

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



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: \$ (Must accompany appl			Receipt Date Fil Approve RP #		
PLEASE TYPE OR PRII	NT LEGIBLY.				
RDM Course Provider					
Dental Hygiene Educational	Program Nam	<u>ie</u>			
Mailing Address					
City	<u>State</u>	<u>Zip</u>		<u>Phone</u>	
Course Director Name			Course Di	ector Email	
Program Director Name			Program D	irector Email	
records shall be subject	ic Decision-Maust be approve to inspection ball at any time the	ed by the y the B	e Board pri oard at any etermines th	or to implementation. Cou	
making decisions reg treatment planning by include didactic, labo requirements of 16 C	arding which ray on a dentist and ratory and simulation and 110	adiogra be, at a ulated o	aphs to expo a minimum, clinical expe	Yes No	and nd
 vviii the course provide 	<u>ie instruction ir </u>	<u>ı aeteri</u>	<u>mining whic</u>	n radiographs to perform	<u> </u>

<u>DHBC RDM-01 (01/49)(07/21)</u> <u>1</u>

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/ITR training completion letter (if training completed prior to September 1, 2021) or certificate pursuant to 16 CCR section 1109(f). 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?
	Yes □ No □

9. Will the DHEP issue ar	nd provide the student with an o	riginal "Certification of
Completion of a Course	e in Radiographic Decision-Mak	king for the RDH" pursuant to
the regulatory requirem	nents set forth by 16 CCR section	on 1016 (h)(1), only after a
student has successful	ly completed the requirements	of his or her course in RDM?
		Yes No
*Attach a sample of	the certificate that will be issue	d. Label as Exhibit 5.
Acknowledgement:		
<u>rtoknowiougomont.</u>		
10. Will the DHEP inform the	he Board of any changes to the	course content, physical
facilities, and faculty wi	thin ten (10) business days of s	such changes?
		Yes No No
	0	140.000
11. Have you reviewed BP	C sections 1910.5 and 1921 an	
		Yes No
12 Do you agree to abide	by the statutory and regulatory	requirements set forth in BPC
	921 and 16 CCR section 1109 A	
	sult in loss of course approval?	Yes No
		
	or deny approval of any cour	
•	reasons for denial will be pr	
sixty (60) business days	pursuant to 16 CCR section '	<u>1109.</u>
Cartification.		
Certification:	to of monitory under the level of	f the State of Colifornia that
	ty of perjury under the laws on the laws on the application are true and controls.	
the statements made in t	ne application are true and co	orrect.
Signature of Course Direct	tor	Date
		
Signature of Program Dire	<u>ctor</u>	<u>Date</u>

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, 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	-	Recei Date Appro RP #	iled	<u>RC</u> <u>\$</u> <u>Denied</u>	
PLEASE TYPE OR PRINT I	<u>LEGIBLY.</u>				
RDM Continuing Education Co	urse Provider				
RDM Continuing Education Co.	urse Provider N	<u>lame</u>			
*Mailing Address					
City	State	Zip		<u>Phone</u>	
Course Director Name			Course Di	rector Email	
*This information is public. Y alternate mailing address, in Requirements for Course	stead of your h				
A "Continuing Education Co.	urse in Radiog	raphic l	Decision Ma	aking for the Registered	

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

<u>DHBC RDM-02 (01/19)(07/21)</u> <u>1</u>

	and include didactic, laboratory and simulated clinical experiences to follow requirements of 16 CCR section 1109? Yes N	<u>the</u> lo □
2.	patient who has not received an initial examination by the supervising dentispecific purpose of the dentist making a diagnosis and treatment plan for the	st for the
	*Attach a copy of RDM curriculum. The curriculum must include course which includes curriculum content; specific instruction hours in the indiviareas of didactic, laboratory and simulated clinical instruction; written conspecific instructional learning outcomes that will be accomplished within framework of the course, including theoretical aspects of each subject as practical application; competency forms, and methods of evaluation; rempolicies; and faculty assignments. Label as Exhibit 1.	dual urse and the s well as
3.	Will the course be established at the post-graduate educational level? Yes N	lo 🗌
4.	Will all faculty possess the minimum requirements pursuant to 16 CCR sect (d)(3)? Yes \(\subseteq \)	tion 1109 No
	*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM/ITR training completion letter (if training coprior to September 1, 2021) or certificate pursuant to 16 CCR section 11 Label as Exhibit 2.	
5.	Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide resources necessary to meet the education requirements as specified in 16 section 1109? Yes N	
6.	Will all participants have access to equipment and materials necessary to define skills in the duty being taught? Yes N	evelop lo 🗌
	*Attach a list of equipment and supplies available for each participant. L. Exhibit 3.	abel as
7.	records, including those necessary to establish satisfactory completion of the course; copies of lab and simulated clinical competency documents; copies faculty calibration plans; faculty credentials, licenses, and certifications included documented background in educational methodology within previous two years of participant course evaluations and a summation thereof; and copied curriculum, including course syllabi, exams, sample test questions and simulated clinical competency documents; copies	ne of uding ears; es of

8.	Will the DHCEP issue and provide the participant with an original "Cert Completion of a Course in Radiographic Decision Making for the RDH" the regulatory requirements set forth by 16 CCR section 1016 (h)(1), or participant has successfully completed the requirements of his or her complete. RDM? Yes	pursuant to nly after a
	*Attach a sample of the certificate that will be issued. Label as Exh	<u> </u>
<u>Ac</u>	cknowledgement:	
9.	Will the DHCEP inform the Board of any changes to the course content facilities, and faculty within ten (10) business days of such changes? Yes	, physical] No □
10.	. <u>Have you reviewed BPC sections 1910.5 and 1921 and 16 CCR sections</u>	n 1109? No 🗌
11.	. Do you agree to abide by the statutory and regulatory requirements set sections 1910.5 and 1921 and 16 CCR section 1109 AND do you ackn failure to do so may result in loss of course approval? Yes	
ар	ne Board may approve or deny approval of any course. If the Board oproval of a course, the reasons for denial will be provided in writing ty (60) business days pursuant to 16 CCR section 1109.	
<u>Ce</u>	ertification:	
l c	ertify, under the penalty of perjury under the laws of the State of Ca e statements made in the application are true and correct.	alifornia, that
Sig	gnature of Course Director Date	
	INFORMATION COLLECTION AND ACCESS	

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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 applica	<u> </u>		Filed	<u>RC</u> <u>\$</u> <u>Denied</u>
PLEASE TYPE OR PRINT	LEGIBLY.			
ITR Course Provider				
Dental Hygiene Educational Pro	ogram Name			
Mailing Address				
City	<u>State</u>	<u>Zip</u>		<u>Phone</u>
Course Director Name			Course D	irector Email
Program Director Name			Program	<u>Director Email</u>
Will the course be sufficient placement of protective restorations (ITR) and be	eutic Restoration be approved by the spection by the tany time that fitle 16 of the control of the control of the tany time that the tany time the tany time that the	by the Ene Boar it deter CCR. or the solich are multiple, sixter of the Energy of the	Board prior rd at any ti rmines tha tudents to e identified een (16) ho laboratory	to implementation. Course me. The Board may t a course does not meet the develop competency in as interim therapeutic ours in length, including four training, and eight (8) hours

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.
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 RDM/TR training completion letter (if training completed prior to September 1, 2021) or certificate pursuant to 16 CCR section 1109(f). 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?
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. Yes No
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 No

9.	Will the DHEP issue and provide the student with an original Completion of a Course in Interim Therapeutic Restoration to the regulatory requirements set forth by 16 CCR section student has successfully completed the requirements of *Attach a sample of the certificate that will be issued.	ons for the RDH" on 1016 (h)(1), or his or her course	pursuant lly after a in ITR?
<u>Ac</u>	knowledgement:	<u></u>	<u> </u>
10	Will the DHEP inform the Board of any changes to the confacilities, and faculty within ten (10) business days of such		<u>/sical</u> No □
11	Have you reviewed BPC sections 1910.5 and 1921 and	16 CCR section 1 Yes 🗍	<u>109?</u> No □
12	Do you agree to abide by the statutory and regulatory received sections 1910.5 and 1921, and 16 CCR section 1109 AN failure to do so may result in loss of course approval?		
ap	e Board may approve or deny approval of any course proval of a course, the reasons for denial will be provery (60) business days pursuant to 16 CCR section 110	ided in writing w	
<u>Ce</u>	rtification:		
	ertify, under the penalty of perjury under the laws of te statements made in the application are true and cor		ornia, that
Sig	gnature of Course Director	<u>Date</u>	
Sig	gnature of Program Director	<u>Date</u>	
	INFORMATION COLLECTION AND A	CCESS	

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3



section 1109?

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Yes

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 RP #	<u>led</u>	<u>RC</u> <u>\$</u> <u>Denied</u>
PLEASE TYPE OR PRINT LEG	IBLY.				
ITR Continuing Education Cour					
ITR Continuing Education Cour	se Provider Na	<u>ame</u>			
*Mailing Address					
City	<u>State</u>	<u>Zip</u>		Pho	ne
Course Director Name			Course Dir	rocto	r Email
Course Director Name			Course Dil	COLO	n Liliali
*This information is public. You r	nay provide a	Post Off	fice Box nu	ımbe	r, or other alternate mailing
address, instead of your home a	<u>ddress, as the</u>	address	s of record.	<u>.</u>	
Demoissants for Course Assess					
Requirements for Course App			D (Conflict Description Description
A "Continuing Education Course		_			~
Hygienist, Registered Dental Hygienist, Regis					
Expanded Functions" must be appropriate a biophical report. Course	•				• •
submit a biennial report. Course Board may withdraw course app					
regulatory requirements of Title					
regulatory requirements of Title	io oi ine Callic	iiiia CU	ue oi ivegu	iialiU	<u> </u>
1. Will the course be sufficient in	n length for the	particin	oants to de	velo	p competency in placement of
					estorations (ITR) and be, at a

<u>DHBC ITR-04 (01/19)(07/21)</u> 1

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.		<u>5</u>
	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 RDM/ITR training completion letter (if training completed prior to September 1, 2021) or certificate pursuant to 16 CCR section 1109(f). Label as Exhibit 2. Yes No	<u>f-of</u>
5.	Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources necessary to accomplish education as specified in 16 CCR section 1109? Yes No	
6.	Will there be a laboratory, patient clinic area and radiology area for use by participants? *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	<u>1e</u>
8.	Will the DHCEP retain for a minimum of five (5) years copies of individual participant 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 participant course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics? Yes No	
9.	Will the DHCEP issue and provide the participant with an original "Certification of Completion of Course in Interim Therapeutic Restorations for the RDH" pursuant to the regulatory requirement 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	
<u>A</u>	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 1921 and 16 CCR section 1109?	
<u>Yes</u>	No 🗌
12. Do you agree to abide by the statutory and regulatory requirements set forth in BPC	
1910.5 and 1921, and 16 CCR section 1109 AND do you acknowledge that failure to	
result in loss of course approval? Yes	<u> </u>
The Board may approve or deny approval of any course. If the Board denies app	
course, the reasons for denial will be provided in writing within sixty (60) busines	<u>ss days</u>
pursuant to 16 CCR section 1109.	
Certification:	
I certify, under the penalty of perjury under the laws of the State of California, tha	<u>it the</u>
statements made in the application are true and correct.	
Signature of Course Director Date	

INFORMATION COLLECTION AND ACCESS

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