
Navajo tribal grouping	2,505	0.0%
Sioux tribal grouping	542	0.0%
Asian	1,473,634	14.8%
Asian Indian	99,158	1.0%
Chinese	469,201	4.7%
Filipino	335,080	3.4%
Japanese	96,020	1.0%
Korean	203,328	2.0%

Subject	Estimate	Percent
Vietnamese	97,523	1.0%
Other Asian	173,324	1.7%
Native Hawaiian and Other Pacific Islander	23,400	0.2%
Chamorro	3,590	0.0%
Native Hawaiian	3,446	0.0%
Samoan	8,294	0.1%
Other Pacific Islander	8,070	0.1%
Some other race	2,253,956	22.7%
Two or more races	1,355,710	13.6%
White and Black or African American	64,714	0.7%
White and American Indian and Alaska Native	42,151	0.4%
White and Asian	131,184	1.3%
White and some other race	918,921	9.2%
Black or African American and American Indian and Alaska Native	10,144	0.1%
Black or African American and some other race	26,300	0.3%
Race alone or in combination with one or more other races		
Total population	9,936,690	9,936,690
White	5,180,382	52.1%
Black or African American	929,713	9.4%
American Indian and Alaska Native	239,986	2.4%
Asian	1,674,850	16.9%
Native Hawaiian and Other Pacific Islander	56,893	0.6%
Some other race	3,302,017	33.2%
HISPANIC OR LATINO AND RACE		
Total population	9,936,690	9,936,690
Hispanic or Latino (of any race)	4,837,594	48.7%
Mexican	3,586,953	36.1%
Puerto Rican	47,349	0.5%
Cuban	40,264	0.4%
Other Hispanic or Latino	1,163,028	11.7%
Not Hispanic or Latino	5,099,096	51.3%
White alone	2,505,177	25.2%
Black or African American alone	753,155	7.6%
American Indian and Alaska Native alone	18,662	0.2%
Asian alone	1,452,646	14.6%
Native Hawaiian and Other Pacific Islander alone	20,597	0.2%
Some other race alone	49,953	0.5%
Two or more races	298,906	3.0%
Two races including Some other race	41,285	0.4%
Two races excluding Some other race, and Three or more races	257,621	2.6%
Total housing units	3,599,561	(X)
CITIZEN, VOTING AGE POPULATION		
Citizen, 18 and over population	6,410,093	6,410,093
Male	3,129,847	48.8%
Female	3,280,246	51.2%

Source: U.S. Census Bureau, 2018-2022 American Community Survey

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Appendix C

ID	Start time	Completion time	Email	Your institution's name
1	2/12/25 14:01:32	2/12/25 14:04:05	anonymous	Taft College
2	2/12/25 14:07:39	2/12/25 14:10:25	anonymous	Concorde Career College - Garden Grove
3	2/12/25 14:11:15	2/12/25 14:13:10	anonymous	CCC - San Bernardino
4	2/12/25 15:03:11	2/12/25 15:04:18	anonymous	San Joaquin Valley College - Ontario
5	2/12/25 15:09:32	2/12/25 15:11:02	anonymous	Cerritos College
6	2/12/25 15:22:42	2/12/25 15:24:18	anonymous	Cypress College

Your name and title (feel free to include your email)
Gina Gardner, Interim Director of Dental Hygiene
Amber Davis Dental Hygiene Program Director
Sabrina Santucho RDHAP, MHA ssantucho@concorde.edu
Jerica Block, Program Director
Diane Loera dloera@cerritos.edu
Kendra Contreras, FT faculty

Do you currently have a waiting list for your Dental Hygiene Program? If yes, approximately how many candidates do you have waiting?
We do not use a wait list. We have approximately 95-105 students apply to our program each year.
No
yes, 3 Alternates
No
No- we do not use a waiting list. Students must apply each year
No waiting list

What is the length of time it takes your licensed graduate to obtain gainful employment (at least three days a week) in the dental hygiene field?
A few weeks to a couple of months. We have a saturation of hygienists in our area.
2-4 weeks
Once Licensed - Less than a month
1 month
within one week
Usually within 6 months

What is the main region/city your dental hygiene students draw from?
Bakersfield.
Orange County
Inland Empire
Inland Empire, Orange County, San Fernando Valley
LA county
LA/Orange County

ACCSC
Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302
Arlington, Virginia 22201
703.247.4212
703.247.4533 fax
www.accsc.org

May 15, 2024

ELECTRONIC DELIVERY
fholland@concorde.edu

Frederick Holland
Campus President
Concorde Career College
12412 Victory Boulevard
North Hollywood, California 91606

School #M000474

Dear Mr. Holland:

At the May 2024 meeting, the Accrediting Commission of Career Schools and Colleges ("ACCSC" or "the Commission") considered the Applications for Renewal of Accreditation, Change of Control, and Initial Distance Education submitted by Concorde Career College located in North Hollywood, California. Upon review of the March 24, 2024 On-site Evaluation Report and the school's response to that report, the Commission voted to grant Concorde Career College **Renewal of Accreditation**. The Commission's action renews the school's accreditation for a period of five (5) years going forward from June 2023.[1] The Commission also determined that Concorde Career College met the requirements for the Change of Control as required by accrediting standards and the inclusion of distance education within the school's scope of accreditation.

The mark of an accredited school is its commitment to continuous improvement. Accordingly, the Commission has included an ACCSC Institutional Enhancement Enclosure with this letter, which lists suggestions deserving the school's immediate attention and action.

Also included with this letter is an ACCSC Approved Program Enclosure as documentation of the school's approved programs. Although ACCSC accreditation is institutional in nature, all programs offered by the school must be approved by the Commission. Concorde Career College will find the Commission's requirements for the addition of new programs and modifications to existing programs in the *Standards of Accreditation.*

In accordance with this action, the Commission is enclosing a copy of the school's Certificate of Accreditation. Through the renewal of accreditation, Concorde Career College has continued its partnership with other educators who are committed to providing programs of quality and to conducting their affairs with integrity. The Commission is confident that the school will take this responsibility seriously with consideration for the many other ACCSC-accredited institutions that have embraced accreditation as a means to enhance student learning and achieve educational goals.

The Commission expects that the school will adhere to the *Standards of Accreditation* on an on-going basis and as revisions are approved and disseminated. Please consult regularly the ACCSC website for updates, important due dates, initiatives, and special events planned for the benefit of the Commission's accredited institutions as well as instructions for the preparation and submission of the Annual Report, sustaining fees, and annual audit of the school's financial statements.

[1] The Commission previously granted Concorde Career College renewal of accreditation for five (5) years effective June 2018. Therefore, the school's accreditation is effective for a period of five (5) years going forward from June 2023.

For further assistance or additional information, please contact Michelle Ragland at mragland@accsc.org.

Sincerely,

Michale S. Mccomis, Ed.D.
Executive Director

c: John Carreon, jcarreron@concorde.edu

Encls.: ACCSC Approved Program Enclosure
ACCSC Institutional Enhancement Enclosure
ACCSC Certificate of Accreditation

ACCSC
Accrediting Commission of Career Schools and Colleges

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Arlington, Virginia 22201
703.247.4212
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www.accsc.org

ACCREDITING COMMISSION OF CAREER SCHOOLS AND COLLEGES
APPROVED PROGRAM ENCLOSURE

CONCORDE CAREER COLLEGE (SCHOOL #M000474)
NORTH HOLLYWOOD, CALIFORNIA

MAY 15,2024

The Accrediting Commission of Career Schools and Colleges ("ACCSC") has approved the following programs to be included within the school's scope of ACCSC accreditation.

NON-DEGREE PROGRAMS	INSTRUCTIONAL CLOCK HOURS*	SEMESTER CREDIT HOURS	AWARD	APPROVED MODALITY
Dental Assistant	890	30.5	Diploma	Hybrid
Medical Assistant	800	26	Diploma	Hybrid
Vocational Nursing	1722	66.5	Diploma	Hybrid

*Non-degree programs may also include recognition of additional time for student preparation outside of class. Please refer to the Commission's letter of recognition where applicable.

DEGREE PROGRAMS	SEMESTER CREDIT HOURS	AWARD	APPROVED MODALITY
Physical Therapist Assistant	78	Associate of Science	Hybrid
Respiratory Therapy	76	Associate of Science	Hybrid
Surgical Technology	68	Associate of Science	Hybrid

"Hybrid" approval includes 100% residential or a combination of residential and distance education delivery methods.
**Program is listed as approved

This information is current as of the date of this letter. Please refer to *Section IV, Rules of Process and Procedure, Standards of Accreditation* for the processes and procedures required for the addition or modification of a program.

BUSIHESS. CONSUMER LS AND HOUSING AGEN • GA HIE GOVERIIOR
DEPARTMENT OF CONSUMER AFFAIRS• BUREAU FOR PRNATE POSTSECONDARY EDUCATION
1747 N. Market Blvd., Surte 225, Sacramento, CA 95834
P (916) 574-8900 | Toll-Free (888) 370-7589 | www.bppe.ca.gov

May 29, 2024

Kristen Marshall
Concorde Career College
6701 W. 64th Street, Suite 200
Overland Park, KS 66202

RE: Renewal for Approval to Operate an Accredited Institution - Application #36413
Institution Code: 1900171

Dear Ms. Marshall:

The Bureau for Private Postsecondary Education (Bureau) completed the review of your application for renewal of approval to operate an accredited institution, received on June 20, 2023. The information included with the application was determined to be in compliance with the requirements of Title 5, California Code of Regulations (CCR) section 71480. Therefore, Concorde Career College is granted approval to operate under the terms of California Education Code (CEC) section 94890(a)(1) until **June 30, 2028** per CEC section 94890(b).

This approval is coterminous with the institution's term of accreditation granted by the Accrediting Commission of Career Schools and Colleges (ACCSC).

Concorde Career College is approved to offer the programs on the most recent "Approved Educational Program List" at 12412 Victory Blvd. North Hollywood, CA 91606.

Ownership information: Bureau records reflect the following ownership for Concorde Career College:

Level 1: Colleges of Dental and Medical Assistants, Inc. 100%
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College is required to maintain compliance with the California Private Postsecondary Education Act of 2009 and Title 5, California Code of Regulations 7.5 Private Postsecondary Education and is subject to inspection by Bureau staff at any time for the purpose of monitoring compliance.

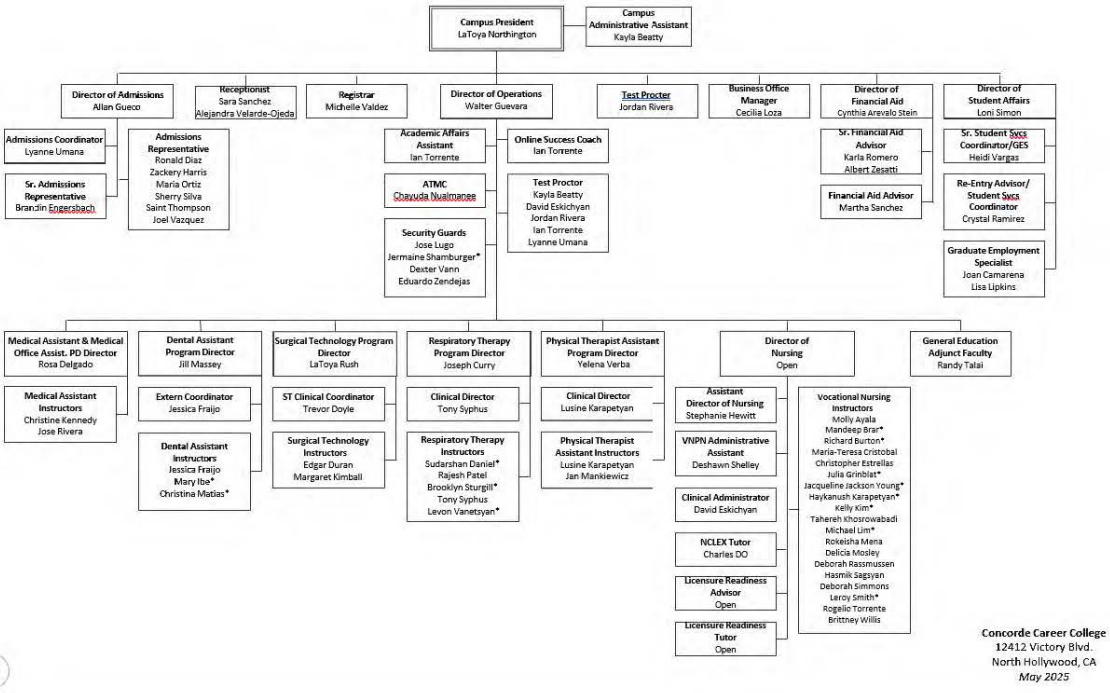
If you require additional assistance on this matter, please contact Rachel Fabbri at Rachel.Fabbri@dca.ca.gov or (279) 895-6054.

Sincerely,

HOUA HER, Manager
Licensing Unit

Enclosure

Appendix E

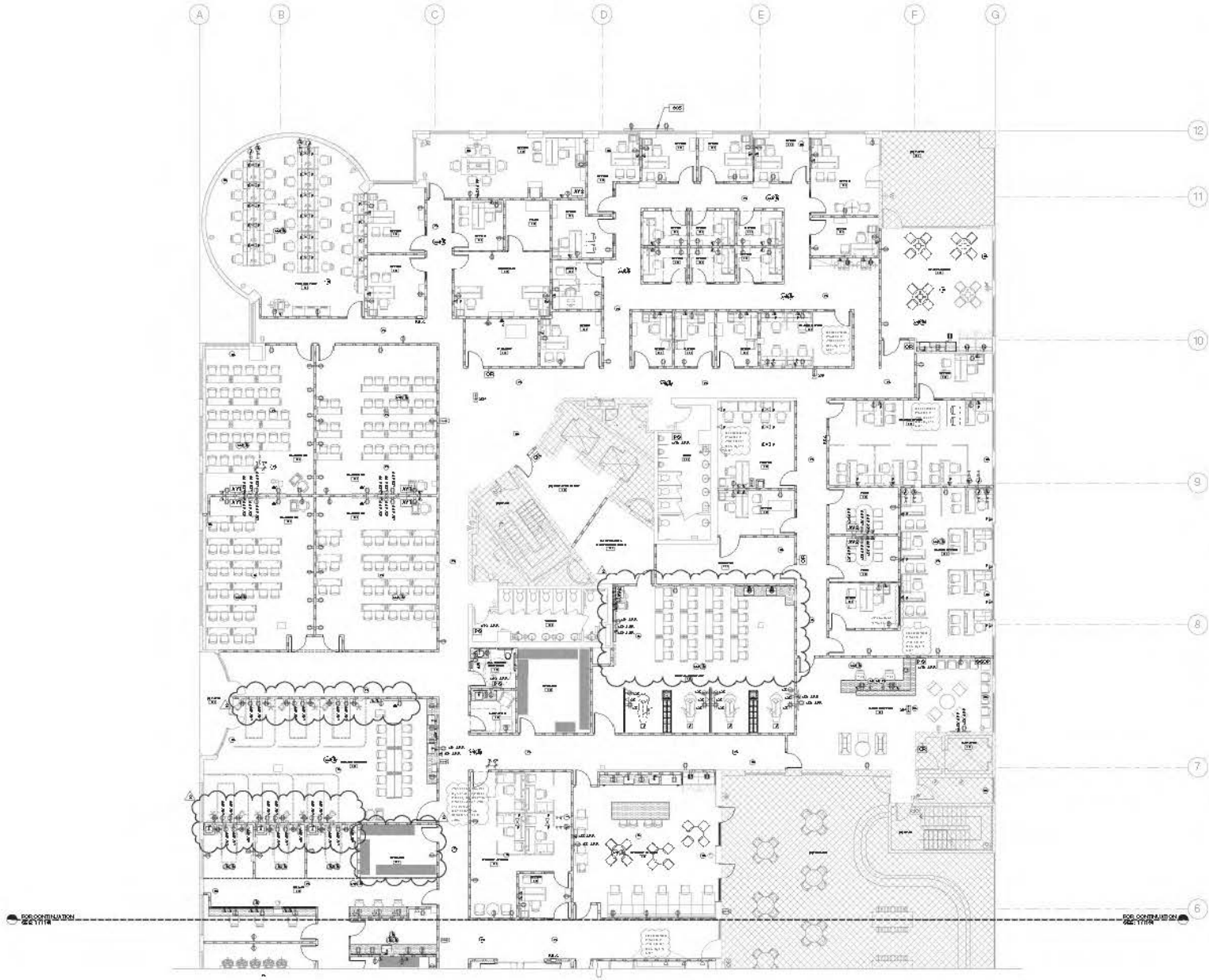


Concorde Career College
12412 Victory Blvd.
North Hollywood, CA
May 2025

CONCORDE BURBANK
115 NORTH 1ST. STREET,
BURBANK, CALIFORNIA 91502
PARTIAL GROUND LEVEL - FLOOR PLAN
SHEET
1121
WARE MALCOMB
FLOOR PLAN NOTES
KEYNOTES
LEGEND
WALL/PARTITION TYPES
WALL/ PARTITION LEGEND
KEY PLAN
PARTIAL GROUND LEVEL - FLOOR PLAN
NO PARKING
07/08/2026 - CLIENT REVISIONS

POWER & SIGNAL PLAN NOTES
KEYNOTES:
LEGEND
KEY PLAN
PARTIAL GROUND LEVEL - POWER & SIGNAL PLAN
CONCORDE BURBANK
115 NORTH 1ST. STREET,
BURBANK, CALIFORNIA 91502
PARTIAL GROUND LEVEL - POWER & SIGNAL PLAN
WARE MALCOMB
SHEET
I131
07/08/2026 - CLIENT REVISIONS

CAUTION: IF THIS SHEET IS NOT 30"x42" IT IS A REDUCED PRINT



PARTIAL SECOND FLOOR - POWER & SIGNAL PLAN

SCALE: 1/8" = 1'-0"

POWER & SIGNAL PLAN NOTES

SEE SHEET E-010 - XXX FOR GENERAL NOTES

- THE CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS AND NOTIFY THE ARCHITECT IMMEDIATELY OF ANY DISCREPANCIES OR CONFLICTS IN AT NIGHT WORK.
1. ARCHITECTURAL DRAWINGS AND LOCATION TAKE PRECEDENCE OVER ELECTRICAL DRAWINGS FOR COORDINATION, IF INCONSISTENCIES OCCUR, CONTACT ARCHITECT FOR CLARIFICATION.
2. MEASURE DIMENSIONS ARE TO CENTERLINE OF DEVICE OR OUTLET UNLESS OTHERWISE NOTED.
3. OUTLETS ON OPPOSITE SIDES OF A PARTITION SHALL NOT BE BACK TO BACK. OFFSET TO ALLOW INSULATION BETWEEN.
4. VERIFY FINAL FURNITURE LAYOUT FOR ALL POWER PROVIDED EQUIPMENT.
5. ALL FURNITURE TO BE PROVIDED AND INSTALLED BY TENANT. LAYOUT SHOWN FOR REFERENCE ONLY. VERIFY EXACT LOCATION OF FLOOR CONNECTIONS IN CONJUNCTION WITH FURNITURE DEALER PRIOR TO INSTALLATION OF RELATED POWER AND SIGNAL CONNECTIONS.
6. COORDINATE EXACT OUTLET LOCATIONS IN FIELD WITH SECURITY, AUDIO-VISUAL, INFORMATION TECHNOLOGY, AND EQUIPMENT VENDORS RESPECTIVELY.
7. CAREFULLY TITLE ALL LIGHT OUTLETS AND SWITCHES TOGETHER WITH MULTI-OUTLET COVER PLATE, U.O.N.
8. ALL SWITCH GANGING (GANGED OR ALL NOT GANGED) PLACED BEHIND DOOR WHEN IN OPEN POSITION.
9. PROVIDE CONDUIT(S) IN CORRIDORS AND TENANT SPACE BETWEEN FLOOR OUTLETS AND ITEMS AND ASSOCIATED EQUIPMENT ON PARTITION AND/OR CEILING (SUCH AS TV'S, RECESSED ACCESS PTS, AND PROJECTORS). GO TO BOXES IN A MINIMUM OF TWO CONDUITS BETWEEN EACH FLOOR OUTLET AND PIECE OF EQUIPMENT. VERIFY FINAL NEEDS WITH ANY VENDOR AND CLIENT FOR POWER, CONTENT AND DATA CONDUIT.
10. CONTRACTOR TO REFER TO DOOR SCHEDULE FOR ANY DOORS FITTED WITH ELECTRIFIED HARDWARE (E.G. FOR CARD READERS, OR OTHER ACCESS CONTROL, ETC).
11. WHERE RECEPTACLES ARE WITHIN MILLWORK, DOOR REFER TO ELECTRICAL TO COORDINATE WITH ELECTRICAL & MILLWORK TRADES.
12. WHERE GANGING IMPOSSIBLE OR UNINDICATED, PROVIDE ADJACENT SWITCH ABOVE THE COUNTER.

KEYNOTES:

605 PROVIDE POWER (2 DUPLEX OUTLETS) FOR FUTURE VENDING. FINAL LOCATION BY CLIENT.

LEGEND

INDICATES AREA NOT IN CONTRACT (N.I.C.)

POWER AND SIGNAL

- DUPLEX RECEPTACLE, MOUNTED VERTICALLY AT +12" AFF., U.O.N. *"D" DESIGNATES RECESSED TYPE SOCKET.
- DEDICATED DUPLEX RECEPTACLE, MOUNTED VERTICALLY AT +12" A.F.F., U.O.N.
- DUPLEX RECEPTACLE, MOUNTED @ ABOVE COUNTER OR 46" A.F.F.
- DEDICATED DUPLEX RECEPTACLE, MOUNTED @ ABOVE COUNTER OR 46" A.F.F.
- DUPLEX RECEPTACLE, MOUNTED FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE RATING AS REQUIRED. *"D" DESIGNATES PEDESTAL TYPE
- FOURPLEX RECEPTACLE, MOUNTED AT 12" AFF., U.O.N.
- DEDICATED FOURPLEX RECEPTACLE, MOUNTED AT +12" A.F.F., U.O.N.
- COMBINATION TELE/HOMERUN/DATA OUTLET AND RING, WALL-MOUNTED AT 12" AFF., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- NEW DATA OUTLET AND RING, WALL-MOUNTED @ ABOVE COUNTER OR 46" A.F.F. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- JUNCTION BOX, WALL-MOUNTED AT 12" A.F.F. WITH FLEXIBLE CONNECTION TO PROVIDE POWER TO FURNITURE SYSTEM.
- COMBINATION TELE/HOMERUN/DATA OUTLET, WALL-MOUNTED AT 12" A.F.F. WITH FLEXIBLE CONNECTION TO PROVIDE POWER TO FURNITURE SYSTEM. VERIFY CONNECTION REQUIREMENTS WITH FURNITURE MANUFACTURER PRIOR TO ROUGH-IN.
- JUNCTION BOX, MOUNTED FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE RATING AS REQUIRED.
- TELEPHONE OUTLET AND RING, WALL-MOUNTED AT 12" AFF., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- COMBINATION TELE/HOMERUN/DATA OUTLET AND RING, WALL-MOUNTED @ ABOVE COUNTER OR 46" A.F.F. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- DATA OUTLET AND RING, WALL-MOUNTED AT 12" AFF., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- COMBINATION TELE/HOMERUN/DATA OUTLET FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE FIRE RATING AS REQUIRED. *"D" DESIGNATES PEDESTAL TYPE DEVICE.
- AUDIO-VISUAL CONNECTION, MOUNTED AT +12" A.F.F. U.O.N.,
- AUDIO-VISUAL CONNECTION, MOUNTED AT +12" A.F.F. U.O.N.,
- JUNCTION BOX, WALL-MOUNTED.
- JUNCTION BOX, CEILING-MOUNTED (IN ACCESSIBLE CEILING)
- MOTION DETECTOR
- GROUND STUD
- DOOR CONTACT
- DOOR BUTTON
- PULL BOX
- POWER SUPPLY
- WIRELESS ACCESS POINT
- POWER SUPPLY
- ENGINE SYSTEM CONTROL PANEL
- SECURITY CAMERA

KEY PLAN



WARE MALCOMB

ARCHITECTURE CIVIL ENGINEERING INC
PLANNING GEOTECHNICAL
INTERIORS SUSTAINABLE DESIGN

2770 De Havilland Pl, Suite 100 S
Costa Mesa, CA 92626
P 949.261.1001

CONCORDE BURBANK

115 NORTH 1ST STREET,
BURBANK, CALIFORNIA 91502

CONCORDE

PARTIAL SECOND FLOOR - POWER & SIGNAL PLAN

DATE	REMARKS
07/08/2026	CLIENT REVISIONS
06/18/2026	100% DESIGN DEVELOPMENT
05/15/2026	100% DESIGN DEVELOPMENT
04/17/2026	50% DESIGN DEVELOPMENT
03/27/2026	50% DESIGN DEVELOPMENT SUBMITTAL
02/20/2026	CLIENT REVIEW

PAPER:	L 24x36 ARCH
DRAWN BY:	A.U / D.G
JOB NO.:	PA2026-000501

SHEET
I133

Page 687 of 984

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1/8"=1'-0"
0 4' 8' 16' 32'

PARTIAL SECOND FLOOR - POWER & SIGNAL PLAN
SCALE: 1/8" = 1'-0"

POWER & SIGNAL PLAN NOTES

SEE SHEETS G010 - G110 FOR GENERAL NOTES

- THE CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS AND NOTIFY THE ARCHITECT IMMEDIATELY OF ANY DISCREPANCIES OR CONFLICTS THAT MIGHT ARISE.

1. ARCHITECTURAL DIMENSIONS AND LOCATIONS TAKE PRECEDENCE. SEE ELECTRICAL DRAWINGS FOR COORDINATION. IF INCONSISTENCIES OCCUR CONTACT ARCHITECT FOR CLARIFICATION.
2. INDICATED DIMENSIONS ARE TO CENTERLINE OF DEVICE OR CLUSTER UNLESS OTHERWISE NOTED.
3. OUTLETS ON OPPOSITE SIDES OF A PARTITION SHALL NOT BE BACK-TO-BACK; OFFSET TO ALLOW INSULATION BETWEEN.
4. VERIFY POWER REQUIREMENTS FOR USER PROVIDED EQUIPMENT.
5. ALL FURNITURE TO BE PROVIDED AND INSTALLED BY TENANT. LAYOUT SHOWN FOR REFERENCE. VERIFY EXACT LOCATIONS OF FLOOR CONNECTIONS/DEVICES WITH FURNITURE DEALER PRIOR TO INSTALLATION OF RELATED POWER AND SIGNAL CONNECTIONS.
6. COORDINATE EXACT OUTLET LOCATIONS IN FIELD WITH SECURITY, AUDIO-VISUAL, INFORMATION TECHNOLOGY, AND EQUIPMENT VENDORS RESPECTIVELY.
7. GANG MULTIPLE ADJACENT OUTLETS AND SWITCHES TOGETHER WITH MULTI-OUTLET COVER PLATE, U.O.N.
8. ALL SWITCHES/MOTION SENSORS SHALL NOT BE PLACED BEHIND DOORS WHEN IN OPEN POSITION.
9. PROVIDE CONDUIT(S) IN CONFERENCE AND TRAINING ROOMS BETWEEN FLOOR OUTLETS/DATA/HDMI AND ASSOCIATED EQUIPMENT ON PARTITION AND/OR CEILING SUCH AS TV'S, RECESSED SCREENS, AND PROJECTORS. GC TO PROVIDE A MINIMUM OF TWO CONDUITS BETWEEN EACH FLOOR OUTLET AND PIECE OF EQUIPMENT. VERIFY FINAL SIZES WITH AV VENDOR AND CLIENT FOR POWER CONDUIT AND DATA CONDUIT.
10. CONTRACTOR TO REFER TO DOOR SCHEDULE FOR ANY ELECTRIFIED HARDWARE (I.E. FOR CARD READERS, OR OTHER ACCESS CONTROL ETC).
11. WHERE RECEPTACLES ARE WITHIN MILLWORK, GC IS RESPONSIBLE TO COORDINATE WITH ELECTRICAL & MILLWORK TRADES.
12. WHERE GARBAGE DISPOSALS ARE INDICATED, PROVIDE SEPARATE SWITCH ABOVE THE COUNTER.

KEYNOTES:

303 FURNITURE LAYOUT IS HYPOTHETICAL ONLY. REFER TO CONCORDE'S FURNITURE VENDOR FOR EXACT LAYOUT, PRIOR TO ROUGH-IN.

305 PROVIDE POWER @ DUPLEX OUTLET(S) FOR FUTURE SIGNAGE. FINAL LOCATION BY CLIENT.

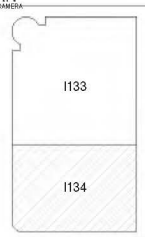
LEGEND

INDICATES AREA NOT IN CONTRACT (N.I.C.)

POWER AND SIGNAL

- DUPLEX RECEPTACLE, MOUNTED VERTICALLY AT +18" A.F.F., U.O.N. "C" DESIGNATES RECESSED TYPE SOCKET.
- DEDICATED DUPLEX RECEPTACLE, MOUNTED VERTICALLYAT +18" A.F.F., U.O.N.
- DUPLEX RECEPTACLE, MOUNTED 6" ABOVE COUNTER OR SPLASH.
- DEDICATED DUPLEX RECEPTACLE, MOUNTED 6" ABOVE COUNTER OR SPLASH.
- DUPLEX RECEPTACLE, MOUNTED FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE RATING AS REQUIRED. "P" DESIGNATES PEDESTAL TYPE
- FOURPLEX RECEPTACLE, MOUNTED AT +18" A.F.F., U.O.N.
- DEDICATED FOURPLEX RECEPTACLE, MOUNTED AT +18" A.F.F., U.O.N.
- COMBINATION TELEPHONE/DATA OUTLET MUD RING, WALL-MOUNTED AT 18" A.F.F., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- N NEW DATA OUTLET MUD RING, WALL-MOUNTED 6" ABOVE COUNTER OR SPLASH. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- JUNCTION BOX, WALL-MOUNTED AT 18" A.F.F. WITH FLEXIBLE CONNECTION TO PRE-WIRED FURNITURE SYSTEM.
- COMBINATION TELEPHONE/DATA OUTLET, WALL-MOUNTED AT 18" A.F.F. WITH FLEXIBLE CONNECTION TO PRE-WIRED FURNITURE SYSTEM. VERIFY CONNECTION REQUIREMENTS WITH FURNITURE MANUFACTURER PRIOR TO ROUGH-IN.
- JUNCTION BOX, MOUNTED FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE RATING AS REQUIRED.
- TELEPHONE OUTLET MUD RING, WALL-MOUNTED AT 18" A.F.F., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- COMBINATION TELEPHONE/DATA OUTLET MUD RING, WALL-MOUNTED 6" ABOVE COUNTER OR SPLASH. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- DATA OUTLET MUD RING, WALL-MOUNTED AT 18" A.F.F., U.O.N. PROVIDE PULL ROPE TO ABOVE ACCESSIBLE CEILING SPACE.
- COMBINATION TELEPHONE/DATA OUTLET FLUSH IN FLOOR BOX WITH FITTINGS. PROVIDE RATING AS REQUIRED. "P" DESIGNATES PEDESTAL TYPE DEVICE.
- AV1 AUDIO/VISUAL CONNECTION, MOUNTED AT +18" A.F.F. U.O.N.,
- AV2 AUDIO/VISUAL CONNECTION, MOUNTED AT +18" A.F.F. U.O.N.,
- JUNCTION BOX, WALL-MOUNTED.
- JUNCTION BOX, CEILING-MOUNTED. (IN ACCESSIBLE CEILING).
- MOTION DETECTOR
- GROUND BUS
- DOOR CONTACT
- DOOR BUTTON
- PULL BOX
- POWER SUPPLY
- WIRELESS ACCESS POINT
- PS POWER SUPPLY
- ACCESS CONTROL PANEL
- SECURITY CAMERA

KEY PLAN



N
NOT TO SCALE

WARE MALCOMB
ARCHITECTURE CIVIL ENGINEERING
PLANNING DRAWING
INTERIORS BUILDING MEASUREMENT
2777 E Camelback Rd, Suite #205
Phoenix, AZ 85016
P 480.767.1001

CONCORDE CAREER COLLEGES

CONCORDE BURBANK
115 NORTH 1ST. STREET,
BURBANK, CALIFORNIA 91502

PARTIAL SECOND FLOOR - POWER & SIGNAL PLAN

	DATE	REMARKS
	07/09/2026	90% ED PROGRESS SET
	09/05/2026	100% ED PROGRESS SET
	09/07/2026	ISSUE FOR PERMIT SUBMITTAL
1	01/08/2026	CLIENT REVISIONS
2	07/20/2026	DSA REVISIONS
		DC REVISIONS

PM/PM:	L. FISHBURN
DRAWN BY:	J.U. / D.S.
JOB NO.:	P-0024-3006.01

SHEET
I134

THESE DRAWINGS AND SPECIFICATIONS ARE THE PROPERTY AND COPYRIGHT OF WARE MALCOMB AND SHALL NOT BE USED ON ANY OTHER WORK EXCEPT BY AGREEMENT WITH WARE MALCOMB. WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALED DIMENSIONS AND SHALL BE VERIFIED ON THE JOB SITE. ANY DISCREPANCY SHALL BE BROUGHT TO THE NOTICE OF WARE MALCOMB PRIOR TO THE COMMENCEMENT OF ANY WORK.

07/08/2026 - CLIENT REVISIONS

07/20/2026 3:37:07 PM

PREPARED FOR:

CONCORDE CAREER COLLEGE BURBANK

PRESENTED BY: BRIAN NOLAN, HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST

GENERAL NOTES & CONDITIONS (ALL TRADES)

1. DEFINITIONS

"HENRY SCHEIN, HENRY SCHEIN INC., HENRY SCHEIN DENTAL OR H.S.D." REFERS TO THE EQUIPMENT SUPPLIER FOR THE PROJECT INDICATED BY THE OWNER AND IN A SEPARATE CONTRACT.

"HENRY SCHEIN DENTAL REP" - AN EQUIPMENT SPECIALIST AND/OR OTHER REPRESENTATIVE THAT IS EMPLOYED BY HENRY SCHEIN DENTAL AND SPECIALIZES IN DENTAL EQUIPMENT KNOWLEDGE AND/OR INSTALLATIONS AND WAS ASSIGNED BY THE OWNER IN THE PREPARATION OF THESE DRAWINGS.

THE "GENERAL CONTRACTOR" ALSO KNOWN AS THE "G.C." IS REFERRED TO AS THE PERSON OR ENTITY WHO WAS HIRED AND A CONTRACTUAL AGREEMENT WITH THE OWNER FOR THE WORK DEFINED IN THESE AGREEMENTS. THE G.C. IS RESPONSIBLE FOR ALL WORK CARRIED OUT BY THEIR SUBCONTRACTORS OR SUBTRADES. IF NO CONSTRUCTION OF THIS PROJECT IS UNDERTAKEN, CONTRACTS BY THE OWNER THE RESPONSIBILITIES STIPULATED IN THIS SHALL APPLY TO SUCH CONTRACTOR.

THE "OWNER" AS REFERRED TO AS THE PERSON OR ENTITY WHO OWNS OR LEASES THE PREMISES FOR WHICH A CONSTRUCTION AGREEMENT HAS BEEN ENTERED UPON WHEN THE G.C. WORKS THE OWNER AS REFERRED TO ABOVE LEASES THE PREMISES THEN HE WHO WAS OWNER PRIOR THE PROPERTY WAS REFERRED TO AS THE LANDLORD.

THE "OWNER'S AGENT" AS REFERRED TO IN THE AGREEING ON THEIR BEHALF AND MAY HAVE THE AUTHORITY TO MAKE DECISIONS ON THEIR BEHALF INCLUDING BUT NOT LIMITED TO ANY CHANGE ORDERS AND AGREEMENTS FOR A PROJECT MANAGER HIRED BY THE OWNER.

2. DRAWINGS

THESE DRAWINGS ARE PREPARED BY HENRY SCHEIN AS DENTAL CONSULTANTS FOR ASSISTING AN ARCHITECT/CONTRACTOR TO PRODUCE CONSTRUCTION DOCUMENTS & BUILD A DENTAL OFFICE. THEY DO NOT CONSTITUTE A COMPLETE SET OF CONSTRUCTION DOCUMENTS. ITEMS REQUIRED FOR BUILDING PERMITS OF CONSTRUCTION MAY NOT APPEAR ON THESE DRAWINGS. THESE DRAWINGS ARE BEING SUBMITTED FOR BUILDING PERMIT PURPOSES THE OWNER AND/OR GENERAL CONTRACTORS RESPONSIBILITY TO HAVE PROPER CONSULTANTS TO PREPARE COMPLETE ARCHITECTURAL STRUCTURAL MECHANICAL AND ELECTRICAL DRAWINGS.

DOOR SPECIFICATIONS INCLUDING DESIGN THAT EXISTED DOES NOT INCLUDE PLANS AND/OR SPECIFICATIONS NOT CONTAINED IN THESE DRAWINGS ARE BY OTHERS.

ELIMINATION OF OTHER CONSULTANTS SUCH AS AN ARCHITECT M.E.P. ENGINEERS OR SECURITY CONSULTANT ARE THE RESPONSIBILITY OF THE OWNER AND/OR GENERAL CONTRACTOR.

3. HENRY SCHEIN, INC. RESPONSIBILITIES

HENRY SCHEIN, INC. WILL ISSUE DRAWINGS FOR MECHANICAL LOCATIONS & EQUIPMENT REQUIREMENTS OF ALL DENTAL SPECIFIC EQUIPMENT. THESE WILL BE AVAILABLE FOR PRODUCTIVE VIEWING BY ARCHITECT OR A PROFESSIONAL CONSULTANT. THESE DRAWINGS WILL INCLUDE LAYOUTS, NECESSARY MECHANICAL AND PLUMBING SERVICES FOR THE DENTAL EQUIPMENT. THESE DRAWINGS ARE NOT INTENDED TO BE USED AS CONSTRUCTION DRAWINGS. THE ARCHITECT OR A PROFESSIONAL CONSULTANT SHOULD BE RETAINED TO PREPARE ALL ARCHITECTURAL, STRUCTURAL, MECHANICAL AND ELECTRICAL DRAWINGS. HENRY SCHEIN, INC. AND ITS REPRESENTATIVES WILL NOT ASSUME ANY RESPONSIBILITIES FOR DEVIATIONS FROM THESE DRAWINGS WITHOUT PRIOR WRITTEN CONSENT.

PRIOR TO CONSTRUCTION THE G.C. WILL VERIFY THE EXISTING DIMENSIONS OF THE SPACE PRIOR TO INSTALLATION TO ENSURE THEY COINCIDE WITH THE DESIGNED DRAWINGS. DURING CONSTRUCTION THE G.C. WILL CHECK THE LOCATION PRODUCED AS REQUIRED. THE G.C. WILL BE AVAILABLE TO ASSIST THE CONTRACTOR AND THE OWNER IN THE INTERPRETATION OF THESE DRAWINGS AND SPECIFICATIONS. PRIOR TO INCORPORATING THE GENERAL CONTRACTOR AND/OR THE FRAMING SUBCONTRACTOR IS REQUIRED TO COORDINATE WITH THE G.C. AND THE HENRY SCHEIN INSTALLATION TECHNICIAN. THE INSPECTIONS IS CRITICAL TO ENSURE THAT THE WALL AND/OR CEILING SUPPORTS FOR DENTAL EQUIPMENT WAS LAUNCHED WITH ANY CHANGES THAT MAY HAVE OCCURRED WHEN THE OWNER'S EQUIPMENT ORDER. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO HAVE PLUMBING, ELECTRICAL SUPPORT BACKING, AND WALL INSTALLATION APPROVED BY HENRY SCHEIN INSPECTIONS BEFORE PUTTING SHEETROCK INCLUDING PARTITIONS AND CEILING.

HENRY SCHEIN WILL NOT BE RESPONSIBLE FOR ANY UNFORESEEN CONDITIONS ARISING OUT OF OR DURING THE COURSE OF CONSTRUCTION NOR FOR ANY DEVIATIONS FROM DRAWINGS AND/OR SPECIFICATIONS WITHOUT PRIOR WRITTEN CONSENT.

EQUIPMENT INSTALLATION

A PRE-CONSTRUCTION WALK THROUGH WITH THE GENERAL CONTRACTOR, PLUMBER, ELECTRICIAN, CABINET MAKER AND THE H.S.D. EMPHASIZES CRITICAL EQUIPMENT INSTALLATION WILL BE DETERMINED AT THIS MEETING.

THE H.S.D. WILL INSPECT PREMISES PRIOR TO INSTALLATION OF ITS EQUIPMENT WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, CLEANING, HOISTING AND FRAMING ADJACENT WALL WORK MUST BE COMPLETED. RESPONSIBILITIES FOR THE INSTALLATION AND/OR HOOK-UP OF DENTAL EQUIPMENT WILL BE DEFINED IN THE SPECIFICATIONS FOR EACH TRADE. HENRY SCHEIN DENTAL PROVIDES, BUT IS NOT LIMITED TO, ALL APPLICABLE TRADES AS REFERENCED AT THE TIME OF INSTALLATION.

4. GENERAL CONTRACTOR (G.C.) RESPONSIBILITIES

ALL ITEMS LISTED OR NOTED HEREIN ARE FOR GUIDANCE ONLY AND DO NOT NECESSARILY CONSTITUTE THE ENTIRE SCOPE OF THE WORK TO BE CARRIED OUT UNDER THE CONTRACT. THE GENERAL CONTRACTOR IS RESPONSIBLE TO REVIEW AND PROVIDE ALL THE WORK REQUIRED TO COMPLETE THE PROJECT TO THE INTENT OF THE CONTRACT WHETHER OR NOT IT IS SPECIFICALLY SHOWN OR SPECIFIED. WHERE THESE DRAWINGS DO NOT PROVIDE ALL THE INFORMATION NECESSARY FOR THE COMPLETE INSTALLATION OF ANY ITEM, THE MANUFACTURER'S INSTRUCTIONS FOR THAT ITEM SHALL BE STRICTLY FOLLOWED.

THE GENERAL CONTRACTOR SHALL SUPPLY AND INSTALL ALL ITEMS NOTED AS "BY OTHERS" INCLUDED AS LABOR, EQUIPMENT AND TOOLS NECESSARY TO COMPLETE THE PROJECT AS DESCRIBED, SHOWN, TESTED AND VERIFIED ALL EQUIPMENT INSTALLED UNDER THE CONTRACT AND INDIRECTLY BY OWNER OR OWNERS AGENTS IN THE OPERATION OF THE EQUIPMENT.

THE G.C. SHALL THOROUGHLY FAMILIARIZE HIMSELF WITH THE DRAWINGS SPECIFICATIONS AND CONDITIONS GOVERNING THE JOB. THE G.C. SHALL ADVISE THE OWNER AND THE ARCHITECT BEFORE THE START OF WORK OF ANY CONFLICT BETWEEN THESE DRAWINGS AND THE BUILDING CONDITIONS BEFORE PROCEEDING WITH THE WORK.

THE G.C. SHALL COMPLY WITH ALL STATE AND MUNICIPAL LAWS, ORDINANCES, RULES AND REGULATIONS OF AUTHORITIES HAVING JURISDICTION. ALL WORK SHALL MEET OR EXCEED THE CURRENT BUILDING CODES IN EFFECT IN THE JURISDICTION IN WHICH THE PROJECT IS LOCATED. THE G.C. SHALL FILE ALL NECESSARY APPLICATIONS AND OBTAIN AND PAY FOR ALL PERMITS AND CERTIFICATES OF APPROVAL PERTAINING TO THE CONSTRUCTION OF THE PREMISES, INCLUDING THE FINAL INSPECTION FOR OCCUPANCY PERMIT, UNLESS OTHERWISE STATED. PERMITS OBTAINED SHALL INCLUDE THE CONNECTIONS TO ALL DENTAL EQUIPMENT AND FIXTURES WHICH ARE TO BE COMPLETED BY THE GENERAL CONTRACTOR. HVAC SPRINKLER DRAWINGS, CORRESPONDING SPECIFICATIONS OF ANY OTHER DRAWINGS AND SPECIFICATIONS THAT MAY BE REQUIRED FOR LICENSES AND PERMITS ARE TO BE PROVIDED BY OTHERS. HENRY SCHEIN, INC. WILL NOT UNDERTAKE OR PAY FOR THESE SERVICES OR ANY OTHER DRAWINGS AND SPECIFICATIONS THAT MAY BE REQUIRED FOR LICENSES AND PERMITS.

ALL MEASUREMENTS SHALL BE CHECKED AT THE JOB SITE. THE GENERAL CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR THE ACCURACY OF FIELD MEASUREMENTS AND CONDITIONS. THEY ARE ALSO RESPONSIBLE FOR THE PROPER MODIFICATIONS TO ANY EXISTING OR PREVIOUSLY INSTALLED WORK, WHEN IN APPROVAL MUST BE OBTAINED FROM THE H.S. BEFORE ANY CHANGES AND/OR DEVIATIONS FROM DRAWINGS AND SPECIFICATIONS ARE MADE.

THE G.C. SHALL ASSUME FULL RESPONSIBILITY FOR THE EXECUTION OF THEIR WORK AND FOR ANY CHANGES AND/OR DEVIATIONS FROM DRAWINGS OR SPECIFICATIONS MADE THEREON. PRIOR WRITTEN APPROVAL FROM THE OWNER AND/OR THE H.S., THE COST OF CORRECTIONS RESULTING FROM CHANGES AND/OR DEVIATIONS SHALL BE BORNE BY THE GENERAL CONTRACTOR.

A COMPLETE SET OF APPROVED DRAWINGS MUST BE KEPT AT THE JOB SITE AT ALL TIMES AND ANY CHANGES MUST BE NOTED THEREON AND INITIALED.

THE CONTRACTOR SHALL INDEMNIFY AND HOLD HARMLESS THE OWNER AND THE OWNERS AGENTS FROM AND AGAINST ALL CLAIMS FOR DAMAGES TO PERSONS AND/OR PROPERTY SUSTAINED AS A RESULT OF THE PERFORMANCE OF WORK, WHETHER OR NOT CAUSED BY NEGLIGENCE, AND PAY ANY EXPENSES (INCLUDING, WITHOUT LIMITATION ATTORNEYS FEES AND DISBURSEMENTS) INCURRED IN THE CONNECTION THEREWITH.

OTHER REQUIREMENTS

THE G.C. SHALL PARTICIPATE IN ALL JOB COORDINATION MEETINGS WITH THE HENRY SCHEIN REPRESENTATIVE AND INSURE ATTENDANCE OF THE APPROPRIATE TRADES.

ALL TRADES SHALL DO THEIR OWN CUTTING. THE GENERAL CONTRACTOR SHALL DO ALL PATCHING TO CONFORM TO ADJACENT FINISHES AND SURFACES AS REQUIRED WITH THE ADJOINING SURFACE AND SHALL TOUCH UP OF ALL FINISHED SURFACES.

THE GENERAL CONTRACTOR SHALL INSURE THE PROTECTION OF ALL EQUIPMENT FURNISHED UNDER HENRY SCHEIN CONTRACT AND BY OTHERS.

THE G.C. SHALL REVIEW ALL CUSTOM CABINETRY SUCH AS THE KITCHEN DESK, LABORATORY AND STERILIZATION WITH THE H.S. FOR ANY DENTAL EQUIPMENT INCORPORATION.

THE G.C. SHALL REMOVE ANY DEBRIS FROM THE CONSTRUCTION SITE AND KEEP THE AREA PUBLIC SPACES AFFECTED BY CONSTRUCTION AND FINISHED AND DEBRIS REMOVED ON A DAILY BASIS DURING THE DURATION OF THE CONTRACT. THE G.C. IS RESPONSIBLE FOR THE FINAL CLEAN UP OF THE JOB SITE UPON COMPLETION OF THE WORK.

THE GENERAL CONTRACTOR SHALL ESTABLISH WRITTEN ONE YEAR WARRANTY CERTIFICATE ON ALL WORKMANSHIP AND MATERIALS FROM THE DATE OF OCCUPANCY UNLESS NOTED OTHERWISE IN THE CONSTRUCTION AGREEMENT BETWEEN THE OWNER AND THE G.C. THE CONTRACTOR SHALL BIND THE GENERAL CONTRACTOR TO PROMPTLY CORRECT REPAIR OR REPLACE ANY DEFECTIVE EQUIPMENT OR WORKMANSHIP THAT WAS THE RESPONSIBILITY OF THE G.C. WITHOUT COST TO THE OWNER.

5. SEPARATE CONTRACTS BY OWNER

THE OWNER RESERVES THE RIGHT TO PERFORM WORK RELATED TO THE PROJECT WITH HIS/HER/THEIR OWN FORCES AND TO AWARD SEPARATE CONTRACTS IN CONNECTION WITH OTHER PORTIONS OF THE PROJECT OR ON OTHER WORK ON THESE SAME OR ADJACENT PREMISES UNDER CONDITIONS OF CONTRACT. THE GENERAL CONTRACTOR SHALL HAVE THE RIGHT TO CLAIM FOR ADDITIONAL COST INCURRED BECAUSE OF SUCH ACTION BY THE OWNER IF THE G.C. HAS NOT GIVEN THE OWNER THE GENERAL CONTRACTOR'S OPPORTUNITY FOR REASONABLE OBJECTION.

THE G.C. SHALL AFFORD THE OWNER AND SEPARATE CONTRACTORS REASONABLE OPPORTUNITY FOR THE INTRODUCTION AND STORAGE OF THEIR MATERIALS AND EQUIPMENT AND THE EXECUTION OF THEIR WORK. THE G.C. SHALL CONNECT AND COORDINATE THEIR WORK WITH THEIRS AS REQUIRED BY THE CONTRACT DOCUMENTS. ANY COSTS CAUSED BY DEFECTIVE AND/OR ILL-TIMED WORK SHALL BE BORNE BY THE PARTY RESPONSIBLE.

THE OWNER OR OWNERS AGENT MAY NOT HAVE ALL DRAWINGS AND ATTACHED DRAWINGS SUCH AS FIRE PROTECTION, BUSINESS AREA, OFFICES, BREAK ROOMS, CONFERENCE ROOMS, OFFICES AND SOUND SYSTEMS CONTROLS, ETC.).

GENERAL NOTES

1. THESE DRAWINGS AND SPECIFICATIONS HAVE BEEN PRODUCED FOR THE SPECIFIC PROJECT ONLY AND SHALL REMAIN THE EXCLUSIVE PROPERTY OF HENRY SCHEIN INC. THESE DRAWINGS AND SPECIFICATIONS MAY NOT BE REPRODUCED OR USED FOR ANY OTHER PURPOSES WHATSOEVER WITHOUT EXPRESSED WRITTEN CONSENT AND FULL PAYMENT OF ANY ASSOCIATED FEES TO HENRY SCHEIN INC.
2. ALL COMMUNICATIONS AND COORDINATION WITH TRADES SHALL BE THE RESPONSIBILITY OF THE G.C. UNLESS STATED OTHERWISE IN THE CONTRACT AGREEMENT.
3. THE G.C. MUST SCRUTINIZE THE DRAWINGS THAT MUST UNDERSTANDS AND WILL COMPLY WITH ALL SPECIFICATIONS BEFORE THE WORK WILL START. A SIGNED COPY OF THE PLANS ARE TO BE RETURNED TO THE OWNER AND HENRY SCHEIN DENTAL.
4. IT IS THE RESPONSIBILITY OF A SUBCONTRACTOR TO READ AND UNDERSTAND ALL NOTES AND ILLUSTRATIONS PERTAINING TO THEIR TRADE AND HOW THEY WORK WITH ALL THE OTHER TRADES.
5. ALL SUPPLY AND RETURN OF THE CABINETS AND CONNECTIONS OF THE EQUIPMENT MUST BE SPECIFIED AND/OR CONTRACTED BY HENRY SCHEIN, INC. IT IS THE RESPONSIBILITY OF THE G.C.
6. THE OWNER SHALL MAKE ARRANGEMENTS FOR INSTALLATION OF NON-DENTAL SYSTEMS AND PAY A SEPARATE CONTRACT BY NON-DENTAL INCLUDED.
7. WORK IN AND WHERE WORK FOR DENTAL EQUIPMENT IS TO BE ACCORDING TO EMPLOYEE FURNISHED BY THE MANUFACTURER OF EQUIPMENT BEING INSTALLED. THE G.C. WILL POSITION THE EQUIPMENT IN THEIR PROPER LOCATIONS AS WHICH HAVE ALL SPECIFICATIONS ON THE PLANS WILL BE EXPLAINED TO THE GENERAL CONTRACTOR OR SUBCONTRACTOR(S). ALL SPECIFICATIONS FOR PIPE SIZING, FITTINGS, ETC. AS WELL AS PROPER HOOKS AND/OR VALVES MUST BE STRICTLY FOLLOWED. ANY DEVIATIONS OR OMISSION OF PIPE SIZING AND/OR FITTINGS MUST BE CORRECTED BEFORE THE EQUIPMENT CAN BE INSTALLED. AND ANY SUCH EXTRA EXPENSES WILL BE THE RESPONSIBILITY OF THE G.C. AND/OR THE SUB TRADE.
8. THE G.C. SHALL SEAL ANY AND ALL FLOOR AND WALL PENETRATIONS MADE BY HENRY SCHEIN INSTALLERS AT THE END OF EACH DAY'S WORK WITH APPROPRIATE MATERIAL.
9. THE G.C. SHALL PROVIDE DOOR OPENINGS & DOOR SEALS AS NECESSARY FOR DENTAL EQUIPMENT SOUND ATTENUATION.
10. THE GENERAL CONTRACTOR SHALL SUPPLY ALL NAILERS, ANCHORS, ACCESSORIES AND ADHESIVES REQUIRED FOR FABRICATION AND INSTALLATION OF THE WORK. ALL EXPOSED EDGES AND/OR HOLES TO A MINIMUM HEIGHT AND DEPTH AND WHERE SPACED, HOOP FRAMING ARE TO BE CONTINUOUS ENDING FLUSH WITH CABINETWORK AND EQUIPMENT. TRANSITIONS AND VARIATIONS BETWEEN FLOOR FINISHES TO BE SMOOTH AND EVEN TO PREVENT INJURY WITH USE. PROVIDE 3/4" PLYWOOD SUPPORT BEHIND FINISHES FOR ALL WALLS TO SUPPORT UPPER CABINETRY AND ANY EQUIPMENT INCLUDING BUT NOT LIMITED TO, ALL TREATMENT ROOMS. WOOD SUPPORTS ABOVE THE CEILING MAY NEED TO BE FIRE RATED. FOLLOW LOCAL CODES.
11. PRIOR TO POURING THE CONCRETE FLOOR AND ENCLOSING ALL WALLS AND CEILINGS, THE GENERAL CONTRACTOR SHALL CONTACT THE H.S. AND INSTALLATION TECHNICIAN FOR FINAL INSPECTION OF PLUMBING, ELECTRICAL AND WOOD SUPPORTS.
12. ALL LABOR AND MATERIAL NECESSARY FOR CHANGES IN EXISTING PLUMBING, CARPENTRY AND ELECTRICAL WORK MUST BE DONE AND SUPPLIED BY THE GENERAL CONTRACTOR AND IS NOT INCLUDED IN THE COST OF EQUIPMENT.
13. ALL PLUMBING AND ELECTRICAL INSTALLATION TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.
14. THE ELECTRICAL PANEL SHALL BE CONVENIENT AND ACCESSIBLE AND ELECTRICAL CODE REQUIREMENTS AND BE LOCATED IN A SUITABLE LOCATION TO BE APPROVED BY THE OWNER AND LANDLORD. THE G.C. SHALL REVIEW THE LOCATION WITH THE H.S. AS WELL AS THE LOCATION OF THE PHONE SYSTEM AND SERVER.
15. HENRY SCHEIN INC. SHALL NOT BE HELD RESPONSIBLE FOR SUPPLYING ELECTRICAL CERTIFICATES. THE G.C. MAY CONTACT THE MANUFACTURER IF REQUIRED.
16. THE ELECTRICAL SUBCONTRACTOR SHALL PROVIDE SPECIFIED ILLUMINATION BOXES, RECEPTACLES AND ANY NECESSARY CIRCUITS LOCATED IN CLOSETS OF DENTAL CABINETRY. THEY ARE ALSO RESPONSIBLE FOR SUPPLYING EACH RECEPTACLE WHERE REQUIRED BY CODE.
17. THE G.C. IS TO MAKE ARRANGEMENTS FOR TEMPORARY POWER AND/OR DISCONNECTION OF ELECTRICAL AND MECHANICAL SYSTEMS AND WHEN REQUIRED.
18. PLANT/MEDIA SYSTEMS SUCH AS INTERFACE/WIRE MONITORS OR NETWORK COMPUTER SYSTEMS OR SECURITY SYSTEMS ARE SUPPLIED AND INSTALLED BY HENRY SCHEIN INC. THESE SYSTEMS WILL BE THEIR RESPONSIBILITY. WHERE THESE SYSTEMS OR THEIR COMPONENTS ARE NOT PROVIDED BY HENRY SCHEIN INC. HENRY SCHEIN INC. SHALL NOT BE HELD RESPONSIBLE FOR THEIR INSTALLATION OR COMMISSIONING.
19. HENRY SCHEIN INC. WILL ASSEMBLE EQUIPMENT AND WHERE NOTED ON THESE DRAWINGS MAKE CONNECTIONS TO UTILITIES PROVIDED BY OTHERS. SUCH UTILITIES MUST BE CORRECTLY AND COMPLETELY INSTALLED BY THE RESPONSIBLE TRADES, INCLUDING PROPER SHUT-OFF VALVES. FAILURE OF UTILITIES AND ELIMINATION OF CONNECTIONS BY OTHERS MAY CAUSE DAMAGE TO EQUIPMENT AND WILL VOID ANY WARRANTY. ANY DEVIATIONS FROM THESE DRAWINGS AND HENRY SCHEIN DENTAL MUST BE APPROVED BY HENRY SCHEIN DENTAL. HENRY SCHEIN DENTAL IS NOT RESPONSIBLE FOR ANY QUESTIONS REGARDING CONSTRUCTION RESPONSIBILITIES AND SHOULD BE DIRECTED TO HENRY SCHEIN DENTAL. HENRY SCHEIN DENTAL MUST BE NOTIFIED PRIOR TO CONSTRUCTION.
20. WHEN APPLICABLE, THE G.C. SHALL PROVIDE A PLUMBING SUBCONTRACTOR CERTIFIED AND REGISTERED TO INSTALL THE PROPOSED GAS SYSTEM AS DESCRIBED IN THESE PLANS. HENRY SCHEIN DENTAL CANNOT BE RESPONSIBLE FOR ANY IMPROPERLY SIZED PIPING AND DOES NOT WARRANT ANY OF THE GAS PIPING CALCULATIONS OR GAS SYSTEMS. ANY SYSTEM LAYOUTS SHOWN ON THESE PLANS BY HENRY SCHEIN DENTAL ARE FOR ILLUSTRATION PURPOSES ONLY AND NEED TO INDICATE THE LOCATION OF UTILITIES AND REFERENCE CYLINDER ROOM MANIFOLDS, ZONE VALVE BOXES, AND ALARM PANELS. ANY FINAL PIPING SYSTEM INSTALLATION MUST FOLLOW ALL APPLICABLE CODES AND BE INCORPORATED INTO THE DRAWINGS PREPARED BY A LICENSED PARTY.
21. PLUMBING SUBCONTRACTOR SHALL PROVIDE PIPED GAS INSTALLATION CERTIFICATE FOR EACH AREA IN ACCORDANCE WITH ANY REQUIRED BY THE OWNER'S G.C., BUILDING DEPARTMENT OR HENRY SCHEIN DENTAL PRIOR TO COMMENCING WORK PLANS FOR PIPED GAS SYSTEMS BEING INCORPORATED INTO THIS PROJECT.

PRIOR TO POURING THE CONCRETE FLOOR AND ENCLOSING ALL WALLS AND CEILINGS, THE GENERAL CONTRACTOR SHALL CONTACT THE E.S. AND INSTALLATION TECHNICIAN FOR FINAL INSPECTION OF PLUMBING, ELECTRICAL AND WOOD SUPPORTS.

EQUIPMENT SPECIALIST (E.S.): BRIAN NOLAN — TELEPHONE: 216.533.8162

INSTALLATION TECHNICIAN: _____ — TELEPHONE: _____

SHEET INDEX

SHEET	TITLE
HCV	COVER SHEET
HA0.1	DENTAL EQUIPMENT FLOOR PLAN-1ST FLOOR
HA0.2	DENTAL EQUIPMENT FLOOR PLAN-2ND FLOOR
HA1.0	DENTAL DIMENSION & REINFORCEMENT
HP1.0	DENTAL PLUMBING SPECIFICATIONS
HE1.0	DENTAL ELECTRICAL SPECIFICATIONS
HED.1	DENTAL EQUIPMENT DETAILS
HED.2	DENTAL EQUIPMENT DETAILS
HED.3	DENTAL EQUIPMENT DETAILS
HED.4	DENTAL EQUIPMENT DETAILS

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
1620 BELOIT RD., NEW BERLIN, WI 53151
henryscheinintegrateddesign.com

PROJECT: CONCORDE CAREER COLLEGE BURBANK
LOCATION: BURBANK

HENRY SCHEIN REP.: BRIAN NOLAN

REGION: NASA

PHONE #: 216.533.8162

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PROJECT NUMBER: 26-0570

PROJECT START DATE: 03/31/2026

FINALS START DATE: 03/31/2023

DRAWN BY: AR.CH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

04/03/2026	SAK
04/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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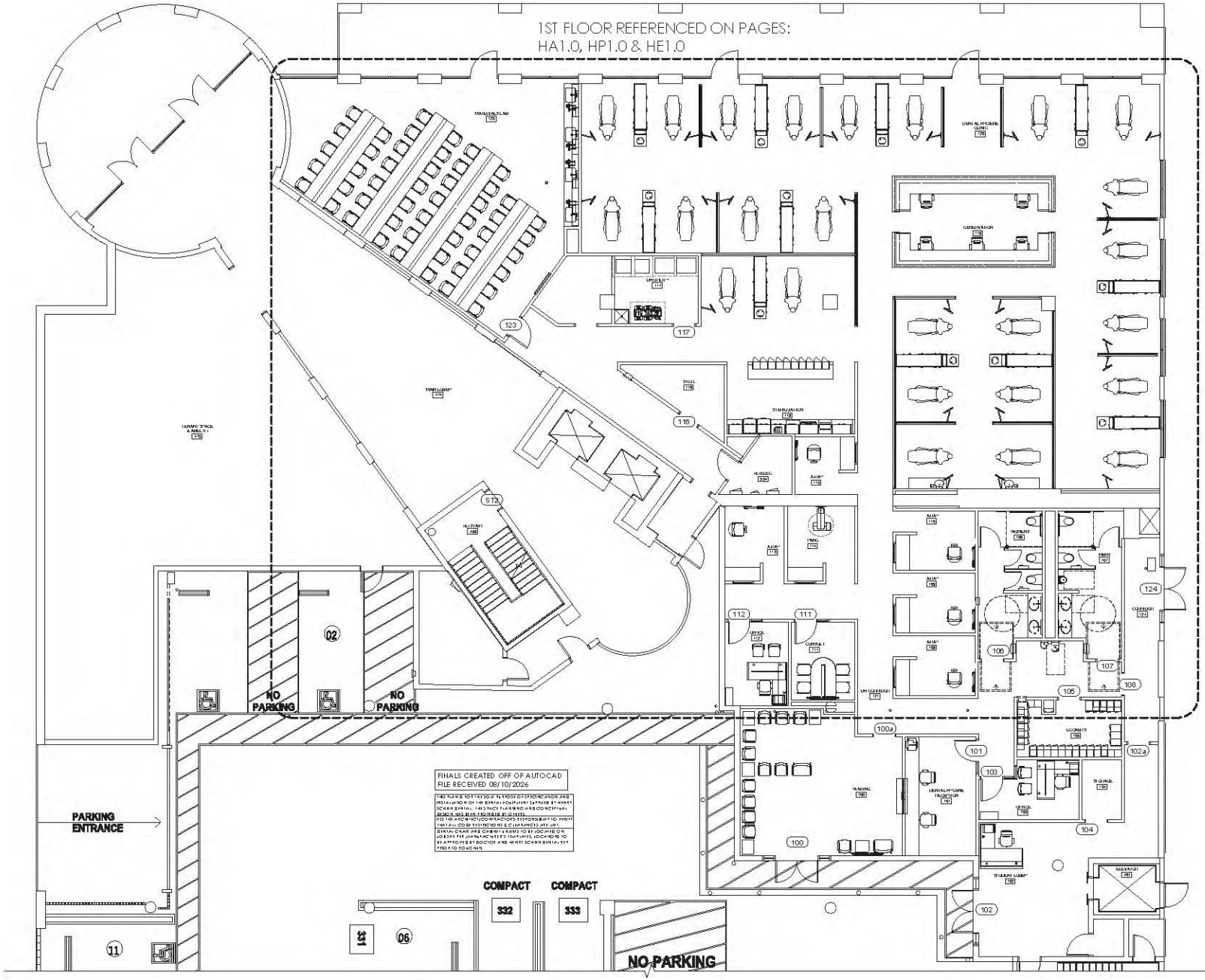
INT.S.Q.FT.=: PER AR.CH.

SCALE: N/A
SHT. SIZE: 42 X 30

COVER SHEET

HCV

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PROPOSED FLOOR PLAN- 1ST FLOOR
3/16"=1'-0"

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
140 BELGE RD., NEWBURGH, NY 12551
henryscheindesignstudio.com

PROJECT: CONCORDE CAREER COLLEGE BURBANK
LOCATION: BURBANK

HENRY SCHEIN REP: BRIAN NOLAN
REGION: NASA
PHONE #: 216.333.8162

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ALL DIMENSIONS MUST BE VERIFIED ON SITE.

PROJECT NUMBER: 26-0573
PROJECT START DATE: 03/31/2026
FINALS START DATE: 03/31/2026
DRAWN BY: AR CH.
FINALS BY: ANT
CHECKED BY: SAK

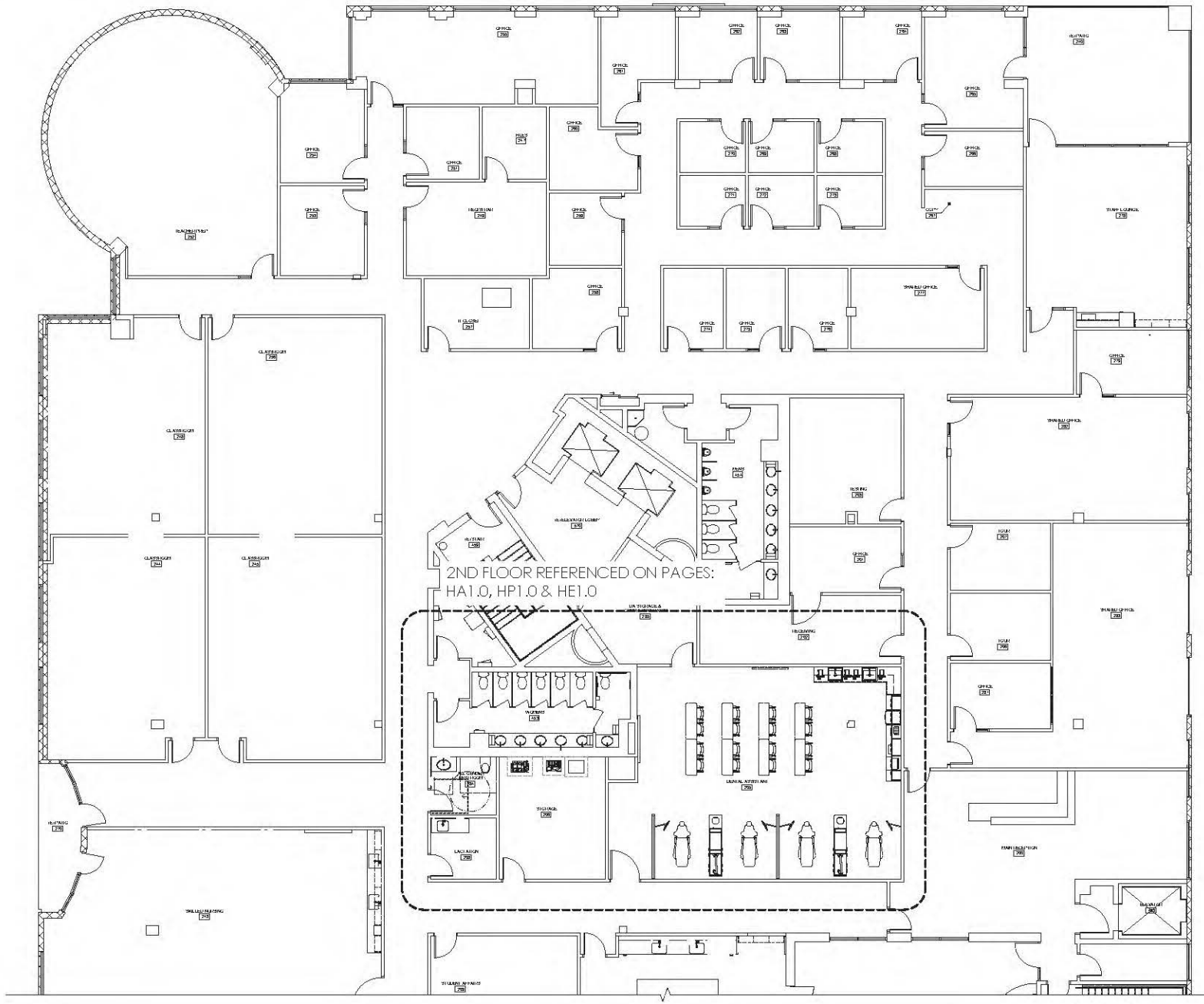
REVISIONS:

04/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK

INT.S.Q.FT.=: PER AR CH.
SCALE: 3/16"=1'-0"
SHT. SIZE: 42 X 30
FLOOR PLAN

HA0.0

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PROPOSED FLOOR PLAN- 2ND FLOOR
3/16"=1'-0"

FINALS CREATED OFF OF AUTOCAD
FILE RECEIVED 08/10/2026

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
140 BLAIR RD., NEWTOWN, PA 18131
henryscheindesignstudio.com

PROJECT: CONCORDE CAREER COLLEGE
LOCATION: BURBANK

HENRY SCHEIN REP: BRIAN NOLAN
REGION: NASA
PHONE #: 216.333.8162

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ALL DIMENSIONS MUST BE VERIFIED ON SITE.

PROJECT NUMBER: 26-0573
PROJECT START DATE: 03/31/2026
FINALS START DATE: 03/31/2023
DRAWN BY: AR CH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

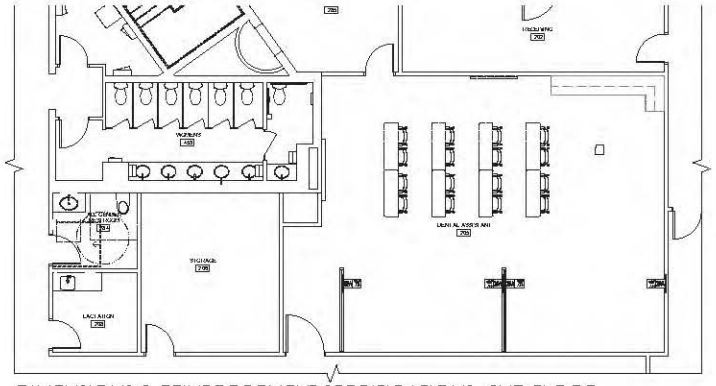
06/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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INT.S.Q.FT.*: PER AR CH.
SCALE: 3/16"=1'-0"
SHT. SIZE: 42 X 30

FLOOR PLAN

HA0.0

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DIMENSIONS & REINFORCEMENT SPECIFICATIONS- 2ND FLOOR
3/16"=1'-0"

FINALS CREATED OFF OF AUTOCAD
FILE RECEIVED 08/10/2026

THIS PLAN IS NOT INTENDED FOR CONSTRUCTION AND INFORMATION ON THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL, HICS NOR PLANNING AND DOES NOT FALL UNDER ANY SEAL REQUIREMENTS.
IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE RESTRICTIONS & CLEARANCES ARE MET.

REINFORCEMENT SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	DETAIL
3	9	WALL MOUNTED INTRAORAL X-RAY - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. BLOCKING & ELECTRICAL BY CONTRACTOR(S). ELECTRICIAN TO SUPPLY AND INSTALL PER CHART WITH PATH-LENGTH (18) LOCATIONS). VERIFY SUPPLIER CHANGE WITH HENRY SCHEIN DENTAL REP.	9
1	9C	PANORAMIC IMAGING UNIT (2D OR 3D) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. BLOCKING & ELECTRICAL BY CONTRACTOR(S). CONFIRM POWER REQUIREMENTS WITH HENRY SCHEIN DENTAL REP.	9C
1	35	BLOCKING - SUPPLIER & LOWER SUPPORT - CONTRACTOR TO SUPPLY AND INSTALL BACKING FOR WALL MOUNTED DENTAL UNITS & WALL HUNG CABINETS. SEE HENRY SCHEIN DENTAL REP FOR EXACT LOCATION.	35
28	39A	WALL MOUNTED MONITOR - BLOCKING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN DENTAL REP.	39A

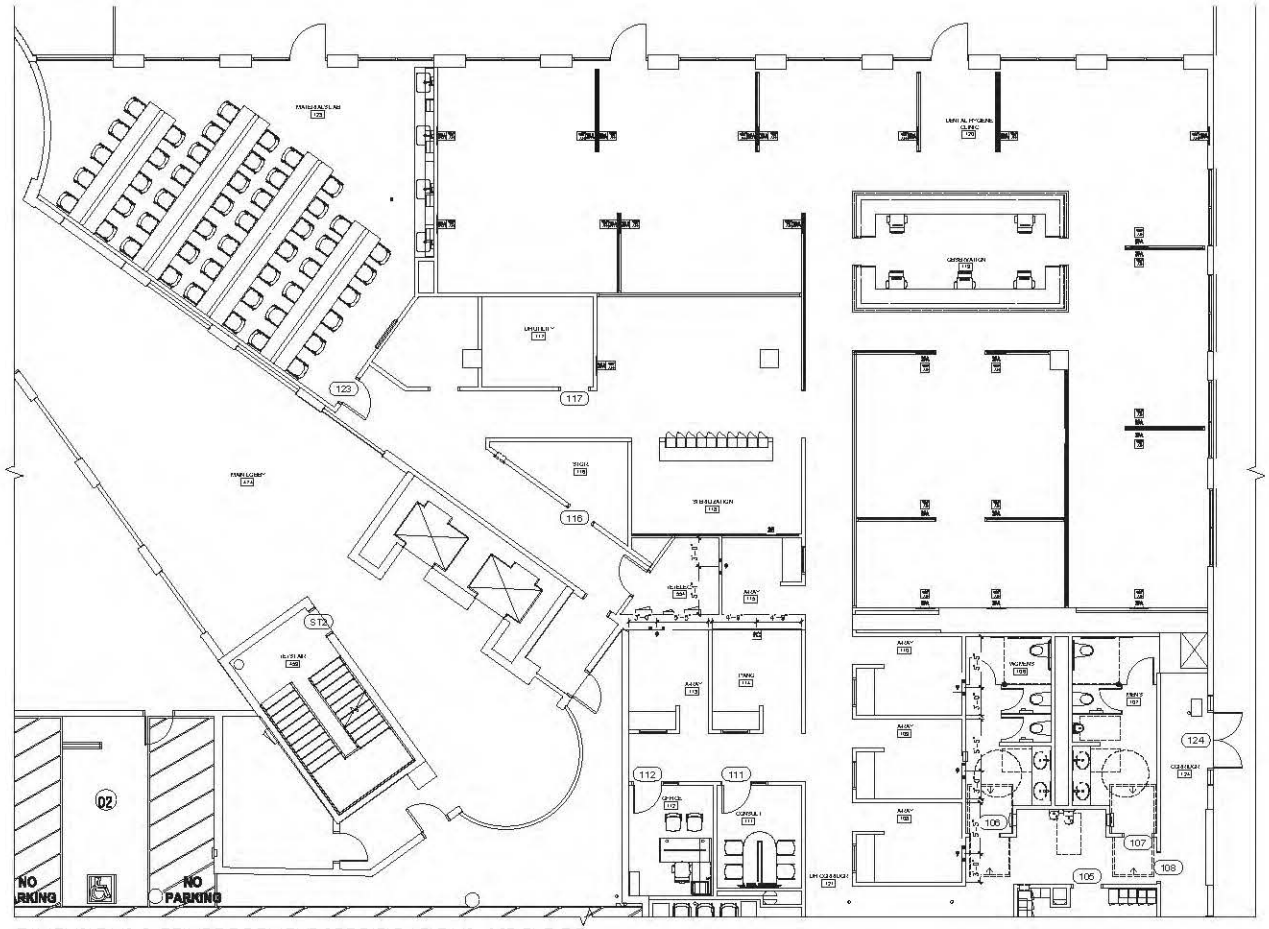
GENERAL NOTES

1. THIS SPECIFICATION SHEET IS A GUIDE ONLY. FLOOR PLANS SHOW SUGGESTED DENTAL EQUIPMENT PLACEMENT AND ARE NOT FOR CONSTRUCTION.
2. ALL DIMENSIONS MUST BE VERIFIED ON SITE WITH THE HENRY SCHEIN DENTAL REP. ANY MODIFICATIONS REQUIRED DURING CONSTRUCTION MUST BE CONFIRMED BY ALL APPLICABLE PARTIES.
3. USE 5/8" CYPSUM WALLBOARD THROUGHOUT THE CLINICAL TO ENHANCE SOUND ATTENUATION AND PROVIDE ADDITIONAL PROTECTION AGAINST SCATTER RADIATION FROM X-RAY EQUIPMENT.

WALL LEGEND

NEW REINFORCEMENT PLACED FOR WALL-MOUNTED EQUIPMENT. SEE "REINFORCEMENT SPECIFICATION SCHEDULE" FOR MORE INFORMATION.

SEE SHEETS SED.1 - SED.4 FOR DENTAL EQUIPMENT DETAILS



DIMENSIONS & REINFORCEMENT SPECIFICATIONS- 1ST FLOOR
3/16"=1'-0"

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
1620 BELOIT RD., NEWBURGH, IN 47631
henryscheinintegrated@design.com

PROJECT: CONCORDE CAREER COLLEGE
BURBANK
LOCATION: BURBANK

HENRY SCHEIN REP:
BRIAN NOLAN

REGION:
NASA

PHONE #:
216.333.8162

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ALL DIMENSIONS MUST BE VERIFIED ON SITE.

PROJECT NUMBER:
26-0573

PROJECT START DATE:
03/31/2026

FINALS START DATE:
03/31/2023

DRAWN BY:	ARCH.
FINALS BY:	ANT
CHECKED BY:	SAK

REVISIONS:

04/03/2026	SAK
06/02/2026	ANT
07/30/2026	SAK
08/11/2026	SAK

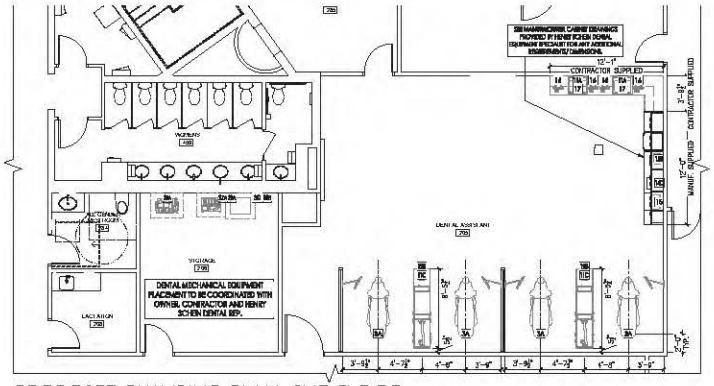
INT.S.Q.FT.=: PER ARCH.

SCALE: 3/16"=1'-0" | SHT. SIZE: 42 X 30

REINFORCEMENT PLAN

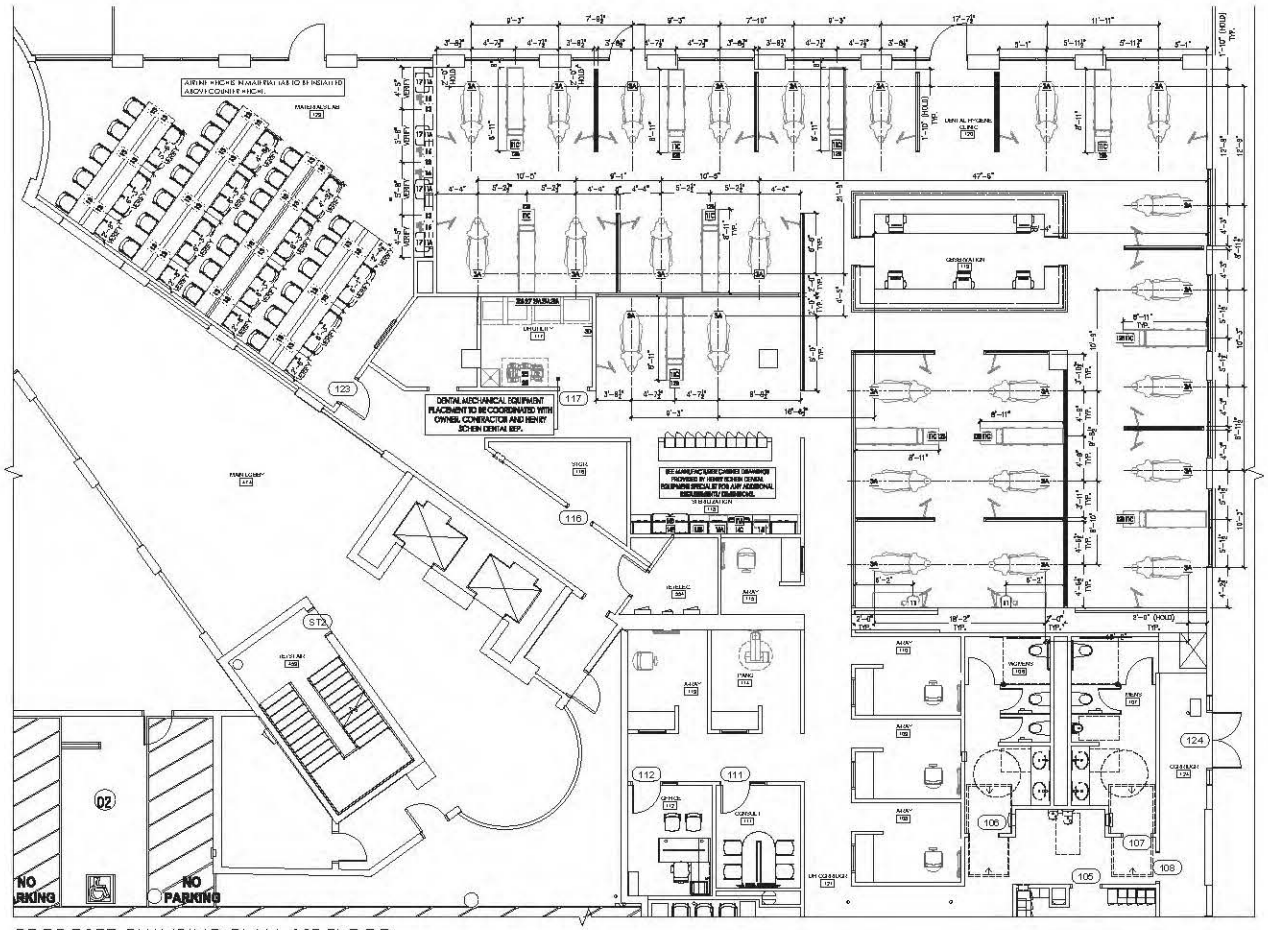
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PROPOSED PLUMBING PLAN- 2ND FLOOR

3/16"=1'-0"



PROPOSED PLUMBING PLAN- 1ST FLOOR

3/16"=1'-0"

PLUMBING NOTES

1. THESE PLANS ARE DIAGRAMMATIC ONLY. THEY ARE NOT INTENDED TO BE USED AS SHOP DRAWINGS. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS IN THE FIELD AND SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF SAME. CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ANY DISCREPANCIES BETWEEN THESE PLANS AND FIELD CONDITIONS BEFORE PROCEEDING WITH THE WORK.
2. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES, REGULATIONS AND ORDINANCES OF THE AUTHORITIES HAVING JURISDICTION OVER THE WORK.
3. ALL MATERIALS AND EQUIPMENT SHALL BE NEW AND SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS AND INSTRUCTIONS.
4. CONTRACTOR SHALL COORDINATE THE WORK OF THIS TRADE WITH THE WORK OF ALL OTHER TRADES.
5. CONTRACTOR SHALL PROVIDE ALL NECESSARY SUPPORTS, ANCHORS, SEALS, GROUTING, AND INCIDENTAL ITEMS REQUIRED FOR A COMPLETE AND OPERABLE INSTALLATION.
6. CONTRACTOR SHALL PROTECT ADJACENT SURFACES AND EQUIPMENT FROM DAMAGE DURING CONSTRUCTION.
7. CONTRACTOR SHALL CLEAN UP AND REMOVE ALL DEBRIS AND EXCESS MATERIALS FROM THE SITE UPON COMPLETION OF THE WORK.
8. CONTRACTOR SHALL GUARANTEE ALL WORK AND MATERIALS FOR A PERIOD OF ONE YEAR FROM THE DATE OF FINAL ACCEPTANCE, UNLESS OTHERWISE NOTED.
9. CONTRACTOR SHALL OBTAIN AND PAY FOR ALL PERMITS, FEES, AND INSPECTIONS REQUIRED FOR THE WORK.
10. CONTRACTOR SHALL PROVIDE AS-BUILT DRAWINGS TO THE OWNER UPON COMPLETION OF THE WORK.

ALL DIMENSIONS ARE TO THE CENTERLINE OF PLUMBING OR UTILITY CENTERS UNLESS NOTED OTHERWISE. ANY DIMENSIONS SHOWN FOR SINK LOCATIONS WITHIN CABINETRY SUPPLIED BY HENRY SCHEIN DENTAL MUST BE COORDINATED WITH THE FINAL APPROVED MANUFACTURER'S CABINET DRAWINGS PRIOR TO ROUGH-IN. CONSULT WITH HENRY SCHEIN DENTAL REP.

SEE SHEETS SED.1 - SED.4 FOR DENTAL EQUIPMENT DETAILS

FINALS CREATED OFF OF AUTOCAD FILE RECEIVED 08/10/2026

THESE PLANS ARE NOT INTENDED FOR PERMIT SUBMITTAL OR CONSTRUCTION. THEY ARE INTENDED FOR COORDINATION WITH OTHER TRADES AND FOR PRICING PURPOSES ONLY. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL CONDITIONS AND DIMENSIONS IN THE FIELD. CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ANY DISCREPANCIES BEFORE PROCEEDING WITH THE WORK. THESE PLANS ARE NOT TO BE USED FOR CONSTRUCTION UNTIL THEY HAVE BEEN REVIEWED AND APPROVED BY THE ARCHITECT AND ALL OTHER TRADES. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY WORK PERFORMED PRIOR TO SUCH REVIEW.

DENTAL VACUUM NOTES

THE EFFICIENCY AND RELIABILITY OF THE DENTAL VACUUM SYSTEM DEPENDS HEAVILY ON THE PIPING LAYOUT. PRIOR TO THE MANUFACTURER'S PIPE INSTALLATION CREW PROVIDED BY THE HENRY SCHEIN REP TO VERIFY EXACT SIZING OF SUB-MAIN, TRUNK, AND BRANCH LINES.

GENERAL NOTES:
- VACUUM LINES SHOULD RUN IN MAIN EQUIPMENT VAULT FROM HOOK/COPING (SEAL) OR IN-FLOOR CHASE TO VACUUM (BASEMENT/CRAWL SPACE).
- USE PVC PIPING UNLESS LOCAL CODE REQUIRES COPPER OR CAST IRON.

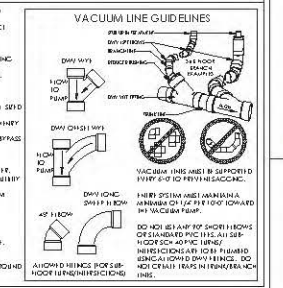
1. SUB-MAIN:
- 1.5" DENTAL VACUUM TRUNK LINE WITHIN MECHANICAL ROOM.
- PITCH TO PROVIDE INCLINATION AT SUB-MAIN FROM HOOF OF WALL SUCTION TO MANUFACTURER'S SPECS.
- SIZE PROJECT DRAWINGS PER SUCTION MANUFACTURER'S RECOMMENDATIONS FROM HENRY SCHEIN REP.
- FOR DUAL TRUNK SYSTEMS, A HOMOLOGOUS ARRANGEMENT IS REQUIRED FOR BYPASS OF HANDPIECE COMPONENTS.

2. TRUNK LINES:
- DO NOT PIPE TRUNK LINES IN SERIES FROM UTILITY CENTER TO UTILITY CENTER.
- MAINTAIN A CONTINUOUS TRUNK LINE FROM THE PUMP TO THE FURTHEST UTILITY CENTER.
- BRANCH LINES SHOULD CONNECT TO THE TRUNK LINE TO MAKE A VACUUM CIRCUIT.
- TRUNK LINE MAY FOLLOW DRAIN LINE TRENCHES WHEN PRACTICAL.

3. BRANCH LINES:
- USE SWEEPING 90° BENDS TO PREVENT VACUUM LOSS.
- USE DRY VENT FITTINGS TO CONNECT BRANCH LINES TO THE TRUNK LINE.

4. HOOFINGS:
- IF VACUUM LINES PENETRATE A WALL OR CONCRETE HOOFING, ROUTE AROUND SLEEVE AT FITTINGS.
- DO NOT PIPE BRANCH HOOFINGS.

VACUUM LINE GUIDELINES



VACUUM LINES MUST BE SUPPORTED EVERY 6'-0" TO PREVENT SAGGING.

HENRY SCHEIN MUST MAINTAIN A MINIMUM OF 1/4" PER FOOT SLOPE TOWARD THE VACUUM PUMP.

DO NOT USE ANY FOR SHORT RADIUS OR STANDARD PVC 90 ELBOWS. ALL SUB-HOOF SCH 40 PVC FITTINGS/INTERSECTIONS ARE TO BE PRIMED USING ADRY VENT FITTINGS. DO NOT CREATE TRAPS IN HENRY SCHEIN LINES.

ADRY VENT FITTINGS FOR SUB-HOOF PIPING/INTERSECTIONS

PLUMBING SPECIFICATIONS

PLEASE NOTE: A LICENSED PLUMBING CONTRACTOR IS RESPONSIBLE FOR PROVIDING ALL REQUIRED UTILITIES. ALL REQUIREMENTS TO BE VERIFIED BY MANUFACTURER'S SPEC SHEETS PROVIDED BY HENRY SCHEIN DENTAL REP. MANUFACTURER'S SPECS SUPERSEDE ANY AND ALL INFORMATION CONTAINED HEREIN.

QUANTITY	SYMBOL - MARKER	DESCRIPTION	UTILITIES: COLD WATER	HOT WATER	DENTAL AIR	DENTAL VACUUM	NATURAL GAS	MEDICAL GASES	OXYGEN	NITROUS OXIDE	MEDICAL AIR	MEDICAL VACUUM	WASTE	VENT	DRAIN
19	3A	UTILITY CENTER - SINK CONTAINED WASTE, 3 DENTAL ITEMS. ALL UTILITIES MUST CONFORM TO PREVAILING LOCAL CODES.													3A
2	11	MODULAR SINK & MULTI-SINK AND MULTI SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY PLUMBER. HVAC CONNECTIONS BY PLUMBER.	•	•	•										
4	11A	STANDARD SINK & MULTI - PLUMBER TO PROVIDE AND INSTALL SINK AND MULTI-ANNUNCIATE AND STYLE DETERMINED BY OWNER. HVAC CONNECTIONS BY PLUMBER.	•	•	•										
13	11C	CENTER ISLAND CABINET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. SINK AND MULTI TO BE CONNECTED BY PLUMBER. HVAC CONNECTIONS OF CABINET UTILITIES BY CONTRACTORS.	•	•	•										11C
13	12B	WASTE POINT OF DISPOSAL FOR VACUUM CONTROL - CONNECT TO 11B, 11A AND/OR 11C. SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER.													12B
3	13	COMPRESSED DAIR LINE AND VALVE - "A" AIR LINE FROM COMPRESSOR 25hp BY PLUMBER. TERMINATE WITH A 3/8" ANGLE STOP VALVE.			•										13
7	14C	MODULAR SATELLITE DUAL CHAIR UNIT - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. CONTRACTOR TO PROVIDE UTILITIES PER MANUFACTURER'S SPECIFICATIONS. HVAC LOCATIONS TO BE CONFIRMED BY HENRY SCHEIN DENTAL REP. HVAC CONNECTIONS BY CONTRACTORS.	•	•	•	•									14C
1	14D	VACUDOC DIRECT HOOD DRAIN SYSTEM - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. TO INCLUDE SINK, DRAIN AND COLD WATER LINE WITH HOSE BIB. SYSTEM SHOULD BE INSTALLED IN SINK CABINET DOWNSTREAM FROM SATELITE AND SPLIT FROM CONNECTION TO DRAIN. A RUNOUT WATER CONNECTION VALVE IS RECOMMENDED FOR EASY WATER LINE WINTERIZING THE SYSTEM.	•												14D
1	14E	VISU-DRAIN DOC CAMERA PORT DRAIN ADAPTER - ADAPTER PROVIDED BY HENRY SCHEIN INSTALLED BY PLUMBER. HVAC CONNECTIONS BY PLUMBER.													14E
2	15	ULTRASONIC CLEANER - NOT FOR PATIENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SYSTEM LOCATED IN THE HAC LOCATION. CLEANER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. CONNECTS TO SINK DRAIN.													14C & 15A
1	15A	WASHER DISINFECTOR - NOT FOR PATIENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SYSTEM LOCATED IN THE HAC LOCATION. WASHER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	•	•	•										14C & 15A
2	15B	HANDPIECE MAINTENANCE SYSTEM - NOT FOR PATIENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SYSTEM LOCATED IN THE HAC LOCATION. SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.													14C & 15B
4	16	MODEL TRIMMER - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. DO NOT TIE INTO COLD WATER LINE FOR SINK.	•												16
4	17	PLASTER TRAP - SUPPLIED BY HSD INSTALLED BY PLUMBER ON SINK DRAIN LINE. DRAIN LINE MUST BE 2" I.D.													16
1	29A	DENTAL AIR COMPRESSOR - FOR DENTAL AIR DEMAND PIECES. SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY CONTRACTOR(S). PLUMBER TO PROVIDE 1/2" I.D. COPPER TYPE K OR L SUPPLY LINE TO LOCATIONS THAT REQUIRE AIR. IF A BACK BOOST TRANSFORMER IS REQUIRED VERIFY SUPPLIED WITH HENRY SCHEIN REP. INSTALLED BY CONTRACTOR(S).			•										29A
1	29	DENTAL VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY CONTRACTOR(S). VERIFY TRUNK & BRANCH LINE SIZES WITH MANUFACTURER'S RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. PLUMBER TO PROVIDE PUMP TO CYCLONE. IF A BACK BOOST TRANSFORMER IS REQUIRED VERIFY SUPPLIED WITH HENRY SCHEIN REP. INSTALLED BY ELECTRICAL. DRAIN BY PLUMBER. HVAC CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB AT UNIT.				•									29 & 29A
1	29A	DENTAL VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY CONTRACTOR(S). VERIFY TRUNK & BRANCH LINE SIZES WITH MANUFACTURER'S RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. PLUMBER TO PROVIDE PUMP TO CYCLONE. IF A BACK BOOST TRANSFORMER IS REQUIRED VERIFY SUPPLIED WITH HENRY SCHEIN REP. INSTALLED BY ELECTRICAL. DRAIN BY PLUMBER. HVAC CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB AT UNIT.				•									29A
4	29A	AMALGAM SEPARATOR - SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY PLUMBER. VERIFY LOCATION WITH HENRY SCHEIN DENTAL REP. CONNECT TO VACUUM LINE COMING IN FROM UTILITY CENTER.													29A
2	30	FOOT VALVE CONTROL VALVE - SUPPLIED BY HENRY SCHEIN DENTAL INSTALLED BY PLUMBER ON COLD WATER SUPPLY LINE.	•												30
2	30B	COLD WATER LINE - SUPPLIED & INSTALLED BY PLUMBER. TERMINATE WITH 3/8" ANGLE VALVE.													
1	31A	BOOSTER AND/OR AUTOCLAVE WASTE TREATMENT SYSTEM - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL WHERE PERMITTED BY CODE. UTILITIES BY CONTRACTOR. SEE MANUFACTURER SPECIFICATIONS & DETAILS.	•												31A

HENRY SCHEIN®
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PROJECT: CONCORDE CAREER COLLEGE BURBANK

LOCATION: BURBANK

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ALL DIMENSIONS MUST BE VERIFIED ON SITE.

PROJECT NUMBER: 26-0570

PROJECT START DATE: 03/31/2026

FINALS START DATE: 03/31/2023

DRAWN BY: AR.CH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

04/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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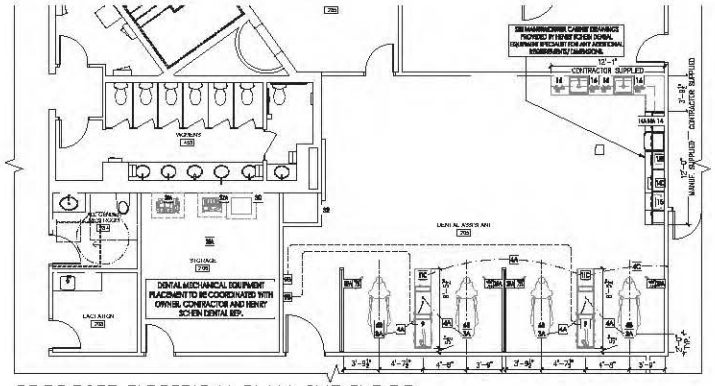
INT.S.QFT.= PER AR.CH.

SCALE: 3/16"=1'-0" SHT. SIZE: 42 x 30

DENTAL PLUMBING PLAN

HP1.0

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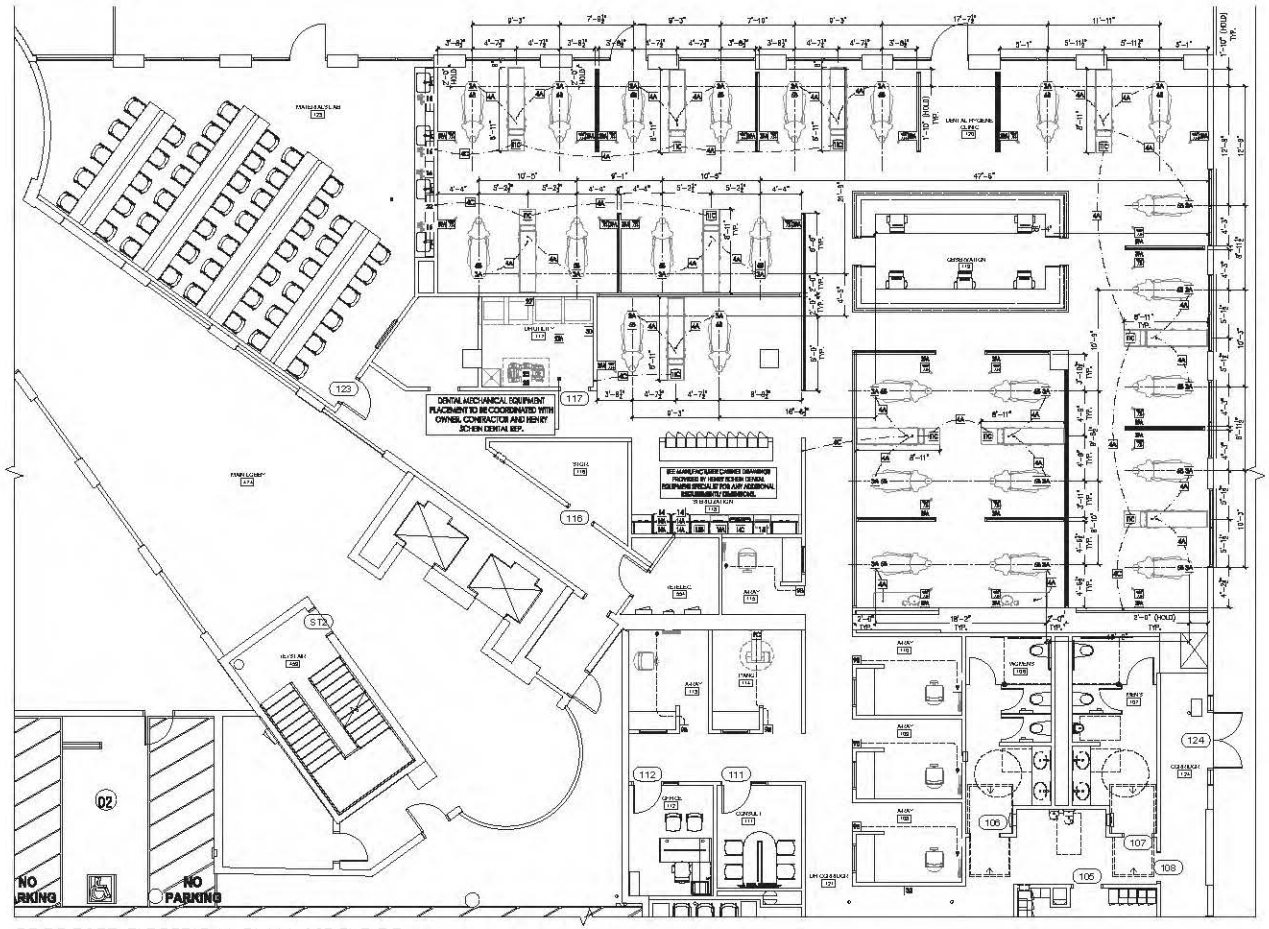
PROPOSED ELECTRICAL PLAN- 2ND FLOOR

3/16"=1'-0"

FINALS CREATED OFF OF AUTOCAD FILE RECEIVED 08/10/2026

THESE PLANS ARE NOT INTENDED AS A PERFECT SET OF SPECIFICATIONS AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. THESE PLANS ARE FOR PLANNING AND DO NOT FALL UNDER ANY BIDDING PROVISIONS OR LAWS.

IT IS THE ARCHITECT/CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL LOCAL CODE RESTRICTIONS & CLEARANCES AS WELL AS STRUCTURE AND CONSTRUCTION TO ACCOMMODATE ALL DENTAL EQUIPMENT AS SHOWN IN THESE DRAWINGS. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN DENTAL REP. PRIOR TO INSTALLATION.



PROPOSED ELECTRICAL PLAN- 1ST FLOOR

3/16"=1'-0"

ELECTRICAL NOTES

1. THIS SPECIFICATION SHEET IS A GUIDE ONLY. FLOOR PLANS SHOW SUGGESTED DENTAL EQUIPMENT PLACEMENT AND ARE NOT FOR CONSTRUCTION.
2. VERIFY ALL EQUIPMENT LOCATIONS AND CONDUIT REQUIREMENTS ON SITE WITH THE HENRY SCHEIN DENTAL REP. AND THE OWNER BEFORE ROUGH-IN.
3. FOLLOW MANUFACTURERS RECOMMENDATIONS FOR EXACT REQUIREMENTS OF HENRY SCHEIN SUPPLIED EQUIPMENT. CONSULT THE HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.
4. ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR:
   - GFCI PROTECTION OF EQUIPMENT GROUNDING WHERE REQUIRED (DENTAL CHAIRS, LIGHT CABINETS, OR AS PER CODE).
   - ADDITIONAL CONVENIENCE OUTLETS AS REQUIRED BY LOCAL CODE.
   - FURNISHING MATERIALS, WIRING, AND FIRE SUPPRESSION/DETECTION SYSTEMS PER ARCHITECT'S DRAWINGS AND CODE.
5. ALL DIRECT WIRING/CONNECTIONS MADE AS SPECIFIED BY THE OWNER'S ELECTRICIAN. SEE ELECTRICAL SCHEDULES FOR DETAILS AND DRAWINGS FOR ANY EQUIPMENT THAT REQUIRES DATA.
6. REFER TO ARCHITECT'S DRAWINGS FOR ALL ELECTRICAL REQUIREMENTS NOT INDICATED ON THIS PLAN.

ALL DIMENSIONS NOTED ON PLAN ARE TO THE CENTERLINE OF RECEPTACLE OR UTILITY CENTER (UNLESS SHOWN OTHERWISE)

*SPECIFICATIONS MAY INCLUDE DATA, SEE ELECTRICAL SCHEDULE THIS SHEET

SEE SHEETS SED.1 - SED.4 FOR DENTAL EQUIPMENT DETAILS

ELECTRICAL SPECIFICATIONS

PLEASE NOTE: A LICENSED ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR PROVIDING ALL REQUIRED UTILITIES. ALL REQUIREMENTS TO BE VERIFIED BY MANUFACTURER'S SPECSHEETS PROVIDED BY HENRY SCHEIN DENTAL REP. MANUFACTURER'S SPECS SUPERSEDE ANY AND ALL INFORMATION CONTAINED HEREIN.

QUANTITY	SPEC NUMBER	DESCRIPTION	UTILITIES: POWER	DISCHARGE TO CHEMICAL	LOW VOLTAGE CONTROL	DATA	DETAIL
29	3A	UTILITY CHASE - SHIP CONCEALED WATER, DRAINS). ALL UTILITIES MUST CONFORM TO PREVAILING LOCAL CODES.	115V				3A
36	4A	2" SIDE DOOR CONDUIT - SIDE DOOR CONDUIT WITH PULL STRING SUPPLIED & INSTALLED BY ELECTRICIAN, STUBBING 90 DEGREE BENDS ONLY. STUB-UP MUST BE WITH SUB-FLOOR AT EACH END MARK LOCATION AT WHERE.					4A
6	4C	2" CEILING CONDUIT - CONDUIT WITH PULL STRING SUPPLIED & INSTALLED BY ELECTRICIAN, RUN BY HENRY SCHEIN DENTAL REP. VERIFY STUBBING WITH HENRY SCHEIN DENTAL REP, STUBBING 90 DEGREE BENDS ONLY.					4C
29	6B	DENTAL LIGHT (CART MOUNTED) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. 115V WALL POWER FOR CHAIR.	115V				
2	9	LIGHT CABINET MOUNTED RADIOGRAPHIC X-RAY - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. ELECTRICAL BY CONTRACTOR(S). ELECTRICIAN TO SUPPLY AND INSTALL 15A/1P CIRCUIT WITH PULL STRING TO (9B) LOCATIONS. VERIFY SUPPLIER OR WIRING WITH HENRY SCHEIN DENTAL REP.	115V	20A	•		11C
3	9	WALL MOUNTED RADIOGRAPHIC X-RAY - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. WIRING & ELECTRICAL BY CONTRACTOR(S). ELECTRICIAN TO SUPPLY AND INSTALL 15A/1P CIRCUIT WITH PULL STRING TO (9B) LOCATIONS. VERIFY SUPPLIER OR WIRING WITH HENRY SCHEIN DENTAL REP.	115V	20A	•		9
1	9B	X-RAY RADIOGRAPHIC EXPOSURE STATION - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. ELECTRICIAN TO SUPPLY AND INSTALL 15A/1P CIRCUIT WITH PULL STRING TO (9) OR (9C) LOCATIONS. VERIFY SUPPLIER OR WIRING WITH HENRY SCHEIN DENTAL REP.			•		9B
1	9C	PANORAMIC IMAGING UNIT (2D OR 3D) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. WIRING & ELECTRICAL BY CONTRACTOR(S). CONFIRM POWER REQUIREMENTS WITH HENRY SCHEIN DENTAL REP.	115V & 230V	20A (2P)	•		9C
13	11C	CENTER ISLAND CABINET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. SINK AND WASTE TO BE CONNECTED BY PLUMBER. WALL CONNECTIONS OF CABINET UTILITIES BY CONTRACTOR(S).	115V	20A			11C
3	14	SUPPLIER (DENTAL CASSETTE) - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. SUPPLIER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V	20A			14A & 14C
6	14A	SUPPLIER (PATIENT CHAIR) - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. SUPPLIER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V	20A			14A & 14C
2	14C	MODULAR SUPPLIER CABINET - SINK CABINET SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. CONTRACTOR TO PROVIDE UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. MACH LOCATIONS TO BE CONFIRMED ON SITE BY HENRY SCHEIN DENTAL REP. WALL CONNECTIONS BY CONTRACTOR(S).	SEE MFR SPECS		•		14C
2	15	WORKSTATION CABINET - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. CABINET SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. CONNECTED TO DENTAL DRAIN.	115V				14C & 15
1	15A	WASHER DISINFECTOR - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. WASHER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	230V	15A			14C & 15A
2	15B	HANDPIECE MAINTENANCE SYSTEM - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE RIGID UTILITIES FOR SUPPLIER CONNECTIONS AT LAC LOCATIONS. SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.	115V				14C & 15B
4	16	MODEL TRIMMER - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. DO NOT BE TIED COLD WATER LINE FOR SINK.	115V				16
1	22	FLEXCAM DENTAL CAMERA STAND - SUPPLIED AND INSTALLED BY ELECTRICIAN. CUSTOMIZED BY 12" ON CENTER JAW HEADS CIRCUIT.	115V	•			
2	23A	WALL MOUNTED DENTAL MECHANICAL CUBBY - SUPPLIED AND INSTALLED BY CONTRACTOR. ALL MECHANICAL CONNECTIONS MADE REGARDING TO EXAM ROOM EQUIPMENT WHICH EQUIPMENT AND MANUFACTURER RECOMMENDED OPERATING RANGE. VERIFY CUBBY LOCATION TO BE DETERMINED BY ARCHITECT/CONSULTANT. VERIFY LOCATION.	115V	•			
1	23A	DENTAL AIR COMPRESSOR - FOR DENTAL AIR DRIVEN DEVICES. SUPPLIED BY HENRY SCHEIN DENTAL AND INSTALLED BY CONTRACTOR(S). PLUMBER TO PROVIDE 1/2" I.D. COPPER (99.9% PURITY) LINES TO LOCATIONS AS REQUIRED. AIR IS BACK BOOSTED AS NEEDED BY REQUIRED VENDOR SUPPLIED WITH HENRY SCHEIN REP. INSTALLED BY ELECTRICIAN. FINAL CONNECTIONS BY CONTRACTOR(S).	230V	20A	•		23A
1	27	DENTAL VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). VERIFY TRAPS & BRANCH LINE SIZES WITH AHJ PRIOR TO INSTALLATION. SEE SCH-40 PVC WHICH IS PROHIBITED BY CODE. PLUMBER TO INSTALL PUMP TO OUTSIDE. IF A BACK BOOST IS REQUIRED, VERIFY SUPPLIER WITH HENRY SCHEIN REP. INSTALLED BY ELECTRICIAN. DRAINS BY PLUMBER. FINAL CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT.	230V 3PHASE	40A (3P)	•		27 & 27.1
1	27A	DENTAL VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR(S). VERIFY TRAPS & BRANCH LINE SIZES WITH AHJ PRIOR TO INSTALLATION. SEE SCH-40 PVC WHICH IS PROHIBITED BY CODE. PLUMBER TO INSTALL PUMP TO OUTSIDE. IF A BACK BOOST IS REQUIRED, VERIFY SUPPLIER WITH HENRY SCHEIN REP. INSTALLED BY ELECTRICIAN. DRAINS BY PLUMBER. FINAL CONNECTIONS BY CONTRACTOR(S). PLUMBER TO PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT.	230V & 115V	20A (2P)	•		27A
2	30	REMOTE WASTE CONTROL VALVE - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER ON COLD WATER SUPPLY LINE.	115V		•		30
2	30	MECHANICAL ROOM CONTROL PANEL - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY ELECTRICIAN BY AHJ. ELECTRICIAN TO SUPPLY AND INSTALL 24V CONTROL WIRING FROM PANEL TO VACUUM PUMP AND/OR SCHEDULED PUMP PER SPECS.			•		30
27	39A	WALL MOUNTED ANCHOR - BOLTING AND ELECTRICAL BY CONTRACTOR(S). EXACT LOCATION PER OWNER AND HENRY SCHEIN DENTAL REP.	SEE MFG SPECS				39A

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PROJECT: CONCORDE CAREER COLLEGE BURBANK

LOCATION: BURBANK

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PROJECT NUMBER: 26-0573

PROJECT START DATE: 03/31/2026

FINALS START DATE: 03/31/2023

DRAWN BY: AR.CH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

06/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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INT. SQ. FT.*: PER AR.CH.

SCALE: 3/16"=1'-0"

SHT. SIZE: 42 x 30

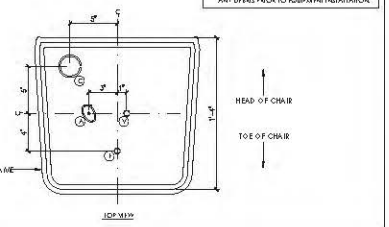
DENTAL

ELECTRICAL PLAN

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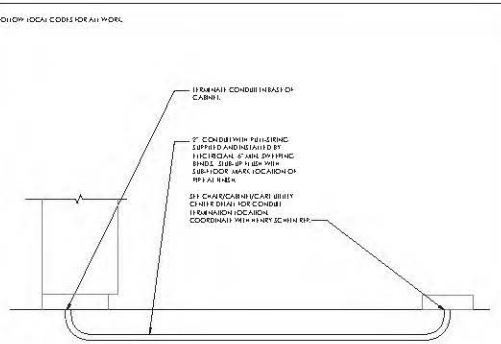
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Page 695 of 984



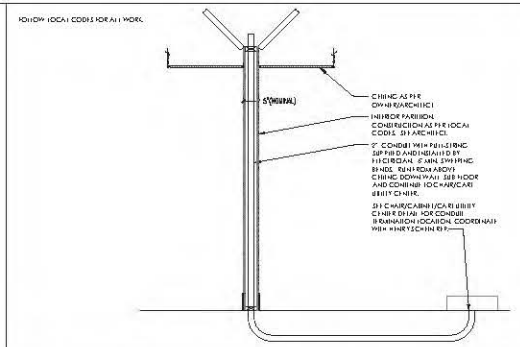
3A DCI EDGE SERIES 5 CHAIR UTILITIES

NOT TO SCALE



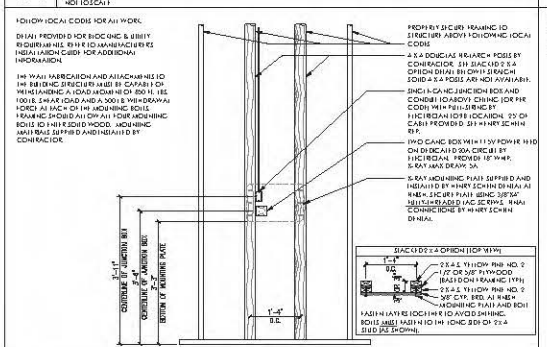
4A SUB-FLOOR CONDUIT

NOT TO SCALE



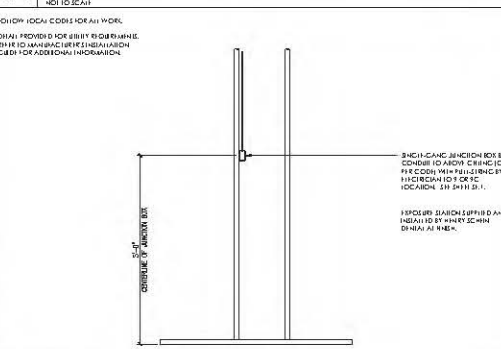
4C 2" CONTINUOUS CONDUIT

NOT TO SCALE



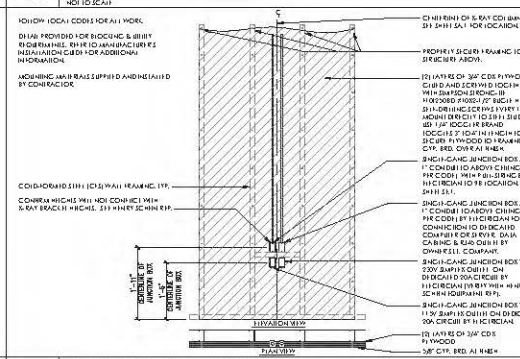
9 MIDMARK PREVA X-RAY

NOT TO SCALE



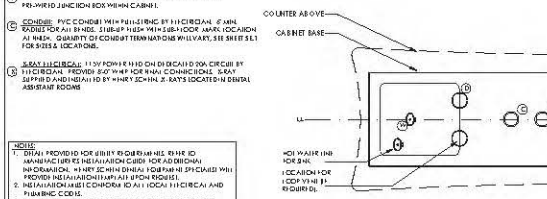
9B X-RAY EXPOSURE STATION

NOT TO SCALE



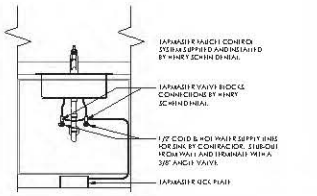
9C PANORAMIC X-RAY

NOT TO SCALE



11C DCI SERIES 5 CENTRAL ISLAND UTILITIES

NOT TO SCALE



12B TAPMASTER FAUCET CONTROL (SINK CABINET)

NOT TO SCALE

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
1620 BELOIT RD., NEWTOWN, OH 45101
henryscheinintegrateddesign.com

PROJECT: CONCORDE CAREER COLLEGE
BURBANK
LOCATION: BURBANK

HENRY SCHEIN REP: BRIAN NOLAN
REGION: NASA
PHONE #: 216.333.8162

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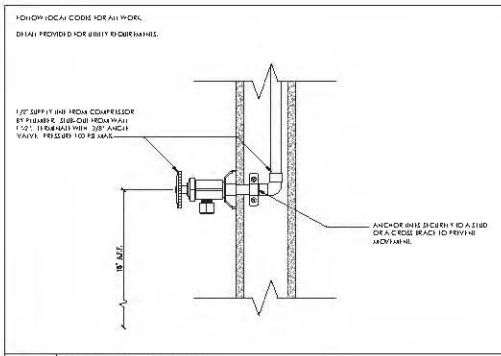
PROJECT NUMBER: 26-0573
PROJECT START DATE: 03/31/2026
FINALS START DATE: 03/31/2023
DRAWN BY: ARCH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

06/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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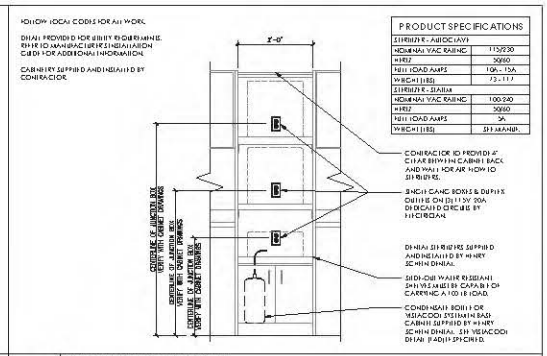
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SCALE: SEE DETAIL
SHT. SIZE: 42 x 30
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13 DENTAL AIR LINE

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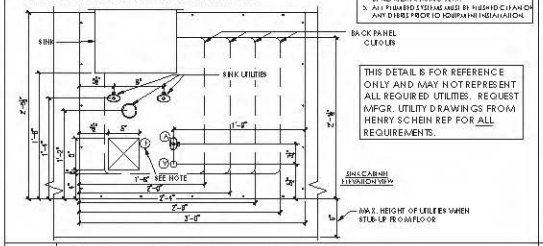


PRODUCT SPECIFICATIONS

STERILIZER - AUTOCLAVE	
NOMINAL VAC RATING	115/230
HERTZ	50/60
FULL LOAD AMPS	10A - 15A
WEIGHT (LBS)	73 - 117
STERILIZER - STEAM	
NOMINAL VAC RATING	100-240
HERTZ	50/60
FULL LOAD AMPS	9A
WEIGHT (LBS)	211 MAXIMUM

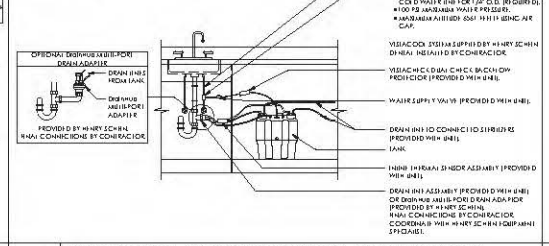
14A STERILIZER TOWER

NOT TO SCALE



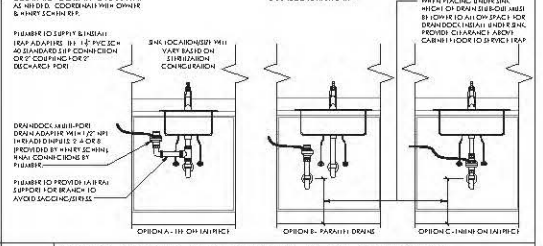
14C DCI EDGE STERILIZATION CENTER

NOT TO SCALE



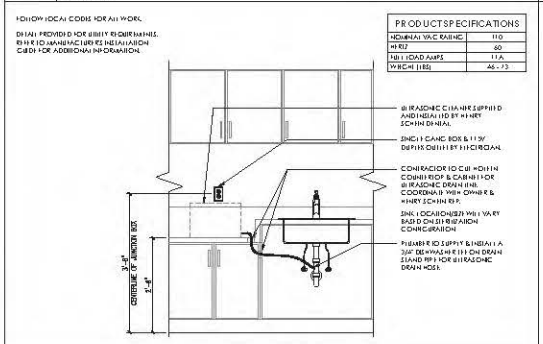
14D VISTACOOL V7502 DIRECT-TO-DRAIN SYSTEM

NOT TO SCALE



14E VISTA DRAINDOCK MULTI-PORT ADAPTER

NOT TO SCALE

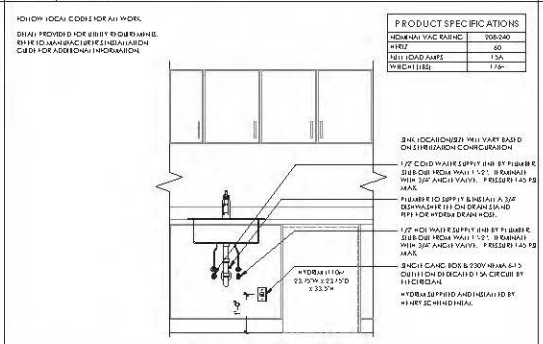


PRODUCT SPECIFICATIONS

NOMINAL VAC RATING	110
HERTZ	60
FULL LOAD AMPS	11 A.
WEIGHT (LBS)	46 - 73

15 ULTRASONIC CLEANER (DROP-DOWN)

NOT TO SCALE

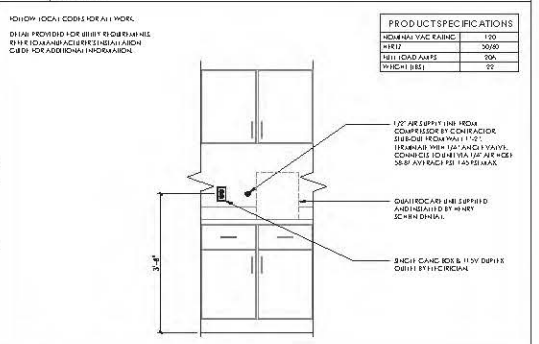


PRODUCT SPECIFICATIONS

NOMINAL VAC RATING	208-240
HERTZ	60
FULL LOAD AMPS	15A
WEIGHT (LBS)	176+

15A SCICAN HYDRIM L110w WASHER

NOT TO SCALE



PRODUCT SPECIFICATIONS

NOMINAL VAC RATING	120
HERTZ	50/60
FULL LOAD AMPS	20A
WEIGHT (LBS)	99

15B KAVO QUATTROCARE MAINTENANCE SYSTEM

NOT TO SCALE

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
140 BELGE RD., NEWBERN, NC 28561
henryscheinintegrateddesign.com

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LOCATION: BURBANK

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FOLLOW LOCAL CODES FOR ALL WORK.

DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.

PRODUCT SPECIFICATIONS	
NOMINAL VAC RATING	100
HERTZ	50/60
FULL LOAD AMPS	20A
WEIGHT (LBS)	22

1/2" AIR SUPPLY LINE FROM COMPRESSOR BY CONTRACTOR. STUB-OUT FROM WALL 1 1/2". TERMINATE WITH 1/4" ANGLE VALVE. CONNECT TO LINE WITH 1/4" AIR HOSE 36-60" AIR RATED TO 140 PSI MAX.

CHAIR BY OTHERS. UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN.

VERIFY WITH OWNER'S EQUIPMENT

15B KAVO QUATTROCARE MAINTENANCE SYSTEM

NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.

PRODUCT SPECIFICATIONS	
NOMINAL VAC RATING	115
HERTZ	50/60
FULL LOAD AMPS	SEE NAMEPLATE
WEIGHT (LBS)	SEE NAMEPLATE

MODEL TRIMMER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.

SINGLE GANG BOX & 115V DUPLEX OUTLET BY ELECTRICIAN.

1/2" COLD WATER SUPPLY LINE BY PLUMBER. STUB-OUT FROM WALL 1 1/2". TERMINATE WITH 3/8" ANGLE VALVE.

CONTRACTOR TO CUT HOLE IN COUNTERTOP & CABINET FOR MODEL TRIMMER DRAIN LINE. COORDINATE WITH OWNER & HENRY SCHEIN REP.

PLASTER TRAP CANNOT BE INSTALLED UNDER A DISHWASHER.

PLUMBER TO SUPPLY & INSTALL A 3/4" DISHWASHER TEE ON DRAIN LINE AND RPB FOR MODEL TRIMMER DRAIN HOSE.

GLECO PLASTER TRAP & CONNECTION HOSE SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER. SEE INSTALLATION GUIDE FOR CONNECTING TO COMMON DRAIN AND STUB-OUT FROM WALL.

SINK SHOWN FOR REFERENCE. ACTUAL LOCATION MAY DIFFER. SEE PLAN.

CENTERLINE OF JUNCTION BOX

16 MODEL TRIMMER & GLECO PLASTER TRAP

NOT TO SCALE

INSTALL ROOF MOUNTED BY PROVIDED FROM OUTDOOR MANUFACTURER WITH ANTI-VIBRATION TRANSFER PADS. INSTALL TO MAX 10' HORIZONTAL 3' VERTICAL CLEARANCE FROM ANY BENDS AND ABOVE ROOF BY OTHERS.

RIGID CONDUIT TO 6" ABOVE CEILING FOR PER CODE & 18GA LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.

2" REMOTE AIR HEAD BY PLUMBER. RUN TO NEAR DOOR OF CONDITIONED AIR SOURCE AS NEEDED BASED ON ENVIRONMENTAL CONDITIONS AND LOCALITY ACCEPTED CODES.

230V 30A DEDICATED CIRCUIT & NEMA 6-30R OUTLET BY ELECTRICIAN.

PLUMBER INSTALL TEE AND DRIP LEG ASSEMBLY AT BOTTOM OF REMOTE AIR HEAD WITH DRAIN TUBE TO NOOR DRAIN NEAR MECHANICAL ROOM. CONFIRM BOV OF LOCATION WITH MFGR SPECS.

THIS COMPRESSOR IS DESIGNED AS A SUPPORT CASE SYSTEM TO DRY DENTAL TOOLS AND SUPPLY AIR-DRIVEN EQUIPMENT AS DESCRIBED WITHIN NFPA 99. DENTAL AIR IS NOT A MEDICAL GAS.

NOTES:
1. DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.
2. INSTALLATION MUST CONFORM TO ALL LOCAL PLUMBING CODES.
3. HVAC CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.
4. ALL MECHANICAL ROOMS MUST BE CAPABLE OF MAINTAINING 40°-100°F. A LINEAR CHANGE OF 10 DEGREES F IN 60 MINUTES IS ACCEPTABLE. SPECIFICATIONS PER MECHANICAL ENGINEER.
5. A BACS-8000 TRANSDUCER WILL BE REQUIRED IF VOLTAGE DOES NOT FALL WITHIN THE RECOMMENDED RANGE OF ± 10% OF THE RATING LISTED. VISIT SUPPLIER OR BAC-8000 TRANSDUCER WEB WITH HENRY SCHEIN FOR PART SPECIFICATIONS.

PRODUCT SPECIFICATIONS	
# OF MOTORS	2
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	8
MIN. CIRCUIT BREAKER RATING (AMPS)	30
WASTE PER HOUR	660
BTU PER HOUR	2252
MIN WIRE SIZE (AWG)	12
MAX LEG FT	4

AIRSTAR 30 29"W x 20"D x 30.5"H 240 LBS.

12" CLEARANCE ON ALL SIDES RECOMMENDED

1/2" (1/4") "C OR L" COPPER AIR LINE TO REMAIN IN ROOM AND 3/8" MPT END FITTING BY PLUMBER

FRONT ELEVATION

25A AIRTECHNIQUES AIRSTAR 30 COMPRESSOR

NOT TO SCALE

INSTALL ROOF MOUNTED BY PROVIDED FROM OUTDOOR MANUFACTURER WITH ANTI-VIBRATION TRANSFER PADS. INSTALL TO MAX 10' HORIZONTAL 3' VERTICAL CLEARANCE FROM ANY BENDS AND ABOVE ROOF BY OTHERS.

RIGID CONDUIT TO 6" ABOVE CEILING FOR PER CODE & 18GA LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.

2" REMOTE AIR HEAD BY PLUMBER. RUN TO NEAR DOOR OF CONDITIONED AIR SOURCE AS NEEDED BASED ON ENVIRONMENTAL CONDITIONS AND LOCALITY ACCEPTED CODES.

2-GANG BOX & DEDICATED CIRCUITS BY ELECTRICIAN. SEE CHART FOR WIRING. POWER TO BE PROVIDED TO DRYER DISCONNECT SUPPLY DISCONNECT BOX BY ELECTRICIAN. PANEL IS NOT IN MECHANICAL ROOM.

PLUMBER TO INSTALL TEE AND DRIP LEG ASSEMBLY AT BOTTOM OF REMOTE AIR HEAD WITH DRAIN TUBE TO NOOR DRAIN NEAR MECHANICAL ROOM. CONFIRM BOV OF LOCATION WITH MFGR SPECS.

THIS COMPRESSOR IS DESIGNED AS A SUPPORT CASE SYSTEM TO DRY DENTAL TOOLS AND SUPPLY AIR-DRIVEN EQUIPMENT AS DESCRIBED WITHIN NFPA 99. DENTAL AIR IS NOT A MEDICAL GAS.

NOTES:
1. DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.
2. INSTALLATION MUST CONFORM TO ALL LOCAL PLUMBING CODES.
3. HVAC CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.
4. ALL MECHANICAL ROOMS MUST BE CAPABLE OF MAINTAINING 40°-100°F. A LINEAR CHANGE OF 10 DEGREES F IN 60 MINUTES IS ACCEPTABLE. SPECIFICATIONS PER MECHANICAL ENGINEER.
5. A BACS-8000 TRANSDUCER WILL BE REQUIRED IF VOLTAGE DOES NOT FALL WITHIN THE RECOMMENDED RANGE OF ± 10% OF THE RATING LISTED. VISIT SUPPLIER OR BAC-8000 TRANSDUCER WEB WITH HENRY SCHEIN FOR PART SPECIFICATIONS.

PRODUCT SPECIFICATIONS	
# OF MOTORS	2
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	12 (EA)
MIN. CIRCUIT BREAKER RATING (AMPS)	20 (EA)
MAX WASTE PER HOUR	3 300
BTU/MAX BTU PER HOUR	6 060/10 924
MIN WIRE SIZE (AWG)	12
MAX LEG FT	10

V3 PUMP 25"W x 21"D x 17"H 140 LBS.

MTO 16 HP 25"W x 22"D x 37" H 511 LBS.

4" CLEARANCE ON ALL SIDES RECOMMENDED

1/2" MAIN VACUUM LINE FROM TREATMENT ROOMS BY PLUMBER. TERMINATE WITH A 2" NPT REDUCER. CONNECT DIRECTLY TO AMERICAN SEPARATOR (SEA) WHEN CALLED FOR. SEE PLUMBING DETAILS.

MINIMUM 3 SLOPS ON VACUUM LINE OF 1/4" PER FOOT TOWARDS THE MECHANICAL ROOM

FRONT ELEVATION

27A AIRTECHNIQUES MOJAVE 2V3M VACUUM

NOT TO SCALE

AIR SUPPLY LINE OUT TO TREATMENT ROOMS BY PLUMBER

PRESSURE SWITCH SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER. SYSTEM WITH MFGR. HENRY SCHEIN REP.

TEE BY PLUMBER. PROVIDE AMPT WIRING FOR CONNECTION TO PRESSURE SWITCH

COPPER HEADER BY PLUMBER TERMINATE WITH MPT WIRING EACH END

ALL AIR END SIZES & WIRINGS TO BE SPECIFIED BY COMPRESSOR MANUFACTURER

DIAGRAMS FOR ILLUSTRATIVE PURPOSES ONLY. PLEASE CONFIRM ALL ASPECTS OF AIRLINE COMPRESSOR SYSTEM WITH MANUFACTURER AND HENRY SCHEIN REP.

WIRES COORDINATE WITH HENRY SCHEIN REP

COMPRESSOR SEE DETAIL FOR UTILITY REQUIREMENTS

COMPRESSOR SEE DETAIL FOR UTILITY REQUIREMENTS

NOTES:
1. DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.
2. INSTALLATION MUST CONFORM TO ALL LOCAL PLUMBING CODES.
3. HVAC CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.

25.1 TWO COMPRESSOR TANDEM SETUP

NOT TO SCALE

RIGID CONDUIT TO 6" ABOVE CEILING FOR PER CODE & 18GA LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.

4" MINIMUM EXHAUST VENTED BY CONTRACTOR. RUN TO EXTERIOR. PROVIDED FROM OUTDOOR MANUFACTURER AS NEEDED. SEE MANUFACTURER'S INSTALLATION GUIDE FOR EXACT SPECS.

EXHAUST DRY LINE ASSEMBLY. VISIT SUPPLIER WITH HENRY SCHEIN REP DURING PLUMBING ROUGH-IN. PLUMBER TO INSTALL ASSEMBLY ON EXHAUST END PER VACUUM MANUFACTURER'S RECOMMENDATIONS.

TWO DANE BOX & (2) 230V 3-PHASE 40A DEDICATED CIRCUITS BY ELECTRICIAN. POWER TO BE HARDWIRED TO ELECTRICIAN TO SUPPLY DISCONNECT BOX BY ELECTRICIAN. PANEL IS NOT IN MECHANICAL ROOM.

SINGLE GANG BOX & 230V HOSPITAL GRADE NEMA 6-15R DUPLEX OUTLET ON DEDICATED 15A CIRCUIT BY ELECTRICIAN FOR MASTER CONTROLLER ALARM WIRE.

1/2" WATER SUPPLY LINE WITH 1/2" NPT ANGLE VALVES WITHIN 10' OF TANK BY PLUMBER.

1/2" CLOSED VENTED DRAIN LINE FROM WALL OR NOOR BY PLUMBER NO TRAP BRANCH VENT. OR DRAIN LINE WITH P-TRAP AND AIR GAP. OR PER LOCAL CODES.

CONFIRM BOV OF LOCATION WITH MFGR SPECS.

4" CLEARANCE ON ALL SIDES RECOMMENDED

4" CLEARANCE ON ALL SIDES RECOMMENDED

3" MAIN VACUUM LINE FROM TREATMENT ROOMS BY PLUMBER. TERMINATE WITH A 3" NPT REDUCER OR CONNECT DIRECTLY TO AMERICAN SEPARATOR (SEA) WHEN CALLED FOR. SEE PLUMBING DETAILS.

MINIMUM 3 SLOPS ON VACUUM LINE OF 1/4" PER FOOT TOWARDS THE MECHANICAL ROOM

FRONT ELEVATION

NOTES:
1. DRAIN PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION AND RECOMMENDED EQUIPMENT PLACEMENTS.
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.
3. HVAC CONNECTIONS TO BE MADE BY LICENSED CONTRACTORS.
4. ALL MECHANICAL ROOMS MUST BE CAPABLE OF MAINTAINING 40°-100°F. A LINEAR CHANGE OF 10 DEGREES F IN 60 MINUTES IS ACCEPTABLE. SPECIFICATIONS PER MECHANICAL ENGINEER.
5. PROVIDE A BAC-8000 TRANSDUCER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE INSTALLATION OF A 10% OF NOMINAL VOLTAGE RATINGS NEED. VISIT SUPPLIER ON BAC-8000 TRANSDUCER WEB WITH HENRY SCHEIN FOR PART SPECIFICATIONS.

PRODUCT SPECIFICATIONS	
# OF MOTORS	3
NOMINAL VAC RATING	230V 3-PHASE
VOLTAGE MIN/MAX	198/242
FULL LOAD AMPS	25 (EA 3)
MIN. CIRCUIT BREAKER RATING (AMPS)	40 (EA 3)
MAX WASTE PER HOUR	17 676
BTU/MAX BTU PER HOUR	12 474/60 090
MIN WIRE SIZE (AWG)	8

V3 PUMP 25"W x 21"D x 17"H 140 LBS.

MTO 16 HP 25"W x 22"D x 37" H 511 LBS.

27 AIRTECHNIQUES MOJAVE 3V1.5M VACUUM

NOT TO SCALE

ALL VACUUM PIPING SIZES & FITTINGS TO BE COORDINATED WITH VACUUM MANUFACTURER

DIAGRAMS FOR ILLUSTRATIVE PURPOSES ONLY. PLEASE CONFIRM ALL ASPECTS OF AIRLINE VACUUM SYSTEM WITH MANUFACTURER AND HENRY SCHEIN REP.

VISIT SUPPLIER AND BAC-8000 WITH ALL REQUIRED WIRINGS & INSTALLED WITH TANDEM VACUUM ORDER. SEE HENRY SCHEIN REP.

VACUUM LINE DOWN TO FLOOR & RUN TO REMAINING ROOMS

SANITARY TEE

BACK WALL

CLEAN-OUT

CHECK VALVE

NPT FITTING (PROVIDED)

AMERICAN SEPARATOR (WHEN SPECIFIED)

DENTAL VACUUM

DENTAL VACUUM

DENTAL VACUUM

TOP VIEW

27.1 3 VACUUM SYSTEM TANDEM PIPING

NOT TO SCALE

HENRY SCHEIN®
INTEGRATED DESIGN STUDIO
160 BELGIE RD., NEWBERGH, NY 12551
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PROJECT: CONCORDE CAREER COLLEGE BURBANK
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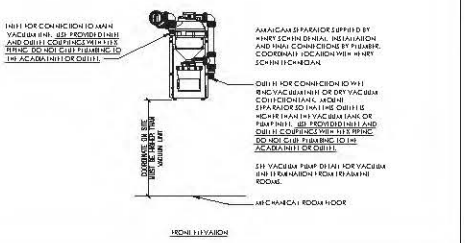
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DENTAL EQUIP. DETAILS

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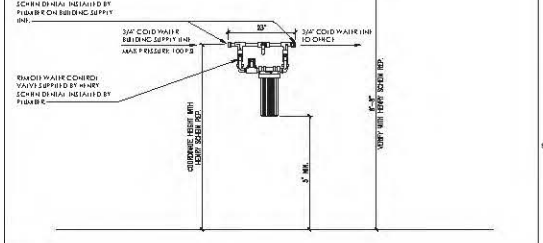
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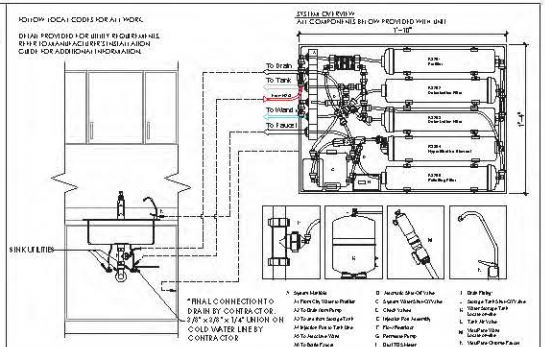
29A AIRTECHNIQUES ACADIA AMALGAM SEPARATOR

NOT TO SCALE



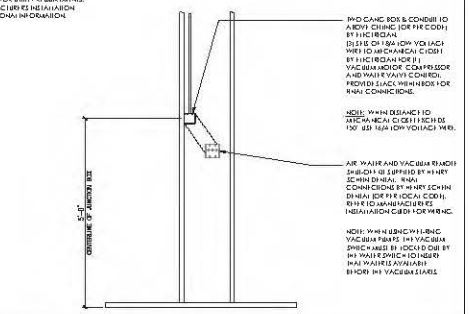
30 AIR TECHNIQUES REMOTE WATER CONTROL VALVE

NOT TO SCALE



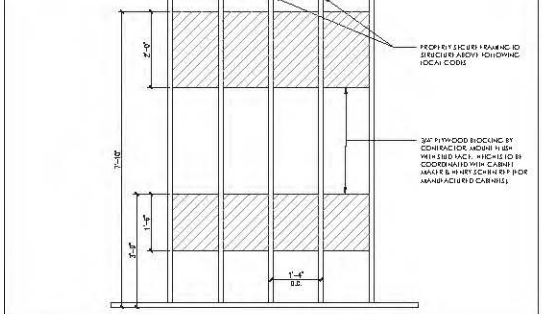
31A SCICAN VISTAPURE WATER TREATMENT SYSTEM

NOT TO SCALE



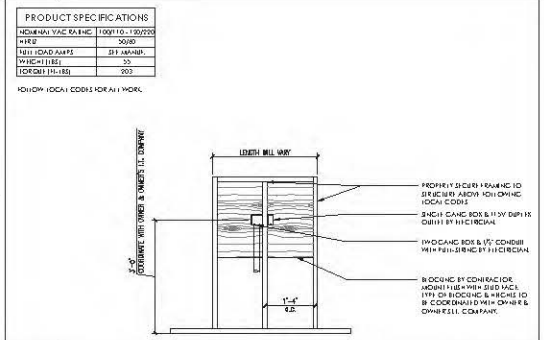
32 MECHANICAL REMOTE SHUT-OFF (3 SWITCH)

NOT TO SCALE



35 UPPER & LOWER CABINETRY BLOCKING

NOT TO SCALE



39A WALL MOUNTED MONITOR

NOT TO SCALE

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BURBANK
LOCATION: BURBANK

HENRY SCHEIN REP: BRIAN NOLAN

REGION: NASA

PHONE #: 216.533.8162

IMPORTANT NOTE:
THIS DOCUMENT IS NOT A PROFESSIONAL SERVICE AND IS NOT AN ARCHITECTURAL PLAN. ALL DESIGNS AND IDEAS CONTAINED HEREIN ARE THE PROPERTY OF HENRY SCHEIN, INC. AND ARE PROTECTED BY COPYRIGHT. THESE PLANS MAY NOT BE USED OR REPRODUCED WITHOUT THE WRITTEN CONSENT OF HENRY SCHEIN, INC.
ALL DIMENSIONS MUST BE VERIFIED ON SITE.

PROJECT NUMBER: 26-0570

PROJECT START DATE: 03/31/2026

FINALS START DATE: 03/31/2023

DRAWN BY: AR/CH.
FINALS BY: ANT
CHECKED BY: SAK

REVISIONS:

04/03/2026	SAK
06/22/2026	ANT
07/30/2026	SAK
08/11/2026	SAK
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INT.S.Q.FT.#: PER AR/CH.

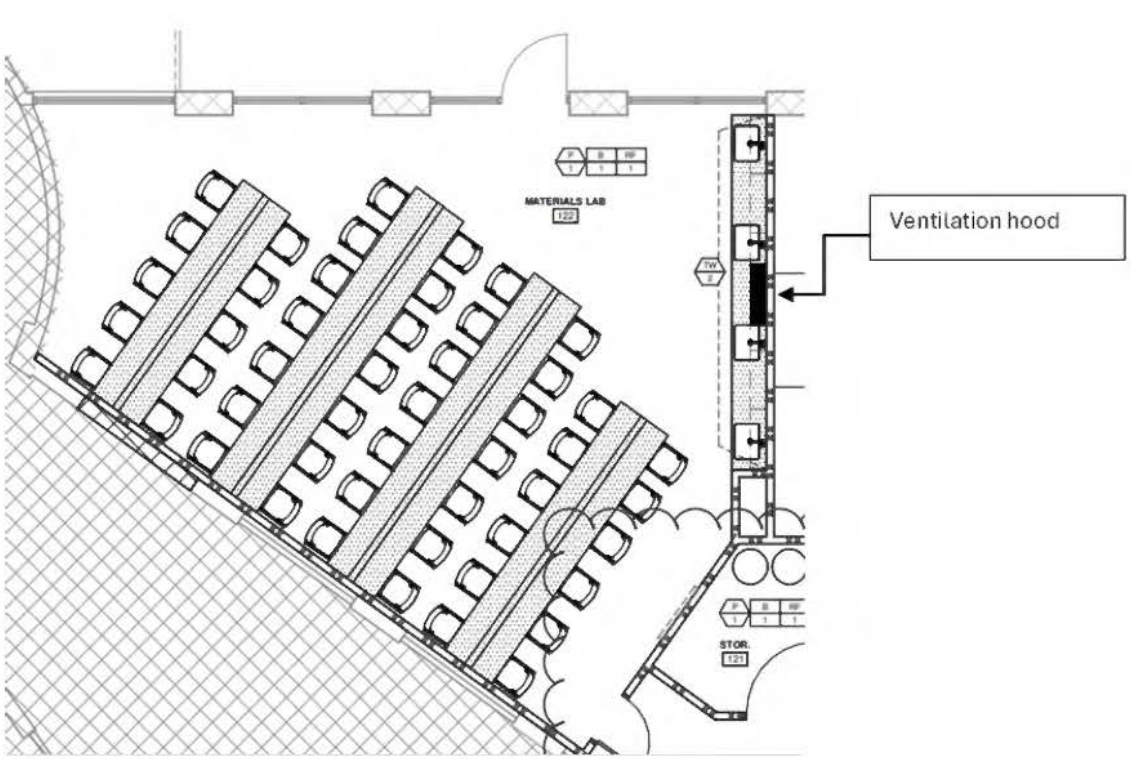
SCALE: SEE DETAIL
SHT. SIZE: 42 X 30

DENTAL EQUIP. DETAILS

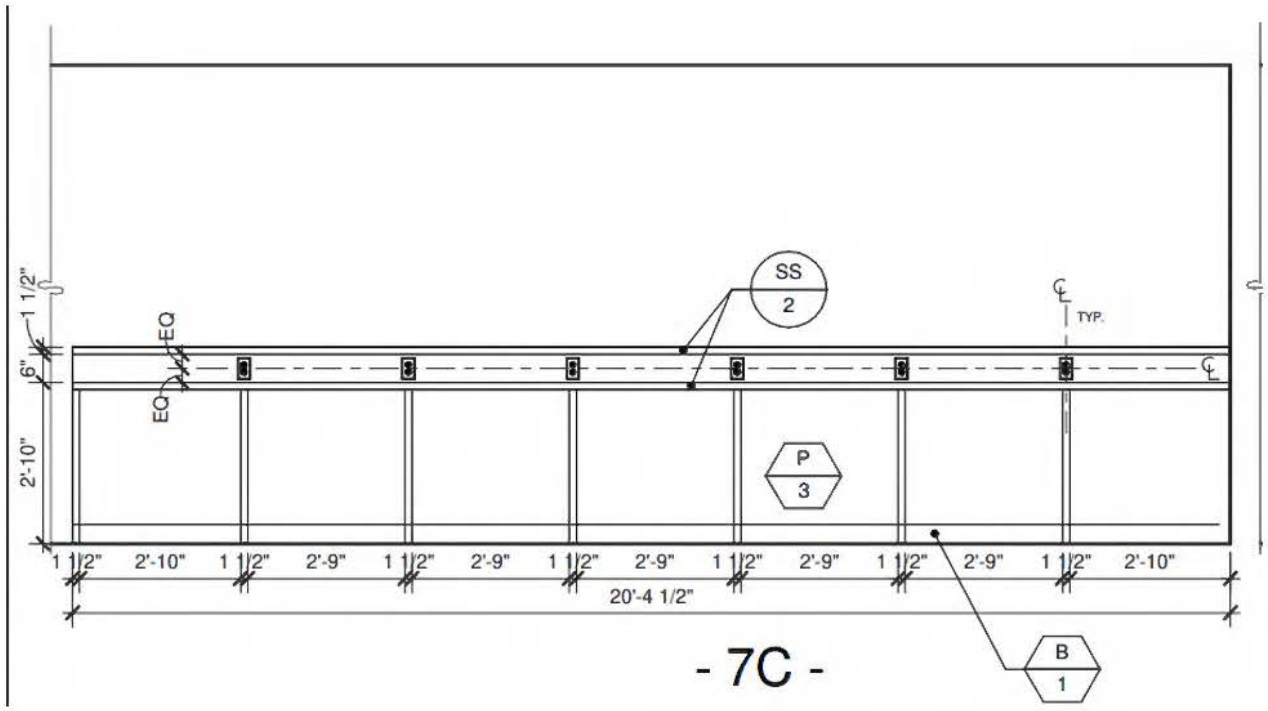
HED.4

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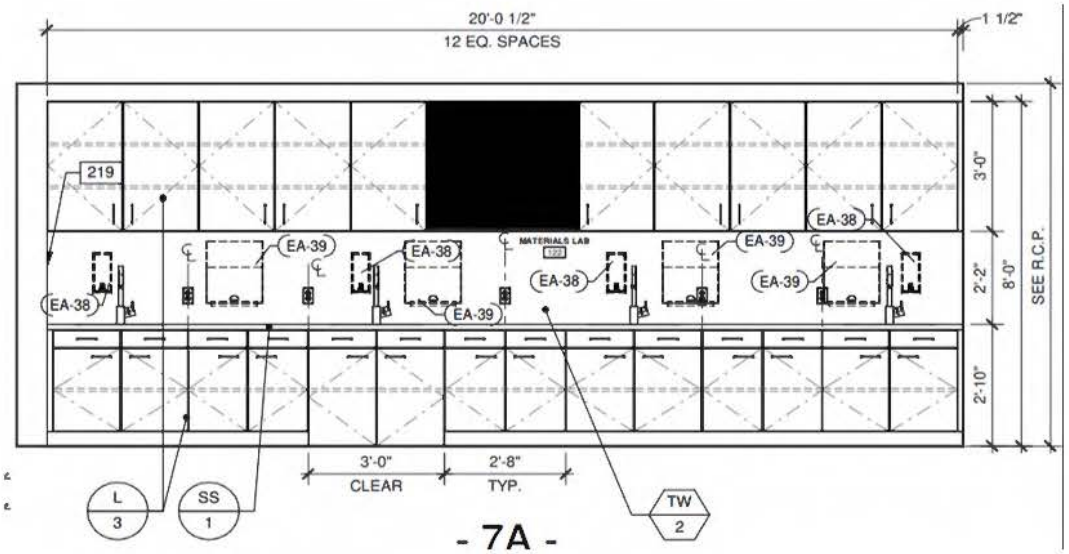
Dental Laboratory Layout:



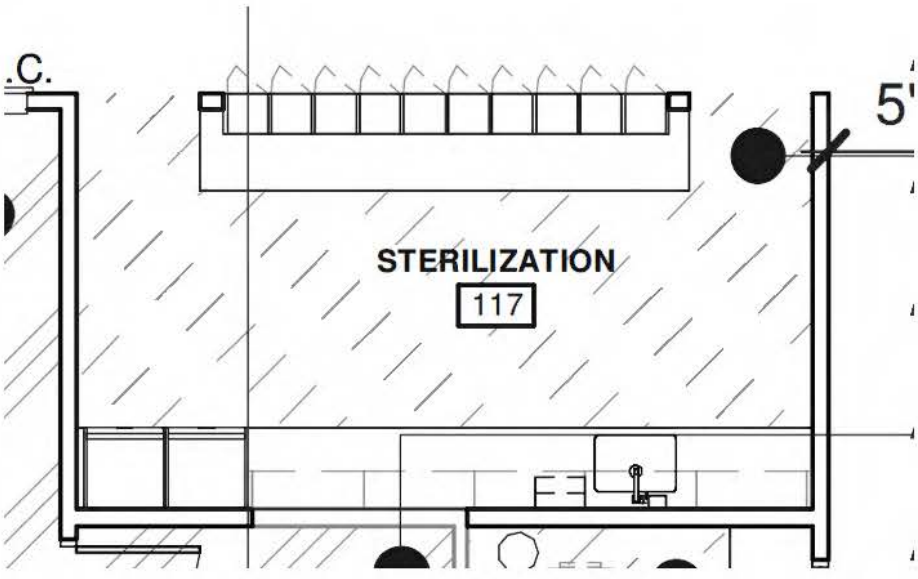
Student Workstation Elevation



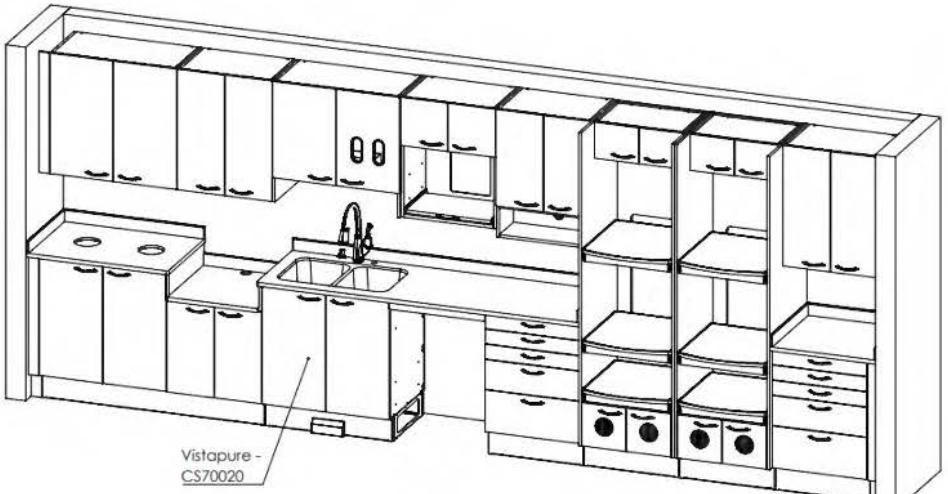
Millwork and Storage Elevations



Sterilization Equipment Layout



Sterilization Equipment Elevation



HENRY SCHEIN®
DENTAL

QUOTE# 202605181819001

Equipment Deposits
PO Box 360920
Pittsburgh, PA 15251-6920

Correspondence
135 Duryea Road
Melville, NY 11747

Date:	Acct No:	Estimated Install Date:
06/29/2026	4515200	09/30/2026
Field Sales Consultant:	**Sales Specialist:** Alex Irwin	**Sales Specialist:**

Installation Address: 115 N First St

Bill To:	Concorde Career College		**City:** Burbank	**State:** CA	**Zip:** 91502
Address:	115 N First St		**Phone:** 9138319977	**Fax:** 9138319977	
City:	Burbank	**State:** CA **Zip:** 91502	**Order Type:** New Build		
Deliver To:	Concorde Career College		**Henry Schein Dental**		
Phone:	9138319977		**Address:**		
Fax:			**City:**	**State:**	**Zip:**
Email:			**Phone:**	**Fax:**	

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
1			E&I contract number	$0.00	$0.00	$0.00
1			EI00075~2021MA	$0.00	$0.00	$0.00
			Quick Disconnects			
29	DCI	642-9381	Fitting 1/4 Female QD Panel Mt	$15.49	$10.00	$290.00
29	DCI	642-0555	Fitting 1/4 Male QD	$15.49	$10.00	$290.00
29	DCI	642-8973	Fitting 3/8 Female QD Panel Mt	$27.79	$20.00	$580.00
29	DCI	642-9862	Fitting 3/8 Male QD w/Shut-off	$25.29	$15.00	$435.00
			Assisting Ops			
4	DCI	642-2205	ErgoBk Asepsis Bk Sty	$0.00	$0.00	$0.00
4	DCI	642-2064	Series 4 Chair,50W Transf	$9,440.99	$5,638.00	$22,552.00
4	DCI	642-2194	Naugasoft Uph Chairs	$0.00	$0.00	$0.00
4	DCI	642-0381	Doctors Stool	$1,070.99	$655.00	$2,620.00
4	DCI	642-2196	Naugasoft Uph Stools	$0.00	$0.00	$0.00
4	DCI	642-0672	Extra HVE Tbng & Conn S5	$202.99	$123.00	$492.00
4	DCI	642-0155	Sys Mt Ser4 LED Light,Gy	$3,300.00	$2,227.00	$8,908.00
4	DCI	642-0115	Swg Mt Auto Dtl Unit & Lt	$6,960.99	$4,271.00	$17,084.00
4	DCI	642-0163	Rear Asst Pkg,4Pos,Chr	$1,800.00	$1,215.00	$4,860.00
			Classroom Ops			
25	DCI	642-2037	Chr,Next Gen,Ser 5,200W	$9,850.00	$6,365.00	$159,125.00
25	DCI	642-2213	ErgoBk Plush Bk Style	$0.00	$0.00	$0.00
25	DCI	642-2036	Uph,UL,Specify Color	$750.00	$493.00	$12,325.00
25	DCI	642-0120	Swg Mt Auto Dtl Unit & Lt	$8,210.00	$5,540.00	$138,500.00
25	DCI	642-0687	Lt Source Sys F/Dlx HP	$190.99	$129.00	$3,225.00
25	DCI	642-0762	ISO-C 6-Pin PO HP Tubing	$260.99	$177.00	$4,425.00
25	DCI	642-0158	Sys Mt Ser5 LED Light,Gy	$3,930.00	$2,652.00	$66,300.00
25	DCI	642-0176	Rear Asst Pkg,4Pos,Chr TP	$2,030.00	$1,370.00	$34,250.00
25	DCI	642-0672	Extra HVE Tbng & Conn S5	$180.99	$123.00	$3,075.00
25	DCI	642-0381	Doctors Stool	$970.00	$655.00	$16,375.00
25	DCI	642-2198	UL Uph Stl S5 Spec Clr	$140.00	$95.00	$2,375.00
25	DCI	642-3497	Opt,Steri-Mate 360 Scaler	$4,220.00	$2,848.00	$71,200.00
			ICW Mounts			

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Phone:	9138319977		
Fax:			
Email:			

City: Burbank	**State:** CA	**Zip:** 91502
Phone: 9138319977	**Fax:** 9138319977	
Order Type: New Build		
Henry Schein Dental		
Address:		
City:	**State:**	**Zip:**
Phone:	**Fax:**	

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
28	ICWINT	135-2769	Mt,Bent Keyboard Tray,WB	$1,407.99	$1,000.00	$28,000.00
			XRays			
7	MIDMAK	606-7210	XRay,Preva DC,Dbl Stud Mt	$7,409.00	$4,680.00	$32,760.00
7	PROGEN	606-8101	Progeny Exposure Switch	$92.99	$60.00	$420.00
5	TPCADV	189-0990	Chair,Mirage XRay,Black	$1,450.00	$967.00	$4,835.00
			Panoramic			
1	INSTRM	628-5767	OP2D 3D Ready X-Ray	$35,991.00	$23,281.00	$23,281.00
1	DEXIS	134-7078	Software Starter Bundle	$5,595.00	$2,740.00	$2,740.00
			Sterilization Hygiene			
1	DCI		DCI Custom Steri Hygiene QE262133	$37,108.00	$25,036.00	$25,036.00
4	MIDMAK	147-0783	Midmark M11 Steam Sterilizer	$12,257.00	$7,893.00	$31,572.00
1	SCICAN	141-6702	Washer Instrument Automated	$13,808.99	$9,545.00	$9,545.00
1	COLTEN	888-7743	Biosonic UC300B Ultrasonic	$3,247.99	$2,553.00	$2,553.00
4	MIDMAK	148-5526	USB Kit Sterilizer Data	$1,055.99	$606.00	$2,424.00
1	SCICAN	138-2160	Statim G4 5000	$9,147.99	$6,389.00	$6,389.00
			Water Purification			
3	SCICAN	150-8923	STATCOOL Direct-to-Drain	$1,200.00	$968.00	$2,904.00
2	SCICAN	138-0878	Drainhub 8 Port Kit	$220.99	$125.00	$250.00
4	MIDMAK	147-0789	VistaCool Adapter	$220.99	$159.00	$636.00
			Mechanical Room			
2	AIRTEC	698-1065	AirStar100 14 User 4.8 HP	$25,230.00	$14,667.00	$29,334.00
1	AIRTEC	698-1614	Tandem Cmprs Install Kit	$4,260.99	$3,510.00	$3,510.00
2	AIRTEC	698-1078	REMOTE AIR INTAKE KIT	$931.99	$570.00	$1,140.00
1	AIRTEC	698-1632	Utility Stack Rack XL	$3,045.00	$1,977.00	$1,977.00
1	AIRTEC	698-2603	3 V15 MDSM DV Pumps,2 Tanks	$80,545.00	$47,270.00	$47,270.00
1	AIRTEC	698-2192	Wall Mt Water Solenoid 1 & 1/2	$5,115.00	$3,318.00	$3,318.00
1	AIRTEC	698-8665	CONTROL PANEL:3-SWITCH	$580.00	$378.00	$378.00
3	AIRTEC	698-2064	Amalgam Sep Acadia Plus	$965.00	$819.00	$2,457.00
1				$0.00	$0.00	$0.00
1	AIRTEC	698-2555	Mojave DSM V3	$18,075.00	$9,640.00	$9,640.00
1	AIRTEC	698-2118	Airstar 30 Compressr-Twin	$12,705.00	$6,776.00	$6,776.00

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Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
1	AIRTEC	698-4542	Control Panel Air/vac	$520.00	$312.00	$312.00
1	AIRTEC	698-1078	REMOTE AIR INTAKE KIT	$1,012.99	$570.00	$570.00
1	AIRTEC	698-2064	Amalgam Sep Acadia Plus	$1,050.00	$819.00	$819.00
			Lab			
8	HANDLR	612-2272	Model Trimmer 10 1/3HP	$1,011.99	$749.00	$5,992.00
4	NATKEY	100-6234	Vacuum Forming Machine	$459.99	$319.00	$1,276.00
6	PRACTI	681-5249	Gleco Plaster Trap Complete	$185.99	$145.00	$870.00
6	PRACTI	681-9424	Gleco Replacement Jars	$52.99	$44.00	$264.00
			Materials Lab			
			Dental Materials Lab - Air Gun and Air Sy			
			Parts for Blow Gun Connection			
6	DCI	642-6780	Blow Gun With 10ft Coil	$48.70	$33.00	$198.00
6	DCI	642-0931	Fpt X Fpt Coupler 1/4	$2.95	$2.00	$12.00
6	DCI	642-2081	Male Quick Connect 1/4 in	$10.40	$8.00	$48.00
6	DCI	642-7510	4 Hole Terminal	$8.50	$6.00	$36.00
50	DCI	642-2080	Air Hose Qk Connect,Femal	$16.60	$12.00	$600.00
50	DCI	642-5855	3/8 Poly X 1/4 Mpt	$3.11	$3.00	$150.00
50	DCI	642-2405	Fitting 3/8 Poly x 3/8 Compr	$5.70	$4.00	$200.00
200	DCI	642-3286	Tubing 3/8 Poly Yellow	$3.64	$3.00	$600.00
			Parts for Air Syringe			
50	DCI	642-7379	Syringe One-Button w/7Ft	$79.10	$54.00	$2,700.00
50	DCI	642-0555	Fitting 1/4 Male QD	$13.50	$10.00	$500.00
50	DCI	642-2477	Holder Unit Syringe Black	$6.80	$5.00	$250.00
50	DCI	642-5362	Master Shut-Off Valve	$122.99	$83.00	$4,150.00
50	DCI	642-9381	Fitting 1/4 Female QD Panel Mt	$13.70	$10.00	$500.00
40	DCI	642-6153	1/8 Barb X 10-32	$5.80	$4.00	$160.00
200	DCI	642-8840	Tbg,1/4In OD Poly Supply	$2.95	$2.00	$400.00
			DENTAL ASSISTANT LAB/Steri			
1	DCI		Custom QE262200C	$32,242.00	$16,510.00	$16,510.00

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Phone:	9138319977		**Address:**		
Fax:			**City:**	**State:**	**Zip:**
Email:			**Phone:**	**Fax:**	

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
			Mobile Nitrous			
3	PORTER	550-0853	MXR Flowmetr w/Tall Stand	$8,234.00	$4,545.00	$13,635.00
			Dexis Sensors & Scanner			
2	DEXIS	148-0406	Scanner I/O Wired 3D IS 3800	$16,361.99	$9,584.00	$19,168.00
4	DEXIS	146-8119	Dexis Ti2 Kt	$12,322.00	$6,899.00	$27,596.00
			DCI Central Islands			
11			Center Island Hygiene Area	$11,984.00	$7,581.00	$83,391.00
2			Center Island Assisting Area	$16,405.00	$11,068.00	$22,136.00
			DCI Side Cabinets	$9,520.00	$6,424.00	$6,424.00
1	DCI	642-1076	63 Sd Strg,16 Drwr,16			
1	DCI	642-1073	63 Sd Strg,16 Drwr,16			

APPLIED CUSTOMER DISCOUNT:
$587,888.35

Subtotal:	$1,057,898.00
Shipping & Handling:	$31,331.89
ESTIMATED TAX:	$114,369.14
Total:	$1,203,599.03
Deposit:	$0.00
Balance Due:	$1,203,599.03

Payment Terms: Minimum 10% deposit required to initiate order (excluding government customers). Balance to be paid on delivery, and Customer must take delivery within three months of Estimated Install Date above. Excluding applicable terms from other applicable contract.

For dental radiation-emitting equipment, the National Council on Radiation Protection (NCRP) recommends, and many states require, a shielding design/plan review performed by a qualified expert before installation. As a service, HSD will obtain this from a qualified expert on your behalf; applicable fees will be added to your order.
If you are in a state that does not require this, and decline this service, please check the box and sign here. Decline ☐ Customer Signature_____

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.
Orders are subject to credit approval.

X Bruce Schuman — Purchaser's Signature — Date

X Alexander Irwin — Alexander Irwin (Jul 7, 2026 13:50:30 PDT) — Sales Specialist — Date

09/30/2026 — Prices are in effect until

Acceptance by Henry Schein Dental — Date

HENRY SCHEIN®

Dear Concorde Career College: the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. Delivery. HSD shall use all commercially reasonable efforts to deliver on the date specified in the equipment order.
2. Partial Delivery. By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. Warranty Disclaimer. Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. Labor and Services Time Periods. Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. Repairs/Loaners. If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. Not Included. Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
   a. Disconnecting and/or reinstalling Purchaser's existing equipment
   b. Changes or additions in plumbing, electrical, or carpentry
   c. Governmental inspections, approvals, or fees
   d. Union intervention in installation or delivery
   e. Disposal of old equipment
   f. Delivery of donated equipment
   g. Insurance
7. Late Payment Charges. 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. Office Space Plans. Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. Purchaser's Name. The name provided in the equipment order is the exact legal name of Purchaser.
10. Return Policy. (Return Policy) Initial Here: _____

60 days or under	61 to 90 Days	Greater than 90 days
• Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee.	• Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee. • Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee.	• Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
b. Dates above are calculated from invoice date.
c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
d. The following are not returnable: small equipment, hand pieces and software (including Dentrix).
e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
g. Custom goods are not returnable.
h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.

11. Credit Line Review. By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
12. Financing Statements. By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
13. Credit Card Policy. Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (Credit Card Policy) Initial Here: _____ (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or $20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases.
14. Sales Tax. Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
15. Installation. Equipment orders from Henry Schein of $5,000 or less will be subject to installation charges. If the equipment (or technology/digital equipment) purchased does not include necessary installation materials from the manufacturer, Schein may charge for necessary installation materials, except where prohibited by other applicable contract.
16. Intentionally omitted. DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein–
Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.
For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions.
Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale. Henry Schein and its affiliates reserve the right to offer a dual pricing system for payment by check, Henry Schein-approved ACH and/or Henry Schein-approved EFT vs. any other payment method and, to the extent permitted by law, reserves the right to surcharge for payment by credit card and/or other methods incurring a fee to Henry Schein. Information collected subject to Henry Schein Privacy Statement.

Open Accounts Receivable:
All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS: Delivery dates are not guaranteed. Purchase orders are subject to product availability. Customers' sole and exclusive remedy for failure to deliver shall be refund of monies paid for the products at issue. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S. All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands: • All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS).• Special delivery orders and hazardous material shipments can be shipped via United Parcel Service (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 States): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:
• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal DEA registration (including verifying your shipping address). Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46268
• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):
(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department.

REGULATORY REQUIREMENTS:
Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:
WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.
To arrange for a return, simply call or email our Customer Service department, visit our website or contact your Sales Consultant.
• All returns must be accompanied by a copy of your invoice and a reason for the return • Merchandise must be returned in its original unopened container, unmarked and properly packaged • Returned products must have been purchased within the previous ninety (90) days. Any returns past sixty (60) days are subject to a fifty percent (50%) restocking fee • Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable) • Shipping charges will apply on all
returns (except some merchandise) • Dental equipment returns subject to Henry Schein's equipment return policy.

Exceptions: The following special, customized or government-regulated items are not returnable:
• Opened handpieces, small equipment and custom-ordered equipment • Immune globulin products • Special order items (products that we do not ordinarily stock) • Personalized and imprinted items • Opened computer hardware and software • Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer • Any item marked non-returnable or non-refundable •Items required to be shipped and stored frozen •Any drop-shipped products • Invitro diagnostics • Prescription Drug Returns: Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

1) Returns of prescription drugs will only be accepted if Henry Schein is notified within sixty (60) days of shipment date and valid return authorization is issued by Henry Schein.
2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product.
3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from Henry Schein.
4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL, GOVERNMENT & CORPORATE ACCOUNTS:
Terms of Sale follow the same guidelines unless denoted differently in a contract. When applicable, freight is calculated by the weight. There is no minimum order; however, there may be a nominal handling charge on small orders. Some offers and promotions outlined in catalog may not apply. Requests for bids and proposals may be sent to: **Henry Schein, Inc. • Bid Department (Dental–E255) (Medical-E270) • 135 Duryea Rd. • Melville, NY 11747.**

INTERNATIONAL ORDERS: We proudly serve healthcare professionals, governments and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) by e-mail at: export@henryschein.com.

ARBITRATION: All Claims related to or arising under this Agreement except for Claims for non-payment of amounts due to Henry Schein for the sale of products) are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES: Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.
New dental equipment installations include a 90 day labor warranty on such installation.

LIMITATION OF LIABILITY: THE CUSTOMER AGREES TO LOOK SOLELY TO THE MANUFACTURER OF THE PRODUCT FOR ANY CLAIM ARISING DUE TO LOSS, INJURY, DAMAGE OR DEATH RELATED TO THE USE OR SALE OF PRODUCTS. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

DISCOUNTS, REBATES AND DISCLOSURES: **Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program.** You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

Terms of Sale may change without notice. For current information, go to www.henryschein.com. Cons-Med/Dent/SpMk/DEq 10/20/25-8c



PROPOSAL

2121 CENTRAL STREET, STE 144
KANSAS CITY MO 64108
P: 816-842-2120
F: 816-842-2129

DATE	PROPOSAL#
07/16/26	16044

PROJECT#: 5-238
BURBANK

CUSTOMER:
CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 6701 W 64TH, STE 200 MISSION KS 66202-2374 PH# 913-831-9977

INSTALL AT:
CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 115 N 1ST ST BURBANK CA 91502

FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
139	44	HBLPCLASSIC	***** Basyx Field Install Classic Pull 2-pack HON COMPANY Tag 1: PO	7.68	337.92
140	6	HLPLBC3013B2 .LDO1	***** Mod 30Wx13Dx29H 2-Shelf Bookcase Desert Oak HON COMPANY Tag 1: PO	89.27	535.62
141	23	HLPLBC3013B4 .LDO1	***** Mod 30Wx13Dx53H 4-Shelf Bookcase Desert Oak HON COMPANY Tag 1: PO	129.88	2,987.24
142	46	HLPLDR72GS	***** Mod Frosted Glass Doors for HLPLDH72/HLPLWMH72 (2 Pack) HON COMPANY Tag 1: PO	77.93	3,584.78
143	12	HLPLDR66GS	***** Mod Frosted Glass Doors for HLPLDH66 / HLPLWMH66 (2 Pack) HON COMPANY Tag 1: PO	77.93	935.16
144	58	HLPLLEG30U .BLKP	***** Mod 30W U-leg Black HON COMPANY CONTINUED...	85.61	4,965.38

interior LANDSCAPES

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
			Tag 1: PO		
145	23	HLPLPSBBF	***** Mod 15Wx20Dx28H B/B/F Support Pedestal	183.29	4,215.67
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
146	6	HLPLPMBBF	***** Mod 15Wx20Dx28H B/B/F Mobile Pedestal	225.73	1,354.38
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
147	23	HLPLRS4224	***** Mod 42Wx24Dx29H Return Shell	108.66	2,499.18
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
148	29	HLPLRW6630	***** Mod 66Wx30D Rectangular Worksurface	102.07	2,960.03
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
149	23	HLPLTACK72	***** Mod 72Wx18H Tackboard	67.32	1,548.36
		$(A)	Grade A Fabs		
		.CN02	Cool Neutral		
			HON COMPANY		
			Tag 1: PO		

P R O P O S A L

interior LANDSCAPES

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
150	6	HLPLTACK66	***** Mod 66Wx18H Tackboard	63.29	379.74
		$(A)	Grade A Fabs		
		.CN02	Cool Neutral		
			HON COMPANY		
			Tag 1: PO		
151	1	HLPLTBL36BASE	***** Mod X Base for 36" Conference Table Top	45.37	45.37
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
152	1	HLPLTBL36RND	***** Mod 36" Round Conference Table Top	92.20	92.20
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
153	23	HLPLWMH72	***** Mod 72Wx14Dx13.5H Open Wall Mounted Storage	221.71	5,099.33
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
154	6	HLPLWMH66	***** Mod 66Wx14Dx13.5H Open Wall Mounted Storage	212.20	1,273.20
		.LDO1	Desert Oak		
			HON COMPANY		
			Tag 1: PO		
155	29	HLPLXS66	***** Mod External Stiffener for 66"	42.44	1,230.76
		.BLKP	Black		
			HON COMPANY		
			Tag 1: PO		

PROPOSAL

interior LANDSCAPES

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
156	29	HCT1MM	***** HON Mesh Mid-Back Task Chair	208.98	6,060.42
		.Y1	SimpleSynchro-Tilt w/SeatSlide		
		.A	Height and WidthAdjustable Arm		
		.H	Hard Casters		
		.M	Black Mesh Back		
		$(1)	Grade 1 Uph		
		.CU	Centurion		
		10	Black		
		.AL	Adjustable Lumbar		
		.SB	Standard Base		
		.T	Black Frame Color		
			HON COMPANY		
			Tag 1: PO		
157	20	HMG2	***** Motivate 4-Leg Stack Chair-Uph Seat-Set/2	314.12	6,282.40
		.N	No Arm		
		.E	Standard Nylon Glide		
		.SD	Shadow		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		93	Nimbus		
		.CBK	Charblack		
			HON COMPANY		
			Tag 1: PO		
158	2	HEC65PLN	***** 65H "L" Connector Post	51.71	103.42
		$(P1)	P1 Paint Opts		
		.LOFT	Loft		
			HON COMPANY		
			Tag 1: STUDENT AFFAIRS		

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
		.P	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
67	17	HMVPC-DTLG	***** Motivate Presentation Cart Desktop Lectern 2mm edgeband	156.95	2,668.15
		$(L1STD)	Grd L1 Standard Laminates		
		.LKI1	Kingswood Walnut		
		.KI	Kingswood Walnut		
		$(P1)	P1 Paint Opts		
		.P	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
68	17	HMVPCF-1830G	***** Motivate Presentation Cart Fixed Leg 18Dx30W concave	411.16	6,989.72
		.C	Caster		
		$(L1STD)	Grd L1 Standard Laminates		
		.LKI1	Kingswood Walnut		
		.KI	Kingswood Walnut		
		$(P1)	P1 Paint Opts		
		.P	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
69	1	HTG2PWR-3P-1E	***** ElloraB G2 Flptop-3 AC Pwr/1 Extron OPN-10' Cord	328.66	328.66
		.BLK	Black		
			HON COMPANY		
			Tag 1: DEBRIEF		

interior LANDSCAPES

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CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 6701 W 64TH, STE 200 MISSION KS 66202-2374 PH# 913-831-9977

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
			Tag 1: CLASSROOM		
59	30	HMG1	***** Motivate 4-Leg Stack Chair-Set/2	277.57	8,327.10
		.N	No Arm		
		.S	Soft Caster		
		.ON	Onyx		
		.CBK	Charblack		
			HON COMPANY		
			Tag 1: CLASSROOM		
60	2	HMGT1	***** Motivate 4 Leg Chair Tablet Arm	267.70	535.40
		.E	Standard Nylon Glide		
		.ON	Onyx		
		.RT	Right-Hand		
		.T	Black		
		.CBK	Charblack		
			HON COMPANY		
			Tag 1: CLASSROOM		
61	17	HPTCC2-T3UM	***** Altern Custom Task Stool Mesh Mid-Back	249.89	4,248.13
		.BLK	Black		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		10	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
62	42	HMBFLIP18L	***** Huddle Flip Top Base for 18x60 & 18x72 Tops	321.37	13,497.54
		.C	Casters		
		$(P1)	P1 Paint Opts		
		CONTINUED...			

interior LANDSCAPES

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
		.P	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
63	112	HMBTLEG18	***** Huddle Fixed Height T-leg base For 18" tops	219.29	24,560.48
		.G	Glide		
		$(P1)	P1 Paint Opts		
		.P	Black		
			HON COMPANY		
			Tag 1: CLASSROOM		
64	150	HMT1860E	***** Huddle 18x60 Table Top w/T-mold	170.89	25,633.50
		.N	No Grommets		
		$(L1STD)	Grd L1 Standard Laminates		
		.LKI1	Kingswood Walnut		
		.KI	Kingswood Walnut		
			HON COMPANY		
			Tag 1: CLASSROOM		
65	4	HMT1872E	***** Huddle 18x72 Table Top w/T-mold	210.07	840.28
		.N	No Grommets		
		$(L1STD)	Grd L1 Standard Laminates		
		.LKI1	Kingswood Walnut		
		.KI	Kingswood Walnut		
			HON COMPANY		
			Tag 1: CLASSROOM		
66	3	HMVMB-3672W	***** Mkbd-Mob Bd 36Wx72H	670.06	2,010.18
		W	Whtbd/Whtbd		
		.C	Caster		
		$(P1)	P1 Paint Opts		
		CONTINUED...			

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interior LANDSCAPES

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FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
33	7	HWR2460P	***** Systems Rectangular Worksurface Edgeband 24D x 60W	165.61	1,159.27
		$(L1STD)	Grd L1 Standard Laminates		
		.LKI1	Kingswood Walnut		
		.KI	Kingswood Walnut		
		.LOFT	Loft		
			HON COMPANY		
			Tag 1: ADMISSIONS		
34	6	HWSB2	***** Worksurface Bracket Kit	16.83	100.98
		$(P1)	P1 Paint Opts		
		.LOFT	Loft		
			HON COMPANY		
			Tag 1: ADMISSIONS		
35	7 (10)	HCT1MM	***** HON Mesh Mid-Back Task Chair	194.98	1,364.86
		.Z1	Swivel Tilt Control		
		.A	Height and WidthAdjustable Arm		
		.H	Hard Casters		
		.M	Black Mesh Back		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		10	Black		
		.AL	Adjustable Lumbar		
		.SB	Standard Base		
		.T	Black Frame Color		
			HON COMPANY		
			Tag 1: ADMISSIONS		
36	7	HMG2	***** Motivate 4-Leg Stack Chair-Uph Seat-Set/2	314.12	2,198.84
		.N	No Arm		
		.E	Standard Nylon Glide		

CONTINUED...

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BURBANK

CUSTOMER:	INSTALL AT:
CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 6701 W 64TH, STE 200 MISSION KS 66202-2374 PH# 913-831-9977	CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 115 N 1ST ST BURBANK CA 91502

FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
			Tag 1: WAITING		
252	2	HSB50	***** Accommodate Bariatric Chair	454.04	908.08
		.F	Fixed		
		.E	Standard Nylon Glide		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		93	Nimbus		
		.CBK	Charblack		
			HON COMPANY		
			Tag 1: WAITING		
253	4	HSGS6DF	***** Accom Set/Two Guest Chairs w/Dual Fabric	508.10	2,032.40
		.F	Fixed		
		.E	Standard Nylon Glide		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		26	Luggage		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		96	Ocean		
		.CBK	Charblack		
			HON COMPANY		
			Tag 1: WAITING		
254	6	HSGS6	***** Accomodate Set of Two Guest Chairs	437.02	2,622.12
		.F	Fixed		
		.E	Standard Nylon Glide		
		$(1)	Grade 1 Uph		
		.UR	Contourett		
		93	Nimbus		
		CONTINUED...			

P R O P O S A L

interior LANDSCAPES

2121 CENTRAL STREET, STE 144
KANSAS CITY MO 64108
P: 816-842-2120
F: 816-842-2129

DATE	PROPOSAL#
07/16/26	16044

PROJECT#: 5-238

BURBANK

CUSTOMER:
CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 6701 W 64TH, STE 200 MISSION KS 66202-2374 PH# 913-831-9977

INSTALL AT:
CONCORDE CAREER COLLEGES INC ACCOUNTSPAYABLE@CONCORDE EDU 115 N 1ST ST BURBANK CA 91502

FAX NUMBER#	CUSTOMER P.O.#	SALESPERSON	TERMS	SHIP VIA
913-831-7337		Tiffany Loomis	50%dep/net due	

#	QTY	PRODUCT	DESCRIPTION	SELL EACH	SELL EXTEND
266	4	5519	***** Single Continuous Metal Locker Base Addition SAFCO PRODUCTS COMPANY Tag 1: LOCKERS	36.80	147.20
267	7	5520	***** Triple Continuous Metal Locker Base Addition SAFCO PRODUCTS COMPANY Tag 1: LOCKERS	73.60	515.20
268	4	5523	***** Double Tier Locker, Right Hinge SAFCO PRODUCTS COMPANY Tag 1: LOCKERS	333.33	1,333.32
269	7	5526	***** Double Tier Locker, 3 Column, Right Hinge SAFCO PRODUCTS COMPANY Tag 1: LOCKERS	816.53	5,715.71 Locker Total: $7,711.43
270	2	5288	***** Industrial Wire Shelving Starter Unit, 24 x 36" SAFCO PRODUCTS COMPANY Tag 1: STORE ROOM	304.00	608.00
271	5	5289	***** Industrial Wire Add On Unit, 24 x 36" SAFCO PRODUCTS COMPANY CONTINUED...	295.47	1,477.35

DELL Technologies

A quote for your consideration.

To retrieve this eQuote online, log in to your **Dell Premier Page** and search for your eQuote number under "Quotes" in the top menu bar.

Quote No.:	3000207067838.1
Total (USD):	$68,779.89
eQuote Name:	Burbank Dental Hygiene computers
eQuote Creator:	jborchers@concorde.edu
Quoted On:	Sep. 25, 2026
Expires By:	Oct. 25, 2026
Company Name:	-
Customer Number:	-
Premier Page Name:	Universal Technical Institute NASPO ValuePoint ADSPO16-098163 / WN01AGW
Contract Name:	OMNIA-National Cooperative Purchasing Alliance (NCPA)
Contract Code:	C000001019611
Customer Agreement Number:	NCPA 01-143

Billing Address:
-
,

Pricing Summary

	Qty	Unit Price	Discounted Unit Price	Subtotal
Dell Pro 24 All-in-One (35W) QC24251	**41**	**$3,508.49**	**$1,521.00**	**$62,361.00**
Premier discount		- $1,987.49		

Subtotal:	**$62,361.00**
Shipping:	**$0.00**
Environmental Fees:	**$205.00**
Estimated Tax:	**$6,213.89**
Total (USD):	**$68,779.89**

Shipping Address:
Concorde Career College
Prado Susan
115 N First St Ste 101
Burbank , CA 91502-1811

Shipping Method:
FREE Standard Delivery

Product Details



	Qty	Unit Price	Subtotal
Dell Pro 24 All-in-One (35W) QC24251 (210-BPPL) Order Code: rcrc977178-9050504	**41**	**$1,521.00**	**$62,361.00**

Module	Description	Product Code	SKU	Qty
Processor	Intel® Core™ Ultra 5 235T (13 TOPS NPU, 14 cores, up to 5.0GHz)	GRH5O3G	338-CRZJ	1
Operating System	Windows 11 Pro	G0VA5W2	619-BBQD	1
Memory	32 GB: 2 x 16 GB, DDR5, up to 5600 MT/s, non-ECC	G5SIHYW	370-BCVW	1
Storage	512 GB, SSD	GH43VSD	400-BSWY,412-ABEK	1
Graphics	Integrated Graphics	GCI0475	490-BKSX	1
Wireless	No Wireless Card	GUEWX4T	555-BIGS,555-BLXL	1
Wireless Driver	None	GQMKF4C	340-AFMQ	1
Chassis Options	Dell Pro 24 All-in-One QC24251 with Core Ultra 35W CPU, Non-touch, FHD HDR Camera	GZQMW5J	329-BLDV	1
Keyboard	Dell Pro 5 Keyboard and Mouse - KM526 - Black - US English - DAO	GBJCMR5	580-BDFZ	1
Mouse	Mouse included with Keyboard	GU54MYP	570-AADI	1
Adapter	No Additional Cable	GIX0L8M	379-BBCY	1
Stands and Mounts	Fixed Stand for Dell Pro 24 All-in-One 35W/65W, Dark Grey	GO7R9NE	575-BCNR	1
ENERGY STAR	ENERGY STAR Qualified	G6J34SM	387-BBLW	1
Power Cord	US Power Cord for 3-pin Adapter	GY3LCWQ	450-AAHL	1
Documentation	Documentation	GUX97AW	340-DNBV	1
System Monitoring Options	Watch Dog SRV	G5UVY8E	379-BFYR	1
Placemat	Quick Start Guide	GW5LQIT	389-FKHZ,340-DTVD	1
EAN/UPC Labels	No UPC/EAN Label	G8WGTYN	389-BCGW	1
TPM Security	Trusted Platform Module (Discrete TPM Enabled)	GJMDKT6	329-BBJL	1
Shipping Material	Package for Fixed/ HAS/ no stand (DAO)	G7J5ZXQ	340-DFWR,340-DTJG,389-BBUU	1
Label	Regulatory Label, Dell Pro 24 All-in-One QC24251, 35W, 130W ADPT, FSJ	GEUY3PJ	389-FJYW	1
Intel Responsiveness Technologies	Intel IRST Driver	G5WXDEY	658-BFVF	1
Processor Label	Intel® Core™ Ultra 5 Processor Label	GPLA7RK	389-FGFR	1
Transportation from ODM to region	Desktop Standard shipment	G12DH3B	800-BBIO	1
LCD	23.8", Non-Touch, FHD, 100Hz	GZK7RCS	391-BJVZ	1
TAA	No Federal Order	GUSA19Y	340-ACQQ	1

Operating System Language Pack	English, French, Spanish, Brazilian Portuguese	GALH68M	619-BBPD	1
Power Supply	E4 130W 7.4mm V3, LiteOn	GXBS32T	450-AMQF	1
Dell Pro 24 All-in-One (35W) QC24251	Dell Pro 24 All-in-One QC24251 35W	GJPNDE7	210-BPPL	1
Systems Management	No vPro support	GAZ9D0N	631-BCFR	1
EPEAT	EPEAT Silver with Climate+	GTZOE2H	379-BDTO	1
FGA Module	No FGA	NOFGA	817-BBBB	1
Standard Hardware Support Service	3Y Basic Onsite Service after remote diagnosis with Hardware-Only Support	G9IB8SZ	716-2804,716-2810	1
Windows AutoPilot	No AutoPilot	GYEO2AP	340-CKSZ	1
Microsoft Office	Activate Your Microsoft 365 For A 30 Day Trial	GHKU96A	630-ABBT	1
Non-Microsoft Application Software	Dell Pro 24 All-in-One (35W) QC24251	G7B03HD	658-BFVW	1
Home and Small Business Security solutions	None	GD4K19S	650-AAAM	1
Operating System Recovery Options	OS-Windows Media Not Included	GLA9OQ1	620-AALW	1

Need Help?

We're here to answer any of your Order Support questions. Contact Us.

CONNECT WITH DELL:

Terms of Sale

This Quote will, if Customer issues a purchase order for the quoted items that is accepted by Supplier, constitute a contract between the entity issuing this Quote ("Supplier") and the entity to whom this Quote was issued ("Customer"). Unless otherwise stated herein, pricing is valid for Thirty (30) days from the date of this Quote. All products, pricing, and other information are based on the latest information available and are subject to change for any reason. Taxes and/or freight charges listed on this Quote are only estimates. The final amounts shall be stated on the relevant invoice. Additional freight charges will be applied if Customer requests expedited shipping. Please indicate any tax exemption status on your purchase order and send your tax exemption certificate to Tax_Department@dell.com or ARSalesTax@emc.com, as applicable.

Prices and/or discounts, as applicable, are subject to change: (i) in the event of industry-wide shortages in materials or resources, increases in the cost of manufacturing, currency fluctuations, changes to government charges or tariffs, or other factors outside Supplier's control; (ii) in the event of structural or significant changes in the way Supplier develops its pricing and/or discounting strategy; (iii) if Customer requests changes to Supplier's planned delivery date; or (iv) if Customer materially breaches its commitments under this Quote. If such changes occur, pricing may be adjusted and/or purchase orders may be cancelled by Supplier until the date of shipment, even after an order has been placed. Supplier will give Customer as much notice of these changes as is reasonably practicable under the circumstances. Supplier also reserves the right to cancel this Quote and Customer purchase orders arising from pricing errors and/or Customer changes to Supplier's planned delivery date.

Entire Agreement – This Quote, including the Governing Terms, Schedules, any Offering Specific Terms incorporated by reference and each Order, comprises the complete statement of the agreement of the Parties regarding the subject matter thereof, and may be amended only by written agreement. Terms on any Order or any term or condition on a Customer form have no legal effect and do not modify or supplement these Terms of Sale.

Governing Terms: This Quote is subject to: (a) a separate written agreement between Customer or Customer's affiliate and Supplier or a Supplier's affiliate to the extent that it expressly applies to the products and/or services in this Quote or, to the extent there is no such agreement, to the applicable set of Dell's Terms of Sale (available at www.dell.com/terms or www.dell.com/oemterms), or for cloud/as-a-Service offerings, the applicable cloud terms of service (identified on the Offer Specific Terms referenced below); and (b) the terms referenced herein (collectively, the "Governing Terms"). Different Governing Terms may apply to different products and services on this Quote. The Governing Terms apply to the exclusion of all terms and conditions incorporated in or referred to in any documentation submitted by Customer to Supplier.

Supplier Software Licenses and Services Descriptions: Customer's use of any Supplier software is subject to the license terms accompanying the software, or in the absence of accompanying terms, the applicable terms posted on www.Dell.com/eula. Descriptions and terms for Supplier-branded standard services are stated at www.dell.com/servicecontracts/global or for certain infrastructure products at www.dellemc.com/en-us/customer-services/product-warranty-and-service-descriptions.htm.

Offer-Specific, Third Party and Program Specific Terms: Customer's use of third-party software is subject to the license terms that accompany the software. Certain Supplier-branded and third-party products and services listed on this Quote are subject to additional, specific terms stated on www.dell.com/offeringspecificterms ("Offer Specific Terms").

In case of Resale only: Should Customer procure any products or services for resale, whether on standalone basis or as part of a solution, Customer shall include the applicable software license terms, services terms, and/or offer-specific terms in a written agreement with the end-user and provide written evidence of doing so upon receipt of request from Supplier.

In case of Financing only: If Customer intends to enter into a financing arrangement ("Financing Agreement") for the products and/or services on this Quote with Dell Financial Services LLC or other funding source pre-approved by Supplier ("FS"), Customer may issue its purchase order to Supplier or to FS. If issued to FS, Supplier will fulfill and invoice FS upon confirmation that: (a) FS intends to enter into a Financing Agreement with Customer for this order; and (b) FS agrees to procure these items from Supplier. Notwithstanding the Financing Agreement, Customer's use (and Customer's resale of and the end-user's use) of these items in the order is subject to the applicable governing agreement between Customer and Supplier, except that title shall transfer from Supplier to FS instead of to Customer. If FS notifies Supplier after shipment that Customer is no longer pursuing a Financing Agreement for these items, or if Customer fails to enter into such Financing Agreement within 120 days after shipment by Supplier, Customer shall promptly pay the Supplier invoice amounts directly to Supplier.

Customer represents that this transaction does not involve: (a) use of U.S. Government funds; (b) use by or resale to the U.S. Government; or (c) maintenance and support of the product(s) listed in this document within classified spaces. Customer further represents that this transaction does not require Supplier's compliance with any statute, regulation or information technology standard applicable to a U.S. Government procurement.

For certain products shipped to end users in California, a State Environmental Fee will be applied to Customer's invoice. Supplier encourages customers to dispose of electronic equipment properly.

Electronically linked terms and descriptions are available in hard copy upon request.

Dell Marketing LP. U.S. only. Dell Marketing LP. is located at One Dell Way, Mail Stop 8129, Round Rock, TX 78682

DH
New
Existing

Program Type:
New

Dental Hygiene	2025	2026	2027	2028	2029	2030
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Beginning Headcount	0	0	0	50	146	143
Starts	0	0	50	100	50	100
Net Withdrawals	0	0	0	4	7	6
Graduates	0	0	0	0	46	94
Ending Headcount	0	0	50	146	145	151
Attrition	0.00%	0.00%	0.32%	0.38%	0.40%	0.40%
Retention	100.00%	100.00%	99.68%	99.62%	99.60%	99.60%
Tuition Revenue	-	-	635,665.39	4,432,303.84	7,842,306.82	8,000,000.85
Discounts	-	-	(3,114.76)	(21,718.29)	(38,427.30)	(39,200.00)
Scholarship/Grants	-	-	(4,831.06)	(33,685.51)	(59,601.53)	(60,800.01)
WD Revenue	-	-	(483.72)	(4,498.44)	(8,391.31)	(8,125.87)
Total Tuition Revenue	-	-	627,235.86	4,372,401.60	7,735,886.67	7,891,874.97
Book Revenue	-	-	47,245.81	323,952.53	546,494.27	530,567.66
Misc Revenue	-	-	3,136.18	21,862.01	38,679.43	39,459.37
Total Revenue	-	-	677,617.84	4,718,216.14	8,321,060.37	8,461,902.01
Faculty Wages	-	135,992.50	402,645.03	1,859,555.24	3,098,309.94	3,106,245.81
Fixed Component	-	135,992.50	140,072.28	144,274.44	148,602.68	153,060.76
Variable Component	-	-	262,572.75	1,715,280.80	2,949,707.26	2,953,185.05
Benefits	-	20,398.88	60,396.75	278,933.29	464,746.49	465,936.87
Total Faculty/Benefits	-	156,391.38	463,041.78	2,138,488.53	3,563,056.43	3,572,182.68
Teaching Aids	-	-	5,767.32	40,157.52	70,821.92	72,020.64
Materials and Supplies	-	-	91,532.77	115,116.80	203,020.33	206,456.64
Textbooks	-	-	36,539.29	250,540.66	422,651.55	410,334.12
Uniforms	-	-	762.66	5,310.34	9,365.32	9,523.84
Student Insurance	-	-	148.02	1,031.81	1,825.53	1,862.34
Local Printing	-	-	4.47	31.12	54.89	55.82
Health Screens	-	-	2,082.37	14,499.43	25,571.24	26,004.06
Compliance	-	-	16,999.55	118,366.95	208,752.31	212,285.64
Total Direct Costs	-	156,391.38	616,878.22	2,683,543.15	4,505,119.53	4,510,725.77
Contribution Margin	-	(156,391.38)	60,739.62	2,034,672.98	3,815,940.84	3,951,176.23
Contribution Margin %	0.0%	0.0%	9.0%	43.1%	45.9%	46.7%
Leasehold Improvements	-	-	1,170,000.00	-	-	-
Equipment	-	-	820,000.00	-	-	-
Capital Expenditures	-	-	1,990,000.00	-	-	-
Program EBITDA	-	(156,391.38)	(1,929,260.38)	2,034,672.98	3,815,940.84	3,951,176.23

Student Information & Affairs

Annual Security Report

The school publishes the policies and procedures for reporting crimes, as well as the types of crimes that have been committed on or near the campus, in the Annual Security Report. This publication is distributed annually to all students and is available at any time from a school administrator or on the school's website.

Canceled Class Policy

When a scheduled class is canceled for unforeseen reasons (e.g., inclement weather, power outage, etc.), the class will be made up before the end of the term in which the cancellation occurred. If students are unable to attend the rescheduled class, they will be marked absent, and the Student Attendance Policy will apply.

In the event of unfavorable weather conditions, classes may be canceled at the discretion of the Campus President. Students will be notified through local television and radio stations and on social media.

Graduate Employment

Placement services are available at any Concorde Career Institute/College, owned by Concorde Career Colleges, Inc. The Graduate Employment staff will assist students in their career search throughout and upon successful completion of studies by offering information on career opportunities, temporary assignments, résumé preparation, and guidance in interviewing techniques. Professional development seminars are conducted throughout each program to assist students in developing their interpersonal skills. The following services are included: career overview at orientation, pre- and post-interview techniques, personalized skills matching, one-on-one résumé review, career progression tips and completion certificates for professional portfolios.

Concorde does not guarantee employment for its graduates. Graduates are considered to be partners with Concorde in their career search. Graduates are expected to maintain consistent communication with their graduate employment team during their job search. This procedure keeps the school informed of a graduate's employment status and allows the school to keep the graduate current with career opportunities.

Drug & Alcohol Abuse Policy

Concorde Career College ("Concorde") supports and endorses the Federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989.

The unlawful manufacturing, distribution, dispensation, possession, or use of alcohol, marijuana, or any controlled substance by an employee or student on Concorde's property or as part of any Concorde activity is prohibited. Any student or employee of Concorde found to be using, possessing, manufacturing, or distributing alcohol, marijuana, or any controlled substances in violation of the law on Concorde property or at Concorde events shall be subject to disciplinary action. For employees, the school will take appropriate personnel action for such infractions, up to and including dismissal. Students who violate this policy will be dismissed and are not eligible for readmission.

For purposes of this policy, "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence or both by any judicial body charged with the responsibility of the federal or state criminal drug statutes.

Health Risks

Abuse of alcohol and use of drugs is harmful to one's physical, mental, and social well-being. With excessive drug use, life becomes centered on drugs to the exclusion of health, work, school, family, and general well-being. Accidents and injuries are more likely to occur if alcohol and drugs are used. Alcohol and drug users can lose resistance to disease and destroy one's health. Increasing tolerance developed by the user complicates the effects of drug use. This tolerance may be psychological, physiological, or both and may lead to greater danger of overdose.

Alcoholism takes a toll on personal finances, health, social relationships, and families. Abuse of alcohol or use of drugs may cause an individual driving a motor vehicle to injure himself or herself or others and may subject the person to criminal prosecution.

The following summarizes the effects and dangers of the major categories of drugs:

Amphetamines: Physical dependency, heart problems, infections, malnutrition, and death may result from continued high doses of amphetamines.

Narcotics: Chronic use of narcotics can cause lung damage, convulsions, respiratory paralysis, and death.

Depressants: These drugs, such as tranquilizers and alcohol, can produce slowed reactions, slowed heart rate, damage to liver and heart, respiratory arrest, convulsions, and accidental overdoses.

Hallucinogens: These drugs may cause psychosis, convulsions, coma, and psychological dependency.

Counseling, Treatment, or Rehabilitation Programs

The administration of Concorde maintains a list of hospital and community agencies available to assist employees and students seeking alcohol and drug counseling and treatment.

Employees and students who have a substance-dependency problem are strongly encouraged to obtain counseling and treatment. Anyone seeking additional information about health problems and treatment related to alcohol and drug problems can contact the Campus President or Human Resources. Requests for assistance will be held in complete confidentiality and will be provided on a need-to-know basis only.

Penalties

A student suspected of the possession, sale, manufacture, use, or distribution of a controlled substance, may be suspended from the student's program of study during the investigation and may become ineligible for continued participation in the Higher Education Act (HEA), Title IV Student Assistance Programs. If convicted, the student's relationship with Concorde will be terminated, and the student may lose the ability to participate in the HEA, Title IV Student Assistance Programs.

A student who violates any provision of this policy shall be subject to appropriate disciplinary action to include dismissal from Concorde. A student who is dismissed is not eligible for readmission.

In addition, any student or employee who violates the standards of conduct as set forth in this policy may be subject to referral for prosecution.

Health Requirements

Health Services

Effective: 11/22/2023

The school does not provide health services on campus.

- Immunizations: Clinical/externship sites may require various vaccinations prior to participation in a clinical/externship rotation. Program Directors maintain a list of vaccination requirements, which can be provided upon request. The immunization requirements are based on general requirements for working in a healthcare setting and may change without notice. It is the students' responsibility to ensure compliance with immunization requirements at their own cost. Students who qualify for exclusion must request an exemption; there is no assurance a clinical site will accept the exemption. Furthermore, if a student does not obtain required immunizations or is unable to provide documentation of past immunizations to meet clinical requirements, Concorde cannot guarantee placement at a clinical/externship site. In these cases, the student may be required to complete additional health facility-specific documentation, including waivers. Under no conditions can Concorde guarantee employment.
- Health Insurance Coverage: The externship/clinical sites do not provide health insurance coverage for students. All students are covered by accident and liability insurance policies while in school or on clinical rotation. This policy does not automatically pay for all medical expenses due to school-related accidents. It is designed to work together with the insurance the student may already have. A student is required to meet with the Program Director regarding the processing of a claim. None of the programs provide health insurance as part of the tuition fee. Health insurance is the sole responsibility of the student.
- Health Conditions: It is the responsibility of the student to inform the appropriate instructor(s) of any physical or mental condition that could interfere with the safety of the student and/or patient while at the externship/clinical site.

While ill, it is the responsibility of the student to notify the Program Director, the Director of Clinical Education (DCE)/Clinical Instructor/Extern Coordinator and the externship/clinical site. Students are not permitted to attend class or clinical with a communicable disease.

General Information

Accessibility for Disabilities

The buildings are designed to be accessible to the disabled. Spaces are clearly marked and are reserved for disabled students, staff, and faculty. Cars parked in these designated areas without the proper identification will be towed.

Cellular Phones

Effective date: 04/26/2024

Students may not use cell phones for personal reasons in the classroom unless approved by the instructor.

Personal cell phone use in Clinical - All policies set by our clinical site partners are priority for students and must be followed during clinical rotations. If the clinical site has a cell phone use specific policy, that policy will guide student cell phone use at the clinical site. Students must refrain from using their cell phone during patient care. Cell phones may be used on instructor approved breaks outside of patient accessible areas. If cell phone use becomes necessary outside of approved times or during patient care, the student should immediately alert the instructor for

further guidance. If this policy is violated, the student will receive a written advising for their first infraction. Any infraction thereafter may result in failure of the clinical course and may include dismissal from the program.

Commencement Ceremonies

To be considered a Concorde graduate, students are required to successfully complete all program requirements. This includes all phases of their didactic training as well as their externship and/or clinical education.

Participation in commencement ceremonies does not constitute official graduation. All requirements as stated in the school catalog must be fulfilled prior to conferment of graduate status. To be eligible to participate in the official commencement ceremonies, graduates must be current on all financial obligations at the time of commencement. (For details regarding graduation requirements, see "Graduation Requirements" in the "Academic Standards" section.)

Community Activities

Concorde participates in community activities and encourages students to become active community members. Students are encouraged to notify the Campus President, Academic Dean or Director of Student Affairs of any upcoming activities in which they would like the school to participate.

Customized Training

Concorde Career College offers customized training and technical assistance to employers on a contractual basis. Specialized curriculum and consultant services can be provided for business-specific needs.

Day Care Services

Children are not permitted in any class, nor are they allowed on school premises while a parent or guardian is attending class. For information regarding day care services available to students at a reasonable cost, students may contact the Student Affairs department. Many area day care centers understand the need for quality care at a reasonable cost while pursuing educational goals, and the school maintains a list of those centers.

Eating & Smoking

Students are welcome to pause, relax, eat and drink in the student lounge. Smoking, in all forms (e.g., cigarettes, e-cigarettes), and chewing tobacco are not allowed in the building. If students wish to smoke or chew tobacco, they may do so outside of the building in designated areas. Absolutely no food or beverage are allowed in the labs. Absolutely no food or beverage are allowed in the classrooms unless approved by the campus administration.

Emergency Telephone Numbers

Each student must provide the school with one or more telephone numbers where a family member may be reached in an emergency. Only in the case of an emergency will a student be called out of class to take a telephone call.

Institutional Information Dissemination

Federal regulation 34 CFR 668.44 requires Concorde to designate an employee or group of employees who shall be available on a full-time basis to assist enrolled or prospective students in obtaining information on the following topics:

- Financial assistance information.
- Tuition and costs, withdrawal and refund policy, academic progress, facilities, faculty, and school approvals.
- Completion and retention rate calculations.
- Institutional Security Policies.

If a student has any questions, he or she should see one of the following personnel: Campus President, Director of Admissions, Financial Aid Director or Academic Dean.

Insurance

Concorde provides students with accident insurance that covers injuries due to an accident that occurs while attending or participating in a Concorde-supervised and sponsored activity. The policy is intended to supplement the students' own insurance, and it requires students to submit a claim to their own insurance carrier first (if they have insurance). The insurance has a $5,000 limit on covered benefits. For clarification, students should check with the Campus President.

International Student Services

Concorde does not admit students based on student visas because Concorde does not participate in the SEVIS program.

Language of Instruction

All classes at Concorde are conducted in English. No English language services are provided. All students must be able to demonstrate the English language proficiency of a U.S. high school graduate by passing the applicable Wonderlic entrance exam, as indicated on page 8 of this Catalog.

Lost Books & Supplies

Textbooks and curriculum materials are provided for all students; however, lost books are the student's

responsibility to purchase at cost. Students will be expected to furnish such incidentals as paper, notebook, pencils and pens.

Maximum Class Size

Classes are generally limited in size not to exceed 30 students per laboratory or lecture session. Specific programmatic requirements are addressed in the program section of this catalog. Vocational Nursing classes are not to exceed: Full-Time – 36 students/ Part-Time – 30 students

Parking

Parking is provided for students. Students park in the parking lot at their own risk. Concorde is not responsible for any damage or loss.

Personal Belongings

Purses, clothes, books, etc., should not be left unattended, as the school does not assume responsibility for loss or theft.

Personal Data Changes

Any change of name, address, email or telephone number must be reported to the Registrar's office as soon as the change occurs. Emergency information should be kept current at all times.

Refresher Training

Concorde offers limited refresher training to its graduates. A graduate may apply for refresher training at any Concorde Career College/Institute offering similar classes.

Graduates may be accepted for refresher training (excluding externship) on a space-available basis. The graduate must be in good standing with the Business Office. No tuition will be charged; however, there will be a fee for each class/term or partial class/term. The graduate must have or purchase current text(s), workbook(s), and/or uniform(s) as required. The graduate is required to adhere to current school policies governing attendance and dress.

Student Affairs

Concorde associates make every effort to maintain close communication with their students. Students have access to faculty and administrative staff for both vocational and academic advising. Students experiencing personal problems that require professional advising will be referred to the appropriate agencies.

Student Housing

Concorde does not assume responsibility for student housing, does not have dormitory facilities under its control, nor does it offer student housing assistance. Living accommodations are available within a convenient distance of the school, and, according to rentals.com, rental properties start at approximately: $1,000 per month

Student Injuries

Students injured while attending school, participating in a school-supervised function, or in transit to or from supervised school activities are to report immediately to the instructor who will accompany the student to the Campus President. If necessary, immediate emergency procedures will be implemented, and a member of the staff or faculty will accompany the student, in the absence of a parent, guardian or spouse, to the appropriate medical facility. Refer to the "Insurance" section in this catalog for more information.

Student Complaint & Grievance Policy

Effective: 06/19/2020

Students are encouraged, at all times, to communicate their concerns to members of the faculty and administration. If a situation arises in which a student has a complaint or grievance the student is to adhere to the following procedure:

1. Within 72 hours: Discuss the matter with his or her instructor, if applicable. If not resolved,
2. Within the following 72 hours: Discuss the matter with the Program Director. If not resolved,
3. Within the following 72 hours: Discuss the matter with the Academic Dean. If not resolved,
4. Within the following 72 hours: Discuss the matter with the Campus President/Director.

If a student is still unable to resolve the issue, a written grievance statement along with supporting documentation may be submitted to the Campus President. The written statement should include the details of the student's issue, a summary of the conversations the student had with individuals while following the above procedure, and an explanation as to why the student believes the issue remains unresolved.

The Campus President will schedule a grievance committee meeting within three business days of receipt of the written grievance. Students are required to appear before the grievance committee. The Campus President will inform the student of the time and place to appear before the committee. The grievance committee has the responsibility of reaching a decision that is in balance with the best interest of

both the student and the college. Students will be notified in writing within three business days of the committee's decision. Legal representation is not permitted since a grievance committee meeting is not considered a legal proceeding.

Further, students have the right to report any apparent inconsistencies with the application of the Student Complaint & Grievance Policy outlined in the school catalog. The request must be completed in writing and submitted to Concorde's Campus Support Center Student Affairs Department at: studentaffairs@concorde.edu. The request must include a summary of the student's grievance and any details and supporting documentation of the student's conversation with campus staff regarding the grievance, and it must describe how the campus' management of the grievance procedure was inconsistent with the school catalog. The Student Affairs Department will research the student's report as deemed appropriate, including requesting additional information from the student as needed, and render a final decision that is binding. The student will be notified in writing of the decision.

Any questions a student may have regarding this catalog that have not been satisfactorily answered by the Institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834 or P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, (888) 370-7589 or by fax 916-263-1897.

A student or any member of the public may file a complaint about this Institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet web site (www.bppe.ca.gov).

The Office of Student Assistance and Relief is available to support prospective students, current students, or past students of private postsecondary educational institutions in making informed decisions, understanding their rights, and navigating available services and relief options. The office may be reached by calling 888-370-7580 or by visiting www.osar.bppe.ca.gov

Additional Student Grievance Options

Effective: 01/04/2022

Accrediting Commission of Career Schools and Colleges (ACCSC) Student Complaint Procedure

Schools accredited by the Accrediting Commission of Career Schools and Colleges must have a procedure and operational plan for handling student complaints. If a student does not feel that the school has adequately addressed a complaint or concern, the student may consider contacting the Accrediting Commission. All complaints reviewed by the Commission must be in written form and should grant permission for the Commission to forward a copy of the complaint to the school for a response. This can be accomplished by filing the ACCSC Complaint Form. The complainant(s) will be kept informed as to the status of the complaint as well as the final resolution by the Commission. Please direct all inquiries to:

Accrediting Commission of Career Schools & Colleges

2101 Wilson Boulevard, Suite 302

Arlington, VA 22201

(703) 247-4212

www.accsc.org | complaints@accsc.org

A copy of the ACCSC Complaint Form is available at the school and may be obtained by contacting complaints@accsc.org or at https://www.accsc.org/Student-Corner/Complaints.aspx.

A student in the Physical Therapist Assistant program may direct an unresolved complaint to:

Commission on Accreditation in Physical Therapy Education
1111 North Fairfax Street
Alexandria, VA 22314
703-706-3245
www.capteonline.org

A student in the Respiratory Therapy program may direct unresolved complaints to:

Commission on Accreditation for Respiratory Care
264 Precision Blvd
Telford, TN 37690 USA
Telephone: 817-283-2835
Fax: 817-354-8519
www.coarc.com

A student in the Surgical Technology program may direct an unresolved complain to:

Accrediting Bureau of Health Education Schools (ABHES)
6116 Executive Blvd., Suite 730
North Bethesda, MD 20852
(301) 291-7550
https://www.abhes.org

A student in the Vocational Nursing program may direct an unresolved complaint to:

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833
916-263-7800

Student Guidance & Advising

Concorde makes every effort to maintain close communication with its students. Students have access to faculty and administrative staff for both vocational and academic advising. Students experiencing personal problems that require professional counseling will be referred to the appropriate agencies.

Assistance is available for students who require individual tutoring in order to raise their grades to a passing level. Students who simply wish to further enhance their own clinical or theoretical knowledge may also take advantage of this service. Students should contact their instructor, Program Director, or Academic Dean for further details.

Changes

In keeping with the school philosophy of remaining responsive to the needs of students and employers, the school reserves the right to make modifications and schedule changes without additional charges to the student and within regulatory guidelines.

Financial Aid

Concorde Career College participates in the United States Department of Education's Federal Student Assistance programs. These programs are available for those who qualify.

Enrollment Definition

For students enrolled in non standard term programs (excluding Vocational Nursing - part time) the enrollment status is as follows:

8 credits =Full time
6-7.99 credits = 3/4 time
4-5.99 credits = 1/2 time
<4 credits = Less than half time

Vocational Nursing - Part Time full time enrollment status is as follows:

12 credits = Full time
9-11.99 credits = 3/4 time
6-8.99 credits = 1/2 time
<5.99 credits = Less than half time

Federal Pell Grant

The Federal Pell Grant is a grant to students who qualify under the federal financial need guidelines. Application is made through the Free Application for Federal Student Aid (FAFSA).

Federal Supplemental Educational Opportunity Grant (FSEOG)

The FSEOG is a grant that the school awards to students based on financial need and the availability of funds. Application is made through the Free Application for Federal Student Aid (FAFSA).

Federal Subsidized and Unsubsidized Loans

Subsidized and Unsubsidized Loans are low-interest loans made by the U.S. Department of Education. See Financial Aid for details.

Federal Parent Loans for Undergraduate Students (PLUS)

The Federal PLUS Loan is a low-interest-rate loan available for parents of dependent, undergraduate students enrolled at least half time. Applications are available online at https://studentaid.gov/.

Default

If you received a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Cal Grant A, B and C Programs

The Cal Grant A, B, and C are grants the State of California awards to students based on financial need. For more information regarding the programs and application filing deadline, contact the Financial Aid Office or the California Student Aid Commission at www.csac.ca.gov or 888-224-7268.

Alternative Financing

For those students who qualify, alternative financing is available through several lenders. Cosigners may be necessary, depending on credit history.

Other Aid

Effective: 10/29/2021

Your education is a major financial investment. Flexible payment options are available to help make your costs more manageable. Concorde Career College offers many different payment plans depending on your financial situation. Retail Installment Contracts are available to be paid in school prior to your graduation date at a 0% interest. If you are unable to pay by your graduation, we offer extended retail installment contracts. See your Campus Financial Representative for more information.

Veterans Administration Students

Prior Credit Evaluation

All official college transcripts need to be submitted for evaluation for prior credit by the 24th week of school or by the end of the second term.

Veterans Benefits and Transition Act of 2018

In accordance with Title 38 US Code 3679 subsection (e), this school adopts the following additional provisions for any students using U.S. Department of Veterans Affairs (VA) Post 9/11 G.I. Bill® (Ch. 33) or Veteran Readiness and Employment (Ch. 31) benefits, while payment to the institution is pending from the VA. This school will not:

- Prevent the student's enrollment;
- Assess a late penalty fee to the student;
- Require the student to secure alternative or additional funding;
- Deny the student access to any resources (access to classes, libraries, or other institutional facilities) available to other students who have satisfied their tuition and fee bills to the institution.

However, to qualify for this provision, such students may be required to:

- Produce the VA Certificate of Eligibility (COE) by the first day of class;
- Provide a written request to be certified;
- Provide additional information needed to properly certify the enrollment as described in other institutional policies

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at https://benefits.va.gov/gibill/index.asp.

Partnership Agreements

Concorde participates in business and agency agreements with outside organizations. Enrollment pursuant to these agreements is contingent on the student meeting and maintaining eligibility as defined in individual agreements.

Any student who originally enrolled with a partnership agreement will need to reverify eligibility to return if he or she is withdrawn from the program.

Concorde Institutional Grants Program

Effective: 04/03/2025

Concorde makes available institutionally-sponsored grant programs to students who qualify. Specific conditions, criteria and awards may vary. Any grant awarded will be applied only to the costs of tuition, fees and books. Grants awarded have no cash value and will not result in a cash or credit balance. A grant cannot be combined with any other Concorde grant, employee education benefit, B2B/partnership discount or any Concorde scholarships except for the Kozet Boyd and Working Student Scholarships.

Grant programs are subject to available funding and may be discontinued at any time.

Healthcare Demand Grant

Applicable only to the following programs:

- Dental Assistant
- Medical Assistant
- Physical Therapist Assistant
- Respiratory Therapy
- Surgical Technology
- Vocational Nursing - (Day Program Only)

The Healthcare Demand Grant is designed to assist new, enrolling students who are pursuing education in a healthcare program. There is no application process and all newly enrolled students are reviewed for eligibility.

Grant Amount:

Grant amounts vary by program. See the term sheet for each program for more information.

Grant Deadline: July 7, 2025

Eligibility Criteria:

- Newly enrolled student in a healthcare program who enroll and start prior to July 14, 2025
- Achieve the required score on the Wonderlic entrance assessment

Concorde Alumni Grant

Grant available to Concorde Alumni Enrolling in a Subsequent Degree/Diploma Program

Concorde seeks to encourage all graduates to continue their professional education as their career progress. In order to facilitate this Concorde offers a grant* in the form of a tuition reduction to Concorde graduates who enroll in a new program, with certain restrictions.

Grant Amount: Grant amounts vary by program. See the term sheet for each program for more information.**

Application Deadline: Year-Round

Eligibility Criteria:

- Be a graduate of a program of study at any Concorde location
- Meet all admissions criteria for the new program of study as defined in the college catalog***
- Must be current on any financial obligations to Concorde
- Is not in default or delinquent on any federal student loan

For Additional Details, Consult with the Campus Financial Aid Specialist.

**This is a tuition reduction applied to a student's current program of study tuition balance and not to any non -tuition expenses such as past balances, textbooks, uniforms, application fees, health screens, etc.*

***The tuition reduction rate is applied to the net calculated tuition after all transfer credits have been factored. See campus catalog for more information.*

****The following programs of study are not eligible for this tuition reduction: Cardiovascular Sonography (Aurora), Neurodiagnostic Technology (Grand Prairie), and Dental Hygiene (all campuses)*

Community Healthcare Grant

For over 60 years, Concorde has trained healthcare professionals who have helped make a difference in their local communities, delivering healthcare and support to those in need. Concorde wishes to recognize those students who have already made a difference while still enrolled at Concorde. To that end, each campus will award a one-time $1,000 grant to Concorde students (one per campus,16 total recipients) who have helped make a difference in 2024/2025 academic year. To be considered for this grant, current full-time active Concorde students must complete an application at https://concorde.fyi/CHG

Application Deadline: April 25, 2025

Grant Amount: $1,000 (one recipient per Concorde campus) - this is a tuition reduction applied to the student's tuition balance.

Eligibility Criteria:

- Open to all current full-time active Concorde students; must be enrolled prior to the application deadline.
- Must be in good academic and financial standing with Concorde
- Submit complete grant application at https://concorde.fyi/CHG, and describe in 250 words or less how you've helped underserved communities access healthcare and /or delivered quality care to underserved communities
- Include with digital grant application a letter of recommendation from someone who has overseen your volunteer work.
- Not open to employees or family members of Concorde employees or its affiliates.

Award Selection: The local campus president with a committee, along with Concorde's VP of Student Affairs will review applications and select a qualified recipient by May 1, 2025. Applications received after 5 PM DST, April 25, 2025, will automatically be disqualified.

Award Notification: Grant recipients will be notified in-person or electronically from their campus by Friday, May 7, 2025.

Scholarships

Kozet Boyd Memorial Scholarship

The Scholarship Foundation for Concorde Career College established the Kozet Boyd Memorial Scholarship to assist students who display the same values and determination that Kozet epitomized as an educator with Concorde's North Hollywood campus. These scholarships are awarded to students who have demonstrated academic discipline and strong personal values that align with Concorde's Mission Statement and Core Values.

Kozet Boyd Scholarships will be based on personal circumstances and references, and the actual amount will be based on a recommendation from the Campus President.

Nursing Demand Scholarship

ELIGIBILITY:

- Must be accepted as a vocational nursing student into the full-time option scheduled to begin classes anytime from now through September 30, 2023 at the Garden Grove or North Hollywood, California campuses.
  - This scholarship is currently not available for the part time program.
- Earned an 82 or better combined score on the HESI entrance assessment (this can be on any attempt tied to the current enrollment).
- Complete the campus "Greenlight" program prior to taking the NCLEX licensure exam.
- Complete the Nursing Demand Scholarship Application Form.
- The scholarship is available for first-time enrollments only.

SCHOLARSHIP AWARD & DISTRIBUTION:

- Qualified full-time vocational nursing students who've met the eligibility requirements will receive a scholarship in the amount of 15 percent of the published tuition charge at the time of enrollment.
- The scholarship amount is applied as a scholarship so long as the student successfully completes and graduates the program.
- This scholarship is non-transferrable or redeemable and is applied toward the cost of tuition so long as the student completes and graduates from the program.
- Withdrawal from the program whether voluntary or involuntary disqualifies scholarship eligibility.
- Scholarship award will be incorporated into student aid package
  - Scholarship funds are only used to cover direct costs and may not create a credit balance on the student's account.

Working Student Scholarship

The Working Student Scholarship (WSS) is a scholarship program to assist students, who worked prior to continuing their education, with meeting the financial obligations while career training at a Concorde school. If a student qualifies, the scholarship will be applied to the student's tuition expenses.

PROCESS:

1. The WSS will be published in the school catalog, and discussed with potential applicants during the Financial Aid process.
2. Any student who meets the Eligibility Considerations may apply by completing the application that is available in the Financial Aid Office, Front Desk, or Online.
3. The WSS Committee (Comprised of the CP and the FAD at each campus) will review the applications and select candidates to move forward in the approval process based on established Eligibility Considerations.
   a. completed applications will be reviewed by the WSS Committee, no less than one week prior to class start.
4. This scholarship is awarded in the following increments:
   a. $1,000 for diploma programs and
   b. $2,000 for degree programs.
   c. A maximum of 500 students per fiscal year may receive this scholarship.
   d. The amounts awarded could be less than the above to avoid a credit balance.
5. The WSS Committee will ensure award notifications are communicated to students and the Financial Aid & Admissions departments prior to orientation.

DISBURSEMENT:

1. Scholarship awards will be incorporated into student aid packages.
   a. Scholarship funds are only used to cover direct costs and may not create a credit balance on the student's account.
2. For Clinical programs, funding will be awarded in two equal disbursements at the beginning of the first term and fourth term (after verification of other requirements).
3. For all other programs, funding will be awarded in two equal disbursements:
   a. Beginning of first term
   b. Midpoint (after verification of other requirements)

4. Prior to second disbursement of scholarship funds, Business Office Managers will confirm the student's continued eligibility.

ELIGIBILITY CONSIDERATIONS:

The WSS Committee will evaluate applications on the following criteria. Eligible candidates will:

1. Have a minimum of one year of employment (prior to application) with recommendation letter from Employer.
    a. Exceptions to the one year of employment may be made for single working parents at the sole discretion of the Campus President. Single parents who do not meet the minimum application requirement for proof of one year of employment may request an interview with the Campus President. If an interview is granted, the Campus President may determine from the interview to allow the single parent with less than one year of employment to apply for this scholarship. The interview is not a guarantee of award but is only to determine if the applicant "may" apply, at which time the WSS Committee will review with other applications.
2. Have a minimum of one letter of recommendation from an employer
3. Express strong motivation, integrity, and desire to pursue their chosen healthcare career through a 80 word minimum "Statement of Commitment".
4. Meet all institutional and program-specific admissions criteria
5. Be enrolled to start at the first available class start date following the scholarship award notification
6. Completed scholarship application form

CONTINUED ELIGIBILITY REQUIREMENTS

1. This is a first come, first serve scholarship so once the Campus limit is attained for the applicable year, this scholarship is not available.
2. Students must graduate to remain eligible for the final disbursement
    a. If a scholarship recipient does not graduate, or withdraws from school, s/he loses continued eligibility and any award amounts not yet disbursed will be cancelled.
3. Continued eligibility is based on the school's stated attendance requirements and the student maintains a 3.0 GPA for the duration of the scholarship award. If attendance requirements and GPA requirements are not met, the remaining balance created due to the loss of scholarship.
    a. Students who do not meet the Continued Eligibility Requirements outlined above may not re-apply for the scholarship.
4. If approved by WSS Committee and all eligibility requirements remain intact, students who have withdrawn in good standing and subsequently re-enter within 180 days, will have their Working Student scholarship funding reinstated, less any prior disbursements.

Cancellation & Refund

Student's Right to Cancel

You have the right to cancel this agreement, without obligation, and obtain a full refund of all amounts paid, through attendance at the first class session, or seventh day after enrollment, whichever is later.

Applicants or students may cancel or terminate their enrollment at any time, before or during their training. Applicants or students should notify an Academic Dean or Campus President of their intent to cancel or withdraw either in person, via telephone, email, or in writing. If you cancel this Agreement within the prescribed time period, the Institution will refund any money that you paid within 10 days after your notice of cancellation.

Students who have not visited the Institution facility prior to enrollment will have the opportunity to cancel without penalty if notice of cancellation is given before midnight of the fifth business day following the first class you attend.

Please refer to the "Location & Contact Information" section of the catalog for the telephone number to the campus.

Student's Right to Withdraw

Effective: 06/19/2020

The Institution's policy for determining the Student's withdrawal date is the earlier of (A) the date the Student notifies the Institution of his or her withdrawal or the date specified by the Student or (B) the last recorded date of class attendance by the Student, as documented by the Institution, if the Student stops attending classes without notifying the Institution or (C) the date the Student violates published Institution policy that provides for the Student being withdrawn.

The Student's start date through the last date of attendance will determine the percentage of program completion, and the applicable percentage will be applied to the formula used in the refund calculation as stated below.

For students withdrawing from degree-granting programs or the Vocational Nursing program, the percentage of program completion is calculated by dividing the number of days the Student was scheduled to attend in the period of enrollment or payment period as of the last recorded day of attendance into the number of days comprising the period of enrollment or payment period for which the Student has been charged.

For students withdrawing from diploma programs, the percentage of program completion is calculated by dividing the number of days the Student was scheduled to attend in the period of enrollment or payment period as of the last recorded day of attendance into the number of days comprising the period of enrollment or payment period for which the Student has been charged.

Financing Requirements

All students must have a financing package on file no later than the seventh calendar day of their first term. This may include but is not limited to application and confirmation of eligibility for Title IV funding, if desired; executed individual payment plan; completion of all documentation needed to secure non-Title IV funding (e.g., WIA, VA, state grant).

Concorde reserves the right to withdraw at any time any student who fails to complete their individual financing requirements or make timely payments.

Refund Policy

Refunds are made for a student who withdraws or is withdrawn from the Institution prior to the completion of his/her program and are based on the tuition billed for the payment period or period of enrollment in which the Student

withdraws, according to the Refund Calculation set forth below. Refunds will be based on the total charge incurred by the Student at the time of withdrawal, not the amount the Student has actually paid. The date from which refunds will be determined is the last date of recorded attendance. Refunds will be made within 45 calendar days of the notification of an official withdrawal or date of determination of withdrawal by the Institution. Students who withdraw, or are withdrawn prior to the end of the payment period or period of enrollment are subject to the Return of Title IV Funds Policy noted below which may increase their balance due to the Institution. If there is a balance due to the Institution after all Title IV funds have been returned, this balance will be due immediately, unless a cash payment agreement for this balance has been approved by the Institution. Concorde does not refund charges for booklist items issued to the Student unless the items are returned in new and unused condition within 14 calendar days following the date of receipt or Student withdrawal. Credit balances due to the Student of less than $5 (after all Title IV refunds have been made) will not be refunded unless requested by the Student.

Refund Calculation

Effective: 12/05/2024

The schedule of refunds for students who withdraw after starting school, or are dismissed by the Institution, will be computed as follows:

- If a first-time student withdraws within the first twenty-one (21) calendar days of his or her program of study, no tuition charges or technology fee will be incurred.
  - A first-time student is defined as one who has not previously attended the Institution.
- If a student withdraws after the first twenty-one (21) calendar days, but prior to the 60 percent point of the period of enrollment or payment period for which he or she has been charged, the Student shall be entitled to a pro rata refund of the tuition charged for the period of enrollment or payment period.
- If a student withdraws after the 60 percent point of the period of enrollment or payment period for which he or she has been charged, the Student shall be obligated for the tuition charged for the entire period of enrollment or payment period and not entitled to any refund.

Student Notifications Regarding Withdrawal and Refunds

Effective: 07/20/2020

A $100.00 administrative fee will be assessed to any withdrawn student eight days after their last date of attendance.

In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the program, the Institution shall make a settlement that is reasonable and fair to both parties.

Students may repeat a class. If the Student should withdraw from the program for any reason, based on the refund policy, the hours or weeks in attendance for repeating a class, depending on the program, will be used in the program completion percentage calculation in determining the Student's financial obligation to the Institution.

If any portion of your tuition was paid from the proceeds of a loan, the refund will be sent to the lender or to the agency that guaranteed the loan. Any amount in excess of the unpaid balance of the loan will be first used to repay any federal/state/private student financial aid program from which you received benefits, in proportion to the amount of the benefits received. Any remaining amount greater than $5.00 will be paid to you. If there is a balance due, you will be responsible for paying that amount.

Education Costs

Concorde will assist students in developing financial plans to pay for their education through a combination of student or family contributions, financial aid (if eligible), and finance plans. All students must sign a Retail Installment Contract for direct educational costs not covered by Title IV or agency funding. All payments are the full responsibility of the student and are payable as stated in the student's Enrollment Agreement and retail installment contract if applicable.

Students may be required to make monthly payments while attending school. Payment amounts are based upon the program in which the student is enrolled and the amount of financial aid the student may be receiving.

Any change in financial situation that may affect a student's financial aid or ability to make scheduled payments must be discussed with the Financial Aid Office and the Business Office.

Failure to keep all payments current may result in withdrawal from the school.

Financial Aid Office

The Financial Aid Office is open to students during the hours posted on campus. Students are encouraged to call or visit the office if they have any questions or need assistance regarding their financial aid.

The resources of the Financial Aid Office are available to all students. Financial Aid staff members assist students in determining individual eligibility for the various aid programs and in completing the necessary applications and paperwork. To receive federal financial assistance, students must maintain satisfactory academic progress toward completion of their program as outlined in the school catalog. The Financial Aid Office is responsible for monitoring each student's academic progress to ensure continued eligibility.

Student Responsibilities

- Students must promptly return all required applications and paperwork to the Financial Aid Office.
- If the Financial Aid Office needs to see a student, the office will contact the student personally. It is the student's responsibility to see Financial Aid when notified.
- Each student who receives a student loan is required to complete entrance and exit counseling. The Financial Aid Office will notify each student when these sessions are scheduled. If a student misses a session, it is the student's responsibility to contact the Financial Aid Office to reschedule a date.
- If a student obtains a loan to pay for an educational program, the student will be responsible for repaying the full amount of the loan plus interest, less the amount of any refund, and that, if the student has received federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal student financial aid program funds.

Return of Title IV Funds Policy

The Institution follows the federal Return of Title IV Funds Policy to determine the amount of Title IV funds the Student has received and the amount, if any, which needs to be returned at the time of withdrawal. Under current federal regulations, the amount of funds earned is calculated on a pro rata basis through 60% of the payment period or period of enrollment. After the 60% point in the payment period or period of enrollment, a Student has earned 100% of the Title IV funds. The Institution may adjust the Student's account based on any repayments of Title IV funds that the Institution was required to make.

Students who withdraw from school or are withdrawn by the school prior to completing more than 60% of their period of enrollment or payment period for degree programs (a period of time for which students receive Title IV aid) will have their Title IV eligibility recalculated based on the percentage of the period of enrollment or payment period for degree programs attended. For example, a student who withdraws completing only 30% of the period of enrollment or payment period for degree programs will have "earned" only 30% of Title IV aid. The school and/or the student must return the remaining 70%.

This policy applies to any student who withdraws or is withdrawn by Concorde Career College and receives financial aid from Title IV funds. The term "Title IV funds" refers to Federal Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Subsidized Federal Stafford Loans, Unsubsidized Federal Stafford Loans, Federal Parent Loans for Undergraduate Students (PLUS), and Federal Perkins Loans.

For purposes of the Return of Title IV Funds Policy, a student's withdrawal date is the student's last day of attendance.

Title IV aid is earned in a prorated manner on a per diem basis up to and including the 60% point in the period of enrollment or payment period for degree programs. Title IV aid is considered 100% earned after that point in time. The percentage of Title IV aid earned is calculated in the following manner for all programs:

$$\frac{\text{Number of days completed by the student*}}{\text{Number of days in the period of enrollment or payment period for degree programs*}} = \text{Percentage of period of enrollment or payment period for degree programs completed}$$

**The total number of calendar days in a period of enrollment or payment period for degree programs and the number of days completed by the student will exclude any scheduled breaks of five days or more.*

The percentage of period of enrollment or payment period for degree programs completed will be the percentage of Title IV aid earned by the student. The percentage of Title IV aid unearned (i.e., amount to be returned to the appropriate Title IV program) will be 100% less the percentage earned. Concorde Career College will return unearned aid from the student's account as follows:

1. Unsubsidized Direct Stafford Loans (other than PLUS loans).
2. Subsidized Direct Stafford Loans.
3. Federal Perkins Loans (if applicable).
4. Direct PLUS Loans.
5. Federal Pell Grants for which a return of funds is required.

6. Federal Supplemental Educational Opportunity Grants (FSEOG) for which a return of funds is required.

Concorde will return the unearned aid within forty-five (45) days from the date the school determined the student withdrew.

When the total amount of unearned aid is greater than the amount returned by Concorde Career College from the student's account, the student is responsible for returning unearned aid to the appropriate Title IV program as follows:

1. Unsubsidized Direct Stafford Loans (other than PLUS loans).*
2. Subsidized Direct Stafford Loans.*
3. Federal Perkins Loans (if applicable).*
4. Direct PLUS Loans.*
5. Federal Pell Grants for which a return of funds is required.**
6. Federal Supplemental Educational Opportunity Grants (FSEOG) for which a return of funds is required.**

* *Loan amounts are returned in accordance with the terms of the promissory note.*

** *Unearned federal grant amounts to be returned by the student will be reduced by 50%.*

Within forty-five (45) days of the date the school determined the student withdrew, the student will be notified in writing if he or she is required to return any federal grant aid (Federal Pell or FSEOG). The student is considered to be in an overpayment status. A student who owes a federal grant overpayment remains eligible for Title IV funds for a period of forty-five (45) days from the earlier of the date the school sends a notification to the student of the overpayment or the date the school was required to notify the student of the overpayment.

If during the forty-five (45)-day period the student repays the overpayment to the school or signs a repayment agreement with the U.S. Department of Education, the student will remain eligible for further Title IV funds. If during the forty-five (45)-day period the student fails to repay the overpayment or sign a repayment agreement with the U.S. Department of Education, the student is considered to be in an overpayment status and, thus, ineligible for any additional Title IV aid until that amount is repaid.

Cal Grant Refund Policy

Effective: 05/19/2023

Cal Grant policies state that if a student is charged tuition that meets or exceeds the Cal Grant award, the Cal Grant award does not need to be adjusted based on a withdrawal or leave of absence. However, Cal Grant recipients may want to rescind their Cal Grant and notify the California Student Aid Commission of their leave or withdrawal in order to preserve their eligibility for a future term. Students can process a leave of absence request with the California Student Aid Commission online at www.csac.ca.gov and click the link "WebGrants4Students." In this case, the student would be responsible for covering the tuition balance on his/her student account. If a student is dismissed or withdraws from school, all unearned Title IV funds will be refunded to the U.S. Department of Education, and any unearned funds will be returned to Cal Grant or State Funds and lastly, to Private Loans accordingly.

Student Tuition Recovery Fund

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

Multiple Enrollment Starts

Year: 2027

January	February	March	April	May	June	July	August	September	October	November	December
									Class 1 (50 students): start October 25,2027, and graduates September 17, 2029		

Year: 2028

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (50 students): start October 25,2027, and graduates September 17, 2029											
					Class 2 (50 students): start June 22, 2028, and graduates May 17, 2030						

Year: 2029

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (50 students): start October 25,2027, and graduates September 17, 2029											
Class 2 (50 students): start June 22, 2028, and graduates May 17, 2030											
	Class 3 (50 students): start February 15, 2029, and graduates January 9, 2031										
									Class 4 (50 students): start October 8,2029, and graduates September 2, 2031		

Course #	Course Title	Credit* Hours	Clock Hours/Week			Faculty/Student Ratio		
			Lec.	Lab.	Clinical	Lec.	Lab.	Clinic
Term I								
BIOL1431	Microbiology with Wet Lab	4.00	45	30		1:50		
ENGL1310	English Composition I	3.00	45			1:50		
MATH1500	College Algebra	3.00	45			1:50		
PSYC1310	General Psychology	3.00	45			1:50		
		13.0						
								Total Credit Hours = 13.0
Term II								
BIOL1411	Anatomy & Physiology I with Wet Lab	4.00	45	30		1:50		
CHEM1411	General and Inorganic Chemistry with Wet Lab	4.00	45	30		1:50		
SOCI1310	Introduction to Sociology	3.00	45			1:50		
		11.0						
								Total Credit Hours = 12.5
Term III								
BIOL1421	Anatomy & Physiology II with Wet Lab	4.00	45	30		1:50		
CHEM1421	Organic and Biochemistry with Wet Lab	4.00	45	30		1:50		
COMM1310	Elements of Human Communication	3.00	45			1:50		
		11.0						
								Total Credit Hours = 11.0
Term IV								
DH110	Oral Embryology & Histology	3.00	45			1:50		
DHCA1203	Dental Anatomy/Tooth Morphology	2.00	30			1:50		
DHCA1401	Dental Radiography	4.00	45	45		1:50	1:5	
DHCA1411	Pre-Clinic I	4.00	30	80		1:50	1:5	
		13.0						
								Total Credit Hours = 13.0
Term V								
DH104	Dental Materials	2.00	15	30		1:50	1:10	
DH140	Dental Hygiene Process of Care	1.00	15			1:50		
DHCA1208	Head & Neck Anatomy	2.50	40			1:50		
DHCA1307	General and Maxillofacial Pathology	3.00	45			1:50		
DHCA1405	Pre-Clinic II	4.00	30	80		1:50	1:5	
		12.5						
								Total Credit Hours = 12.5
Term VI								
DH203	Periodontology	3.00	45			1:50		
DH261	Cultural Awareness	3.00	15			1:50		
DHCA1101	Medical and Dental Emergencies	1.00	15			1:50		
DHCA2502	Dental Hygiene II	5.50	40	80	80	1:50	1:5	1:5
		12.5						
								Total Credit Hours = 12.5
Term VII								
DH224	Dental Public Health	3.00	45			1:50		
DHCA2301	Dental Pharmacology	3.00	45			1:50		
DHCA2503	Dental Hygiene III	5.00	30	30	135	1:50	1:5	1:5
		11.0						
								Total Credit Hours = 11.0
Term VIII								
DH209	Nutrition	3.00	45			1:50		
DH226	Dental Law/Ethics	2.00	30			1:50		
DHCA2604	Dental Hygiene IV	6.00	45	15	150	1:50	1:5	1:5
		11.0						
								Total Credit Hours = 11.0
Term IX								
DH207	Dental Hygiene Seminar	2	30			1:50		
DH130	Dental Office Management	1	15			1:50		
DH277	Board Review	4	60			1:50		
DHCA2505	Dental Hygiene V	5.5	45		150	1:50		1:5
		12.5						
								Total Credit Hours = 12.5
	Total	108	1,250	385	640			

Term 1 Cohort 1					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
07:00 AM					
07:30 AM					
08:00 AM		BIOL1431 Microbiology Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor	Math1500 College Algebra Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	ENGL 1310 English Composition I Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	PSYC1310 General Psychology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor
08:30 AM					
09:00 AM					
09:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
01:00 PM					
01:30 PM		BIOL1431 Microbiology Lab 3 hours 1:30 – 4:30 Ratio 1:50 50 students Gen Ed Instructor			
02:00 PM					
02:30 PM					
03:00 PM					
03:30 PM					
04:00 PM					

Term 2 Cohort 1					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
07:00 AM					
07:30 AM					
08:00 AM	SOCI1310 Introduction to Sociology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	CHEM1411 General & Inorganic Chemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor		BIOL1411 Anatomy & Physiology 1 Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor	
08:30 AM					
09:00 AM					
09:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
01:00 PM		CHEM1411 General & Inorganic Chemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor		BIOL1411 Anatomy & Physiology 1 Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor	
01:30 PM					
02:00 PM					
02:30 PM					
03:00 PM					
03:30 PM					
04:00 PM					
04:30 PM					
05:00 PM					
05:30 PM					
06:00 PM					
06:30 PM					

Term 3 Cohort 1					
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
07:00 AM					
07:30 AM					
08:00 AM	COMM1310 Elements of Human Communication Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students **Gen Ed Instructor**	CHEM1421 Organic & Biochemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor		BIOL1421 Anatomy & Physiology II Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor	
08:30 AM					
09:00 AM					
09:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
01:00 PM		CHEM1421 Organic & Biochemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor		BIOL1421 Anatomy & Physiology II Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor	
01:30 PM					
02:00 PM					
02:30 PM					
03:00 PM					
03:30 PM					
04:00 PM					
04:30 PM					
05:00 PM					
05:30 PM					
06:00 PM					
06:30 PM					
07:00 PM					

	Term 1 Cohort 2	Term 4 Cohort 1								
Time	Monday		Tuesday		Wednesday		Thursday		Friday	
07:00 AM		DHCA1411 Pre-Clinic I Lecture 7:00 – 11:00 Ratio 1:50 50 students Instructor 1		DHCA1411 Pre-Clinic I Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		DHCA1203 Dental Anatomy Tooth Morphology Lecture 7:00 – 10:30 Ratio 1:50 50 students Instructor 4		DHCA1411 Pre-Clinic 1 Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
07:30 AM										
08:00 AM			BIOL1431 Microbiology Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor		Math1500 College Algebra Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor		ENGL 1310 English Composition I Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor		PSYC1310 General Psychology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	
08:30 AM										
09:00 AM										
09:30 AM										
10:00 AM										
10:30 AM						DH110 Oral Embryology Histology Lecture 10:30 – 2:00 Ratio 1:50 50 students Instructor 5				
11:00 AM		DHCA1401 Radiography 11:00 – 2:00 Lecture Ratio 1:50 50 students Instructor 1								
11:30 AM										
12:00 PM										
12:30 PM										
01:00 PM										DHCA1401 Radiography Lab E 1:00 – 5:00 Ratio 1:5 10 students Instructor 2 Instructor 3
01:30 PM			BIOL1431 Microbiology Lab 3 hours 1:30 – 4:30 Ratio 1:50 50 students Gen Ed Instructor	DHCA1401 Radiography Lab B 1:30 – 5:30 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA1401 Radiography Lab D 1:30 – 5:30 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
02:00 PM										
02:30 PM		DHCA1401 Radiography Lab A 2:30 – 6:30 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA1401 Radiography Lab C 2:30 – 6:30 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				
03:00 PM										
03:30 PM										
04:00 PM										
04:30 PM										
05:00 PM										
05:30 PM										
06:00 PM										
06:30 PM										
07:00 PM										

	Term 2 Cohort 2	Term 5 Cohort 1								
Time	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	
07:00 AM				DHCA1405 Pre-Clinic Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA1405 Pre-Clinic Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
07:30 AM										
08:00 AM	SOCI1310 Introduction to Sociology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	DHCA1405 Pre-Clinic II Lecture 8:00 – 12:00 Ratio 1:50 50 students Instructor 1	CHEM1411 General & Inorganic Chemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor				BIOL1411 Anatomy & Physiology 1 Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor			
08:30 AM						DHCA1208 Head & Neck Anatomy Lecture 8:30 – 11:45 Ratio 1:50 50 students Instructor 2				
09:00 AM										
09:30 AM										
10:00 AM										
10:30 AM										
11:00 AM										
11:30 AM										
12:00 PM										
12:30 PM						DHCA1307 Gen & Maxillofacial Pathology Lecture 12:45 – 3:00 Ratio 1:50 50 students Instructor 3				
01:00 PM		DHCA1307 Gen & Maxillofacial Pathology Lecture 1:00 – 3:30 Ratio 1:50 50 students Instructor 1	CHEM1411 General & Inorganic Chemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor	DH104 Dental Materials Lecture 1:00 – 2:00 Ratio 1:50 50 students Instructor 1			BIOL1411 Anatomy & Physiology 1 Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor			
01:30 PM								DH104 Dental Materials Lab 1:30 – 5:00 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3		DH104 Dental Materials Lab 1:30 – 5:00 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3
02:00 PM										
02:30 PM				DH140 Process of Care Lecture 2:45 – 4:30 Ratio 1:50 50 students Instructor 1						
03:00 PM										
03:30 PM										
04:00 PM										
04:30 PM										
05:00 PM										

	Term 3 Cohort 2	Term 6 Cohort 1								
Time	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	
07:00 AM				DHCA2502 Dental Hygiene II Clinic A 7:00 – 11:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA2502 Dental Hygiene II Clinic B 7:00 – 11:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
07:30 AM										
08:00 AM	Elements of Human Communication Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor		CHEM1421 Organic & Biochemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor				BIOL1421 Anatomy & Physiology II Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor			
08:30 AM		DH203 Periodontology Lecture 9:00 – 11:45 Ratio 1:50 50 students Instructor 1				DH261 Cultural Awareness Lecture 8:30 – 10:00 Ratio 1:50 50 students Instructor 3				
09:00 AM										
09:30 AM										
10:00 AM						DHCA1101 Medical Dental Emergency Lecture 10:15 – 11:45 Ratio 1:50 50 students Instructor 4				
10:30 AM										
11:00 AM				DHCA2502 Dental Hygiene II Lab 11:30 – 3:30 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA2502 Dental Hygiene II Lab 11:30 – 3:30 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
11:30 AM										
12:00 PM										
12:30 PM		DHCA2502 Dental Hygiene II Lecture 12:45 – 5:00 Ratio 1:50 50 students Instructor 2				DH203 Periodontology Lecture 12:45 – 2:30 Ratio 1:50 50 students Instructor 5				
01:00 PM			CHEM1421 Organic & Biochemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor				BIOL1421 Anatomy & Physiology II Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor			
01:30 PM										
02:00 PM										
02:30 PM										
03:00 PM										
03:30 PM										
04:00 PM				DHCA2502 Dental Hygiene II Clinic B 4:00 – 8:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA2502 Dental Hygiene II Clinic A 4:00 – 8:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		
04:30 PM										
05:00 PM										
05:30 PM										
06:00 PM										
06:30 PM										
07:00 PM										
07:30 PM										

	Term 1 Cohort 3	Term 4 Cohort 2	Term 7 Cohort 1												
Time	Monday			Tuesday			Wednesday			Thursday			Friday		
07:00 AM		DHCA1411 Pre-Clinic I Lecture 7:00 – 11:00 Ratio 1:50 50 students Instructor 1	DHCA2503 Dental Hygiene III Clinic A 7:00 – 12:00 Ratio 1:5 25 students Instructor 6 Instructor 7 Instructor 3 Instructor 4 Instructor 5		DHCA1411 Pre-Clinic I Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DHCA2503 Dental Hygiene III Lecture 7:00 – 10:00 Ratio 1:50 Instructor 1 50 students		DHCA1203 Dental Anatomy Tooth Morphology Lecture 7:00 – 10:30 Ratio 1:50 50 students Instructor 3	DHCA2503 Dental Hygiene III Clinic B 7:00 – 12:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 5 Instructor 6 Instructor 7		DHCA1411 Pre-Clinic 1 Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DHCA2301 Pharmacology Lecture 7:00 - 10:00 Ratio 1:50 50 students Instructor 1			DHCA2503 Dental Hygiene III Clinic A 7:00 – 12:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5
07:30 AM															
08:00 AM				BIOL1431 Microbiology Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor			Math1500 College Algebra Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor			ENGL 1310 English Composition I Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor			PSYC1310 General Psychology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor		
08:30 AM															
09:00 AM															
09:30 AM															
10:00 AM						DHCA2301 Pharmacology Lecture 10:15 - 12:15 Ratio 1:50 50 students Instructor 1		DH110 Oral Embryology Histology Lecture 10:30 – 2:00 Ratio 1:50 50 students Instructor 4								
10:30 AM															
11:00 AM		DHCA1401 Radiography 11:00 – 2:00 Lecture Ratio 1:50 50 students Instructor 2													
11:30 AM															
12:00 PM														DHCA1401 Radiography Lab E 12:00-3:00 Ratio 1:5 10 students Instructor 6 Instructor 7	
12:30 PM			DHCA2503 Dental Hygiene III Lab A 12:30-2:15 Ratio 1:5 25 students Instructor 1 Instructor 6 Instructor 3 Instructor 4 Instructor 5						DHCA2503 Dental Hygiene III Lab A 12:30-2:15 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 5 Instructor 6						DHCA2503 Dental Hygiene III Lab B 12:30-2:15 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5
01:00 PM					DHCA1401 Radiography Lab A 1:00-4:00 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DHCA2503 Dental Hygiene III Lab B 1:00 – 2:45 Ratio 1:5 25 students Instructor 6 Instructor 7 Instructor 8 Instructor 9 Instructor 10					DHCA1401 Radiography Lab C 1:00-4:00 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 6 Instructor 7				
01:30 PM				BIOL1431 Microbiology Lab 3 hours 1:30 – 4:30 Ratio 1:50 50 students Gen Ed Instructor											
02:00 PM															
02:30 PM															
03:00 PM			DHCA2503 Dental Hygiene III Clinic B 3:00 – 8:00 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5						DHCA2503 Dental Hygiene III Clinic A 3:00-8:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5						DHCA2503 Dental Hygiene III Clinic B 3:00 – 8:00 Ratio 1:5 25 students Instructor 6 Instructor 7 Instructor 3 Instructor 4 Instructor 5
03:30 PM															
04:00 PM					DHCA1401 Radiography Lab B 4:00-8:00 Ratio 1:5 10 students Instructor 6 Instructor 7 Instructor 3 Instructor 4 Instructor 5						DHCA1401 Radiography Lab D 4:00-8:00 Ratio 1:5 10 students Instructor 1 Instructor 2 Instructor 3 Instructor 6 Instructor 7				
04:30 PM															
05:00 PM															
05:30 PM															
06:00 PM															
06:30 PM															
07:00 PM															
07:30 PM															
08:00 PM															

	Term 2 Cohort 3	Term 5 Cohort 2	Term 8 Cohort 1												
Time	**Monday**			**Tuesday**			**Wednesday**			**Thursday**			**Friday**		
07:00 AM			DHCA2604 Dental Hygiene IV Clinic B 7:00 – 12:30 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5		DHCA1405 Pre-Clinic Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA2604 Dental Hygiene IV Clinic A 7:00 – 12:30 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5		DHCA1405 Pre-Clinic Lab 7:00 – 1:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				DHCA2604 Dental Hygiene IV Clinic B 7:00 – 12:30 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5
07:30 AM															
08:00 AM	SOCI1310 Introduction to Sociology Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor	DHCA1405 Pre-Clinic II Lecture 8:00 – 12:00 Ratio 1:50 50 students Instructor 1		CHEM1411 General & Inorganic Chemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor		DHCA2604 Dental Hygiene IV Lecture 8:00 - 12:00 Ratio 1:50 50 students Instructor 1				BIOL1411 Anatomy & Physiology 1 Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor		DHCA2604 Dental Hygiene IV Lecture 8:00 - 9:15 Ratio 1:50 50 students Instructor 6			
08:30 AM							DHCA1208 Head & Neck Anatomy Lecture 8:30 – 11:45 Ratio 1:50 50 students Instructor 1								
09:00 AM															
09:30 AM												DH226 Dental Law/Ethics Lecture 9:30 - 11:45 Ratio 1:50 50 students Instructor 7			
10:00 AM															
10:30 AM															
11:00 AM															
11:30 AM															
12:00 PM															
12:30 PM							DHCA1307 Gen & Maxillofacial Pathology Lecture 12:45 – 3:00 Ratio 1:50 50 students Instructor 2					DH209 Nutrition Lecture 12:45 - 3:00 Ratio 1:50 50 students Instructor 6				
01:00 PM		DHCA1307 Gen & Maxillofacial Pathology Lecture 1:00 – 3:30 Ratio 1:50 50 students Instructor 1	DHCA2604 Dental Hygiene IV Clinic A 1:00 - 6:00 Ratio 1:5 25 students Instructor 6 Instructor 2 Instructor 3 Instructor 4 Instructor 5	CHEM1411 General & Inorganic Chemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor	DH104 Dental Materials Lecture 1:00 – 2:00 Ratio 1:50 50 students Instructor 7	DHCA2604 Dental Hygiene IV Lab 1:00 – 2:30 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5		DHCA2604 Dental Hygiene IV Clinic B 1:00 - 6:00 Ratio 1:5 25 students Instructor 1 Instructor 6 Instructor 3 Instructor 4 Instructor 5	BIOL1411 Anatomy & Physiology 1 Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor	DH104 Dental Materials Lab 1:30 – 5:00 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3		DH104 Dental Materials Lab 1:30 – 5:00 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3	DHCA2604 Dental Hygiene IV Clinic A 1:00 - 6:00 Ratio 1:5 25 students Instructor 6 Instructor 7 Instructor 8 Instructor 4 Instructor 5
01:30 PM															
02:00 PM															
02:30 PM					DH140 Process of Care Lecture 2:45 – 4:30 Ratio 1:50 50 students Instructor 7	DHCA2604 Dental Hygiene IV Lab 2:30- 4:00 Ratio 1:10 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5									
03:00 PM															
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05:30 PM															
06:00 PM															

	Term 3 Cohort 3	Term 6 Cohort 2	Term 9 Cohort 1												
Time	**Monday**			**Tuesday**			**Wednesday**			**Thursday**			**Friday**		
07:00 AM			DHCA2505 Dental Hygiene V Clinic A 7:00 – 1:00 Ratio 1:5 25 students **Instructor 6** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**		DHCA2502 Dental Hygiene II Clinic A 7:00 – 11:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DH277 Board Review Lecture 7:00 - 10:00 Ratio 1:50 50 students **Instructor 6**			DHCA2505 Dental Hygiene V Clinic B 7:00 – 1:00 Ratio 1:5 25 students **Instructor 6** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**		DHCA2502 Dental Hygiene II Clinic B 7:00 – 11:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DH277 Board Review Lecture 7:00 - 9:00 Ratio 1:50 50 students **Instructor 6**			DHCA2505 Dental Hygiene V Clinic A 7:00 – 1:00 Ratio 1:5 25 students **Instructor 1** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**
07:30 AM															
08:00 AM	Elements of Human Communication Lecture 4 hours 8:00 – 12:00 Ratio 1:50 50 students Gen Ed Instructor			CHEM1421 Organic & Biochemistry Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor						BIOL1421 Anatomy & Physiology II Lecture 4.5 hours 8:00 – 12:30 Ratio 1:50 50 students Gen Ed Instructor					
08:30 AM		DH203 Periodontology Lecture 9:00 – 11:45 Ratio 1:50 50 students Instructor 1					DH261 Cultural Awareness Lecture 8:30 – 10:00 Ratio 1:50 50 students Instructor 1								
09:00 AM															
09:30 AM															
10:00 AM		DHCA2502 Dental Hygiene II Lecture 12:45 – 5:00 Ratio 1:50 50 students Instructor 1					DHCA1101 Medical Dental Emergency Lecture 10:15 – 11:45 Ratio 1:50 50 students Instructor 1								
10:30 AM															
11:00 AM															
11:30 AM					DHCA2502 Dental Hygiene II Lab 11:30 – 3:30 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5	DHCA2505 Dental Hygiene V Lecture 12:00 - 4:00 Ratio 1:50 50 students **Instructor 7**					DHCA2502 Dental Hygiene II Lab 11:30 – 3:30 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				
12:00 PM															
12:30 PM		DHCA2502 Dental Hygiene II Lecture 12:45 – 5:00 Ratio 1:50 50 students Instructor 1					DH203 Periodontology Lecture 12:45 – 2:30 Ratio 1:50 50 students Instructor 1								
01:00 PM										BIOL1421 Anatomy & Physiology II Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor						
01:30 PM			DHCA2505 Dental Hygiene V Clinic B 1:30-7:30 Ratio 1:5 25 students **Instructor 6** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**	CHEM1421 Organic & Biochemistry Lab 3 hours 1:30 – 4:00 Ratio 1:50 50 students Gen Ed Instructor					DHCA2505 Dental Hygiene V Clinic A 1:30-7:30 Ratio 1:5 25 students **Instructor 6** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**						DHCA2505 Dental Hygiene V Clinic B 1:00 – 7:00 Ratio 1:5 25 students **Instructor 1** **Instructor 2** **Instructor 3** **Instructor 4** **Instructor 5**
02:00 PM												DH207 Dental Hygiene Seminar Lecture 1:00 - 2:00 Ratio 1:50 50 students **Instructor 6**			
02:30 PM												DH130 Dental Office Management Lecture 2:15 – 3:15 Ratio 1:50 50 students Instructor 6			
03:00 PM															
03:30 PM															
04:00 PM					DHCA2502 Dental Hygiene II Clinic B 4:00 – 8:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5						DHCA2502 Dental Hygiene II Clinic A 4:00 – 8:00 Ratio 1:5 25 students Instructor 1 Instructor 2 Instructor 3 Instructor 4 Instructor 5				
04:30 PM															
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