

Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)

Business & Professions Code (BPC) Section 1909 and California Code of Regulations (CCR) Title 16, Sections 1105.2, 1107

Non-Refundable Fee: \$500
(Must accompany application)

DHBC USE ONLY	
<u>Receipt</u>	<u>RC</u>
<u>Date Filed</u>	<u>\$</u>
<u>Approved</u>	<u>Denied</u>
<u>RP#</u>	

PLEASE TYPE OR PRINT LEGIBLY.

<u>Date</u>		
<u>Dental Hygiene Educational Program (DHEP) Name</u>		<u>DHEP Telephone Number</u>
<u>DHEP Director</u>		<u>DHEP Director Email</u>
<u>DHEP SLN Course Director</u>		<u>DHEP Course Director Email</u>
<u>DHEP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>DHEP Clinical Facility Address (if different from above)</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

Requirements for Course Approval:

An out-of-state Dental Hygiene Educational Program (DHEP) Course in SLN must be approved prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants. Each approved course must submit a biennial report as set forth in section 1105.2(d)(3)(E). Course records shall be subject to inspection by the Dental Hygiene Board of California (Board) at any time. The Board may withdraw approval at any time if it determines that a course does not meet the requirements of the law. Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

Course Faculty Information*

<u>Faculty Name</u>	<u>License Type</u>	<u>License # and State Issued</u>	<u>License Expiration Date</u>	<u>Date of latest Educational Methodology</u>

*Course director and clinical and preclinical faculty must possess a valid, active dental hygiene/dental license in the state where instruction is being provided for at least two years prior to teaching periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) curriculum pursuant to 16 CCR sections 1107(b)(2)(A). Attach copies of each license and proof of education in educational methodology for all faculty pursuant to 16 CCR sections 1107(b)(2)(C) and 1107(b)(6)(C) **(Label as Exhibit A)** along with a faculty calibration plan pursuant to 16 CCR section 1107(b)(6)(C) **(Label as Exhibit B)**.

Please answer the following:

1. <u>Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u> <ul style="list-style-type: none"><u>Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policy and procedures, and didactic, pre-clinical, and clinical schedules (Label as Exhibit C).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <u>Will there be a lecture classroom, a patient clinic area, a sterilization facility, and radiology area for use by students pursuant to 16 CCR section 1107(b)(3)(A)?</u> <ul style="list-style-type: none"><u>Attach a facility site map indicating each of these areas (Label as Exhibit D).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. <u>Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught pursuant to 16 CCR section 1107(b)(3)(B)?</u> <ul style="list-style-type: none"><u>Attach a list of equipment available for the students. (Label as Exhibit E).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Please answer the following:</u>	
<p>4. <u>Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan pursuant to 16 CCR sections 1107(b)(4)(A) and (b)(4)(B)?</u></p> <ul style="list-style-type: none"> • <u>Attach a copy of both the program's hazardous waste management plan (Label as Exhibit F) and hazardous communication plan (Label as Exhibit G).</u> 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>5. <u>Will all students receive a copy of the bloodborne and infectious diseases exposure control plan including emergency needlestick procedures pursuant to 16 CCR section 1107(b)(4)(C)?</u></p> <ul style="list-style-type: none"> • <u>Attach a copy as provided to students. (Label as Exhibit H).</u> 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. <u>Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with 16 CCR sections 1107(b)(8) and (b)(9) and a copy be provided to students?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>7. <u>Will the course's duration allow a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Periodontal Soft Tissue Curettage Requirements:</u>	
<p>8. <u>Will instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>9. <u>Will instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course and the competency evaluation for this procedure will be achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Local Anesthesia Requirements:</u>	
<p>10. <u>Will instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please answer the following:

11. <u>Will curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, supraperiosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Will preclinical instruction of the aforementioned injections in question 11 include a minimum of two (2) experiences per injection, which may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Will clinical instruction of the aforementioned injections in question 11 include at least four (4) clinical experiences per injection to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Will clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. <u>Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Nitrous Oxide-Oxygen Analgesia Requirements:

16. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. <u>Will each clinical experience in the administration of nitrous oxide-oxygen analgesia include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Please answer the following:</u>	
19. <u>Specify the total number of hours for all three areas in the course that will be taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):</u>	
Didactic: _____ Pre-Clinical: _____ Clinical: _____	
20. <u>Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to 16 CCR section 1107(b)(6)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. <u>Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Acknowledgement:</u>	
22. <u>Will the DHEP inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes pursuant to 16 CCR section 1107(b)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. <u>Have you reviewed BPC section 1909 and Title 16, Division 11 of the CCR?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. <u>Do you agree to abide by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR AND do you acknowledge that failure to do so may result in loss of course approval?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Certification:

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

Signature of Program Director

Date

Signature of Course Director

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)

Business & Professions Code (BPC) Section 1909, California Code of Regulations (CCR)
Title 16, Sections 1105.2, 1107

Non-Refundable Fee: \$500
(Must accompany application)

DHBC USE ONLY

Receipt

RC

Date Filed

\$

Approved

Denied

PLEASE TYPE OR WRITE LEGIBLY

Date

Registered Dental Hygienist (RDH) SLN Certification Applicant Information:

Name

Telephone Number

Address

Email Address

City

State

Zip

Dental Hygiene Educational Program (DHEP) Information:

DHEP Name

Phone Number

Program Director

Program Director Email

SLN Course Director

SLN Course Director Email

DHEP Address

City

State

Zip

Requirements for SLN Course Certification Acceptance:

An out-of-state Dental Hygiene Educational Program (DHEP) Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) must be reviewed prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants pursuant to BPC section 1909. Applicant records shall be subject to inspection by the Dental Hygiene Board of California (Board) pursuant to 16 CCR section 1107(b)(6)(D).

<u>Please answer the following:</u>	
<p>1. <u>Did the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u> <u>Include a copy of your SLN curriculum to include syllabi and student evaluation mechanisms (clinical skills and competency assessment forms, remediation policy and procedures). (Label as Exhibit A).</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. <u>Did the course's duration allow for the development of competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u> <u>Include a copy of your didactic, pre-clinical and clinical schedules. (Label as Exhibit B)</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Periodontal Soft Tissue Curettage Requirements:</u>	
<p>3. <u>Did instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>4. <u>Did instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one was on another student and one of which was used to determine clinical competency in the course and the competency evaluation for this procedure was achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Local Anesthesia Requirements:</u>	
<p>5. <u>Did instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. <u>Did curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. <u>Did preclinical instruction of the aforementioned injections in question six include a minimum of two (2) experiences per injection, which may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>Did clinical instruction of the aforementioned injections in question six include at least four (4) clinical experiences per injection which included two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. <u>Did clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection which included one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. <u>Did clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Nitrous Oxide-Oxygen Analgesia Requirements:</u>	
11. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may have been on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Did each clinical experience include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Specify the total number of hours for all three areas within the course that was taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):</u> Didactic: _____ Pre-Clinical: _____ Clinical: _____	
<u>Acknowledgement:</u>	

15. Did you successfully complete the course after achievement of a minimum of 75% in each clinical competency and are deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you reviewed California BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you certify that the course you completed meets all requirements of BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Certification:

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

Signature of SLN Certification Applicant

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, § 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



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

PLEASE TYPE OR PRINT LEGIBLY

<u>Date</u>					
<u>Registered Dental Hygienist (RDH) Applicant Information</u>					
<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	
<u>Date of Birth</u>					
<u>Address</u>					
<u>City</u>			<u>State</u>		<u>Zip Code</u>
<u>Home Phone</u>		<u>Mobile Phone</u>		<u>Email Address</u>	
<u>Dental Hygiene Educational Program (DHEP) Information</u>					
<u>DHEP Name</u>					
<u>Dates of Attendance by RDH Applicant</u>				<u>Date of Graduation of RDH Applicant</u>	
<u>From</u>		<u>To</u>			
<u>DHEP Director</u>				<u>DHEP Director Email Address</u>	
<u>Address</u>					
<u>City</u>			<u>State</u>		<u>Zip Code</u>
<u>DHEP Phone Number</u>			<u>DHEP Director Phone Number</u>		

<u>Injection</u>	<u>Required Preclinical Injections</u> <u>Injections may be on another student</u>	<u>Required Clinical Injections:</u> <u>Injections to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient,</u> <u>Only one (1) injection may be on another student.</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement</u>
<u>Anterior Superior Alveolar (ASA)</u>	<u>2</u>	<u>4</u>	
<u>Middle Superior Alveolar (MSA)</u>	<u>2</u>	<u>4</u>	
<u>Anterior Middle Superior Alveolar (AMSA)</u>	<u>2</u>	<u>4</u>	
<u>Posterior Superior Alveolar (PSA)</u>	<u>2</u>	<u>4</u>	
<u>Greater Palatine (GP)</u>	<u>2</u>	<u>4</u>	
<u>Supraperiosteal</u>	<u>2</u>	<u>4</u>	
<u>Inferior Alveolar (IA)</u>	<u>2</u>	<u>4</u>	
<u>Lingual</u>	<u>2</u>	<u>4</u>	
<u>Buccal</u>	<u>2</u>	<u>4</u>	
<u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u>			

<u>Injection</u>	<u>Required Preclinical Injections</u> <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement.</u>
<u>Nasopalatine</u>	<u>2</u>	<u>4</u>	
<u>Mental</u>	<u>2</u>	<ol style="list-style-type: none"> <u>One (1) experience on the right side of a patient</u> <u>One (1) experience on the left side of a patient</u> <u>Only one (1) injection may be on another student.</u> 	

<u>Injection</u>	<u>Required Preclinical Injections</u> <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
<u>Incisive</u>	<u>2</u>	<ol style="list-style-type: none"> 1. <u>One (1) experience on the right side of a patient</u> 2. <u>One (1) experience on the left side of a patient</u> 3. <u>Only one (1) injection may be on another student.</u> 	
<u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u>			

<u>Nitrous Oxide-Oxygen Sedation</u>	<u>Required Preclinical Experiences</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> 1. <u>Minimum two experiences.</u> 2. <u>Both experiences may be on another student.</u> 	<ol style="list-style-type: none"> 1. <u>Minimum three (3) experiences.</u> 2. <u>One experience may be on another student.</u> 3. <u>One experience must be used to determine competency.</u> 4. <u>Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience.</u> 	
<u>Competency evaluation for the Nitrous Oxide-Oxygen Sedation experience was achieved at a minimum of 75%.</u>			

<u>Soft Tissue Curettage</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> 1. <u>Minimum three (3) experiences.</u> 2. <u>One experience may be on another student.</u> 3. <u>One experience must be used to determine competency.</u> 	
<u>Competency evaluation for the Soft Tissue Curettage experience was achieved at a minimum of 75%.</u>		

SLN CERTIFICATION:

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



PRINTED NAME OF PROGRAM DIRECTOR

SIGNATURE OF PROGRAM DIRECTOR

DATE