



**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)**

Receipt	_____	RC	_____
Date Filed	_____	\$	_____
Approved	_____	Denied	_____
RP #	_____		_____

**PLEASE TYPE OR PRINT LEGIBLY.**

<u>RDM Course Provider</u>			
<u>Dental Hygiene Educational Program Name</u>			
<u>Mailing Address</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Course Director Name</u>		<u>Course Director Email</u>	
<u>Program Director Name</u>		<u>Program Director 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.

- 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
- 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/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 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

\*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

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 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.**

**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 Course Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 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 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.



**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 application)**

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Date Filed	_____	\$	_____
Approved	_____	Denied	_____
RP #	_____		_____

**PLEASE TYPE OR PRINT LEGIBLY.**

<u>RDM Continuing Education Course Provider</u>			
<u>RDM Continuing Education Course Provider Name</u>			
<u>*Mailing Address</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Course Director Name</u>		<u>Course Director Email</u>	

\*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

and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR section 1109? Yes  No

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

\*Attach a copy of RDM curriculum. 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, including theoretical aspects of each subject 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)? 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 Continuing Educational Provider (DHCEP) provide the resources necessary to meet the education requirements as specified in 16 CCR section 1109? Yes  No

6. Will all participants have access to equipment and materials necessary to develop the skills in the duty being taught? Yes  No

\*Attach a list of equipment and supplies available for each participant. Label as Exhibit 3.

7. 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 simulated 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 simulated clinical rubrics? Yes  No

8. Will the DHCEP issue and provide the participant 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 participant has successfully completed the requirements of his or her course in RDM? Yes  No

\*Attach a sample of the certificate that will be issued. Label as Exhibit 4.

**Acknowledgement:**

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

**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.**

**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 Course Director

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

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**Application for Approval of a Course in Interim Therapeutic Restorations 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)**

<u>Receipt</u>	_____	<u>RC</u>	_____
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<u>Approved</u>	_____	<u>Denied</u>	_____
<u>RP #</u>	_____		_____

**PLEASE TYPE OR PRINT LEGIBLY.**

<u>ITR Course Provider</u>			
<u>Dental Hygiene Educational Program Name</u>			
<u>Mailing Address</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Course Director Name</u>		<u>Course Director Email</u>	
<u>Program Director Name</u>		<u>Program Director Email</u>	

**Requirements for Course Approval:**

A course in “Interim Therapeutic Restorations 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.

- 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.**

Yes  No

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/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

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?

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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 "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 student 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

**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

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**Certification:**

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\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

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Date

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**Application for Approval of a Continuing Education Course in  
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<u>ITR Continuing Education Course Provider Name</u>			
<u>*Mailing Address</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
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**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 Course Director

\_\_\_\_\_  
Date

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