

DENTAL HYGIENE BOARD OF CALIFORNIA

2005 Evergreen <u>Street, Suite</u> 2050 Sacramento, CA 95815 **P** (916) 263-1978 | **F** (916) 263-2688 | **www.dhbc.ca.gov**



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

Business & Professions Code (BPC) sections 1910.5 and 1921, California Code of Regulations (CCR) Title 16, section 1109

Non-Refundable Fee: \$300 (Must accompany application) PLEASE TYPE OR PRINT LEGIBLY.			Receipt Date Fi Approve	led	RC	
RDM Course Provider						
Dental Hygiene Educational	Program Nam	<u>ie</u>				
Mailing Address						
City	<u>State</u>	Zip		<u>Phone</u>		
Course Director Name			Course Director Email			
Program Director Name Program Director Email					<u>Email</u>	
Requirements for Course Approval: A course in "Radiographic Decision-Making for the Student in a Dental Hygiene Educational Program" must be approved by the Board prior to implementation. Course records shall be subject to inspection by the Board at any time. The Board may withdraw course approval at any time that it determines that a course does not meet the regulatory requirements of Title 16 of the CCR. 1. Will the course be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist and be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR section 1109? Yes No						

DHBC RDM-01 (01/19)

2. Will the course provide instruction in determining which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the

	specific purpose of the dentist making a diagnosis and treatment plan for the
	patient? Yes No
	*Include a copy of the curriculum for the course(s) where determining radiographs to be performed is provided. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and simulated clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. Label as Exhibit 1.
3.	Will the course be established at the post-secondary level? Yes No
4.	Will all faculty possess the minimum requirements pursuant to 16 CCR section 1109 (d)(3)? Yes No
	*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM training. Label as Exhibit 2.
5.	Will the Dental Hygiene Educational Program (DHEP) provide the resources necessary to meet the education requirements as specified in 16 CCR section 1109? Yes No
6.	Will there be a laboratory, patient clinic area and radiology area for use by students? Yes No
	*Attach a facility site map indicating each of these areas. Label as Exhibit 3.
7.	Will all students have access to equipment and materials necessary to develop the skills in the duties being taught? Yes No
	*Attach a list of equipment and supplies available for each student. Label as Exhibit 4.
8.	Will the DHEP retain for a minimum of five (5) years copies of individual student records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of student course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics?

9. Will the DHEP issue and provide the student with an original "Certification of
Completion of a Course in Radiographic Decision-Making for the RDH" pursuant to
the regulatory requirements set forth by 16 CCR section 1016 (h)(1), only after a
student has successfully completed the requirements of his or her course in RDM?
Yes No No
*Attach a sample of the certificate that will be issued. Label as Exhibit 5.
Acknowledgement:
10. 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?
Yes No
11. Have you reviewed BPC sections 1910.5 and 1921 and 16 CCR section 1109?
Yes No No
12. Do you agree to abide by the statutory and regulatory requirements set forth in BPC
sections 1910.5 and 1921 and 16 CCR section 1109 AND do you acknowledge that
failure to do so may result in loss of course approval? Yes No
The Breathanness and however the form of the Breathanness that a B
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
sixty (60) business days pursuant to 16 CCR section 1109.
Cartification
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.
the statements made in the application are true and correct.
Signature of Course Director Date
Signature of Source Billotton
Signature of Program Director Date
INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, section 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.



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

Business & Professions Code (BPC) sections 1910.5 and 1921, California Code of Regulations (CCR) Title 16, section 1109

Non-Refundable Fee: \$300 (Must accompany applicat		Receipt Date Filed Approved RP #		RC \$	_ _ _
PLEASE TYPE OR PRINT L	EGIBLY.				
RDM Continuing Education Cou	urse Provider				
RDM Continuing Education Course Provider Name					
*Mailing Address					
City	<u>State</u>	<u>Zip</u>		<u>Phone</u>	
Course Director Name		Co	urse Di	rector Email	
*This information is public. You may provide a Post Office Box number, or other					

*This information is public. You may provide a Post Office Box number, or other alternate mailing address, instead of your home address, as the address of record.

Requirements for Course Approval:

A "Continuing Education Course in Radiographic Decision Making for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Expanded Functions" must be approved by the Board prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Board at any time. The Board may withdraw course approval at any time that it determines that a course does not meet the regulatory requirements of Title 16 of the CCR.

1. Will the course be sufficient in length for the participants to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist and shall be, at a minimum, four (4) hours in length

DHBC RDM-02 (01/19)

	and include didactic, laboratory and simulated clinical e	
	requirements of 16 CCR section 1109?	Yes No
2.	Will the course provide instruction in determining which patient who has not received an initial examination by t specific purpose of the dentist making a diagnosis and patient?	he supervising dentist for the
	*Attach a copy of RDM curriculum. The curriculum which includes curriculum content; specific instructional areas of didactic, laboratory and simulated clinical inspecific instructional learning outcomes that will be framework of the course, including theoretical aspepractical application; competency forms, and methodolicies; and faculty assignments. Label as Exhibit	on hours in the individual nstruction; written course and accomplished within the cts of each subject as well as ods of evaluation; remediation
3.	. Will the course be established at the post-graduate edu	ucational level? Yes No
4.	. Will all faculty possess the minimum requirements purs (d)(3)?	suant to 16 CCR section 1109 Yes No
	*Attach a list of names of all faculty, copies of their licensures and proof of RDM training. Label as Exh	
5.	Will the Dental Hygiene Continuing Educational Provid resources necessary to meet the education requirement section 1109?	
6.	. Will all participants have access to equipment and mat the skills in the duty being taught?	erials necessary to develop Yes No
	*Attach a list of equipment and supplies available for Exhibit 3.	or each participant. Label as
7.	. Will the DHCEP retain for a minimum of five (5) years of records, including those necessary to establish satisfact course; copies of lab and simulated clinical competence faculty calibration plans; faculty credentials, licenses, a documented background in educational methodology of copies of participant course evaluations and a summate curriculum, including course syllabi, exams, sample test clinical rubrics?	ctory completion of the y documents; copies of nd certifications including within previous two years; ion thereof; and copies of
8.	. Will the DHCEP issue and provide the participant with Completion of a Course in Radiographic Decision Making	-

	the regulatory requirements set forth by 16 CCR section 1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM? *Attach a sample of the certificate that will be issued. Label as Exhibit 4.
<u>Ac</u>	knowledgement:
9.	Will the DHCEP inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes? Yes No
10	Have you reviewed BPC sections 1910.5 and 1921 and 16 CCR section 1109? Yes No
11	Do you agree to abide by the statutory and regulatory requirements set forth in BPC sections 1910.5 and 1921 and 16 CCR section 1109 AND do you acknowledge that failure to do so may result in loss of course approval? Yes No
<u>ap</u>	e Board may approve or deny approval of any course. If the Board denies proval of a course, the reasons for denial will be provided in writing within tty (60) business days pursuant to 16 CCR section 1109.
<u>Ce</u>	rtification:
	ertify, under the penalty of perjury under the laws of the State of California, that a statements made in the application are true and correct.
Sig	gnature of Course Director Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, section 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.



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<u>Application for Approval of a Course in Interim Therapeutic</u> <u>Restorations for the Student in a Dental Hygiene Educational Program</u>

Business & Professions Code (BPC) sections 1910.5 and 1921, California Code of Regulations (CCR) Title 16, section 1109

Non-Refundable Fee: \$300 (Must accompany application)			ipt Filed oved	<u>RC</u>
PLEASE TYPE OR PRINT	LEGIBLY.	<u>RP#</u>	_	<u>Denied</u>
ITR Course Provider				
Dental Hygiene Educational Pro	ogram Name			
Mailing Address				
011		·		T-:
<u>City</u>	<u>State</u>	<u>Zip</u>		<u>Phone</u>
Course Director Name		Course Director Email		
Program Director Name			Program	Director Email
Requirements for Course	Approval:			
A course in "Interim Therape	autic Pestorati	one for	the Stude	ent in a Dental Hygiene
-				
Educational Program" must be approved by the Board prior to implementation. Course records shall be subject to inspection by the Board at any time. The Board may				
withdraw course approval at any time that it determines that a course does not meet the				
regulatory requirements of	Title 16 of the C	CCR.		
1. Will the course be sufficient in length for the students to develop competency in				
placement of protective restorations which are identified as interim therapeutic				
restorations (ITR) and be, at a minimum, sixteen (16) hours in length, including four				
(4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR section 1109?				
Yes No				

2. Will the course provide instruction in ITR in accordance with BPC sections 1910.05 and 1926.05 using the competency-based training protocols established by 16 CCR section 1109? *Attach a copy of ITR curriculum. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. Label as Exhibit 1. No 🗌 Yes 3. Will the course be established at the postsecondary level? Yes No 4. Will all faculty possess the minimum requirements pursuant to 16 CCR section 1109 (d)(3)? *Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of ITR training. Label as Exhibit 2. Yes No 🗌 5. Will the Dental Hygiene Educational Program (DHEP) provide the resources necessary to meet the education requirements as specified in 16 CCR section 1109? Yes No 🗌 6. Will there be a laboratory, patient clinic area and radiology area for use by students? *Attach a facility site map indicating each of these areas. Label as Exhibit 3. Yes No 7. Will all students have access to equipment and materials necessary to develop the skills in the duties being taught? *Attach a list of equipment and supplies available for each student. Label as Exhibit 4. No Yes 8. Will the DHEP retain for a minimum of five (5) years copies of individual student records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of student course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics? Yes Noll 9. Will the DHEP issue and provide the student with an original "Certification of Completion of a Course in Interim Therapeutic Restorations for the RDH" pursuant

to the regulatory requirements set forth by 16 CCR section student has successfully completed the requirements of his *Attach a sample of the certificate that will be issued. Land	s or her course in ITR?
Acknowledgement:	
10. Will the DHEP inform the Board of any changes to the coufacilities, and faculty within ten (10) business days of such	
11. Have you reviewed BPC sections 1910.5 and 1921 and 16	SCCR section 1109? Yes No
12. Do you agree to abide by the statutory and regulatory requesections 1910.5 and 1921, and 16 CCR section 1109 AND failure to do so may result in loss of course approval?	
The Board may approve or deny approval of any course. I approval of a course, the reasons for denial will be provid sixty (60) business days pursuant to 16 CCR section 1109	led in writing within
Certification:	_
I certify, under the penalty of perjury under the laws of the the statements made in the application are true and corre	
Signature of Course Director	<u>Date</u>
Signature of Program Director	<u>Date</u>
INFORMATION COLLECTION AND ACC	<u>CESS</u>

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section 1109?

DENTAL HYGIENE BOARD OF CALIFORNIA





Yes

No

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

Business & Professions Code (BPC) sections 1910.5 and 1921, California Code of Regulations Title 16, section 1109

Non-Refundable Fee: \$300 (Must accompany application)			Receipt Date Fil Approve	<u>led</u>	RC \$
			<u>RP #</u>	-	
PLEASE TYPE OR PRINT LEG	IBLY.				
ITR Continuing Education Cour					
ITR Continuing Education Cour	se Provider Na	<u>ame</u>			
*Mailing Address					
			1		
City	<u>State</u>	<u>Zip</u>		Phor	<u>ne</u>
Course Director Name			Course Dir	ector	r Fmail
Course Director Name Course Director Email					
*This information is public. You may provide a Post Office Box number, or other alternate mailing					
address, instead of your home address, as the address of record.					
Paguiromento for Course Approvale					
Requirements for Course Approval: A "Continuing Education Course in Interim Therapeutic Restorations for the Registered Dental					
Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in					
Expanded Functions" must be approved by the Board prior to operation. Each approved course must					
submit a biennial report. Course records shall be subject to inspection by the Board at any time. The					
Board may withdraw course approval at any time that it determines that a course does not meet the					
regulatory requirements of Title 16 of the California Code of Regulations (CCR).					
1. Will the course be sufficient in	-			-	· · · · · · · · · · · · · · · · · · ·
protective restorations which	are identified a	as interim	ı tnerapeu	ιτις re	estorations (IIK) and be, at a

DHBC ITR-04 (01/19)

minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR

2.	Il the course provide instruction in ITR in accordance with BPC sections 1910.05 and 1926.05		
	using the competency-based training protocols established by 16 CCR section 1109?		
	Yes No		
	*Attach a copy of ITR curriculum. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and		
	clinical instruction; written course and specific instructional learning outcomes that will be		
	accomplished within the framework of the course(s), including theoretical aspects of ITR as		
	well as practical application; competency forms, and methods of evaluation; remediation		
	policies; and faculty assignments. Label as Exhibit 1.		
3.	Will the course be established at the post-graduate educational level? Yes No		
4.	Will all faculty possess the minimum requirements pursuant to 16 CCR section 1109 (d)(3)?		
	*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of		
	RDM/ITR training. Label as Exhibit 2. Yes No		
5	Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources		
J.	necessary to accomplish education as specified in 16 CCR section 1109? Yes No		
	necessary to accompliant outcoation as opening in to control section 1100.		
6.			
	*Attach a facility site map indicating each of these areas. Label as Exhibit 3.		
	Yes No		
7.	Will all participants have access to equipment and materials necessary to develop the skills in the		
	duty being taught?		
	*Attach a list of equipment and supplies available for each participant. Label as Exhibit 4.		
	Yes No		
8	Will the DHCEP retain for a minimum of five (5) years copies of individual participant records,		
٥.	including those necessary to establish satisfactory completion of the course; copies of lab and		
	clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses,		
	and certifications including documented background in educational methodology within previous		
	two years; copies of participant course evaluations and a summation thereof; and copies of		
	curriculum, including course syllabi, exams, sample test questions and clinic rubrics?		
	Yes No No		
9.	Will the DHCEP issue and provide the participant with an original "Certification of Completion of a		
	Course in Interim Therapeutic Restorations for the RDH" pursuant to the regulatory requirements		
	set forth by 16 CCR section 1016 (h)(1), only after a participant has successfully completed the		
	requirements of his or her course in ITR?		
	*Attach a sample of the certificate that will be issued. Label as Exhibit 5. Yes No		
Αd	cknowledgement:		
10	. Will the DHCEP inform the Board of any changes to the course content, physical facilities, and		
	faculty within ten (10) business days of such changes? Yes No		

11. Have you reviewed BPC sections 1910.5 and 1	921 and 16 CCR section 1109? Yes ☐ No ☐
12. Do you agree to abide by the statutory and regression 1910.5 and 1921, and 16 CCR section 1109 Al result in loss of course approval?	ulatory requirements set forth in BPC sections ND do you acknowledge that failure to do so may Yes No
The Board may approve or deny approval of an course, the reasons for denial will be provided	
pursuant to 16 CCR section 1109.	_
Certification:	
I certify, under the penalty of perjury under the statements made in the application are true and	
Signature of Course Director	 Date

INFORMATION COLLECTION AND ACCESS

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