

**State of California  
Office of Administrative Law**

**In re:**  
Dental Hygiene Board of California

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Amend section: 1107**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2021-0104-02**

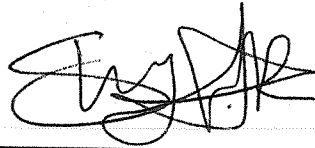
**OAL Matter Type: Regular (S)**

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In this regular rulemaking, the Dental Hygiene Board of California is amending regulations pertaining to a registered dental hygienist course in periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2021.

**Date:** April 20, 2021



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Steven J. Escobar  
Senior Attorney

**Original:** Anthony Lum, Executive Officer  
**Copy:** Adina Pineschi-Petty

**For:** Kenneth J. Pogue  
Director

# REGULAR

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 10/2019)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-2020-0721-07</b>	REGULATORY ACTION NUMBER <b>2021-0104-025</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY <b>Dental Hygiene Board of California</b>			AGENCY FILE NUMBER (If any)

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California  
**APR 20 2021**  
*1:23 PM*

2021 JAN -4 A 9:45  
OFFICE OF  
ADMINISTRATIVE LAW

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE <b>RDH Course in Periodontal Soft Tissue Curett...</b>		TITLE(S) <b>16</b>	FIRST SECTION AFFECTED <b>1107</b>	2. REQUESTED PUBLICATION DATE <b>July 31, 2020</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON <b>Adina Pineschi-Petty DDS</b>	TELEPHONE NUMBER <b>(916) 576-5002</b>	FAX NUMBER (Optional) <b>(916) 263-2688</b>
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2020, No. 33-2</b>	PUBLICATION DATE <b>8/14/2020</b>

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S)  
**RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (JLN)**

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

<b>SECTION(S) AFFECTED</b> (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND <b>Section 1107</b>
	REPEAL
TITLE(S) <b>16</b>	

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
**March 10, 2021 to March 25, 2021**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <b>Kimberly Kirchmeyer, Director, California Department of Consumer Affairs</b>		

7. CONTACT PERSON <b>Adina Pineschi-Petty DDS</b>	TELEPHONE NUMBER <b>(916) 576-5002</b>	FAX NUMBER (Optional) <b>(916) 263-2688</b>	E-MAIL ADDRESS (Optional) <b>adina.petty@dca.ca.gov</b>
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Anthony Lum</i>	DATE <b>Dec 31, 2020</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Anthony Lum, Executive Officer, Dental Hygiene Board of California</b>	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**APR 20 2021**

**Office of Administrative Law**

Per agency request: 4/15/2021



## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

### ORDER OF ADOPTION

Amendments to the regulatory language are shown in single underline for new text and single strikethrough for deleted text.

**Amend Section 1107 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§ 1107. RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia and ~~Periodontal Soft Tissue Curettage (SLN)~~.**

- (a) Approval of Course. The ~~Committee~~ Board shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.
- (1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:
- (A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;
  - (B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and
  - (C) Periodontal soft tissue curettage.
- (2) An applicant course provider shall submit an "Application for Approval of a Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) and ~~Periodontal Soft Tissue Curettage~~" (DHCC DHBC SLN-01 ~~12/2013~~ (03/2021)) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.
- (3) All courses shall be at the postsecondary educational level.
- (4) Each approved course shall be subject to review by the ~~Committee~~ Board at any time.
- (5) Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)"

Course Provider Biennial Report Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage” (DHCC DHBC SLN-03 09/2013 (03/2021)) hereby incorporated by reference.

- (b) Requirements for Approval. In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee Board of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.
- (1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:
- (A) Possess a valid active license to practice dental hygiene issued by the Committee Board; or,
- (B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee Board; or
- (C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.
- (2) Faculty. ~~Pre-clinical~~ Preclinical and clinical faculty, including course director and supervising dentistry), shall:
- (A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;
- (B) Provide ~~pre-clinical~~ preclinical and clinical instruction only in procedures within the scope of practice of their respective licenses.
- (C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,
- (D) Be calibrated in instruction and grading by the course provider.
- (E) Submit to the Board a “DHBC Faculty Biosketch” (3/2021), hereby incorporated by reference, prior to providing instruction in SLN duties.
- (3) Facilities and Equipment. ~~Pre-clinical~~ Preclinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:
- (A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.

- (B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.
  - (C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  - (D) 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. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
- (4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.
- (A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
  - (B) All students shall have access to the course's clinic and radiation hazardous communication plan.
  - (C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
- (5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee Board, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee Board.
- (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:
- (A) A copy of each approved curriculum, containing a course syllabus.
  - (B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.
  - (C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.
  - (D) Individual student records, including those necessary to establish satisfactory completion of the course.
  - (E) A copy of student course evaluations and a summation thereof.
- (7) Curriculum Organization and Learning Resources.

- (A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.
- (B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.
- (C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.
- (D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.
- (E) Students shall be provided a course syllabus that contains:
  - (i) Course learning outcomes,
  - (ii) Titles of references used for course materials,
  - (iii) Content objectives,
  - (iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and
  - (v) A remediation policy and procedures.
- (F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.
- (8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:
  - (A) Indications and contraindications for all patients of:
    - (i) periodontal soft tissue curettage;
    - (ii) administration and reversal of local anesthetic agents;
    - (iii) nitrous oxide-oxygen analgesia agents
  - (B) Head and neck anatomy;
  - (C) Physical and psychological evaluation procedures;
  - (D) Review of body systems related to course topics;
  - (E) Theory and psychological aspects of pain and anxiety control;
  - (F) Selection of pain control modalities;
  - (G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
  - (H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
  - (I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

- (J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
  - (K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
  - (L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;
  - (M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
  - (N) Medical and legal considerations including patient consent, standard of care, and patient privacy;
  - (O) Student course evaluation mechanism.
- (9) Specific Curriculum Content.
- (A) Local anesthetic agents curriculum must 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. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection ~~on four different patients, 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. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), ~~nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine, nerve block, nasopalatine (P-ASA) nerve block,~~ supraperiosteal, inferior alveolar (IA), ~~nerve block (to include Gow-Gates technique), lingual, nerve block, and buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections.~~ Clinical instruction for the mental and incisive injections shall 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. Clinical instruction for the nasopalatine injection shall include four (4) clinical experiences, of which only one (1) may be on another student. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

Injection Type	Didactic Instruction  (At least 15 hours of instruction required.)	Clinical Instruction  (At least 15 hours of instruction required.)	Required Preclinical Injections  (Injections may be on another student.)	Required Clinical Injections  (On four different patients, of which only one may be on another student.)  <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) experience may be on another student.</u>
Anterior Superior Alveolar (ASA)/Infraorbital	Yes	Yes	2	4
Middle Superior Alveolar (MSA)	Yes	Yes	2	4
Anterior Middle Superior Alveolar (AMSA)	Yes	Yes	2	4
Posterior Superior Alveolar (PSA)	Yes	Yes	2	4
Greater Palatine (GP)	Yes	Yes	2	4
Nasopalatine (P-ASA)	Yes	Yes	2	4
Supraperiosteal	Yes	Yes	2	4
Inferior Alveolar (IA) <del>*Gow Gates</del>	Yes Yes (Didactic only)	Yes	2	4
Lingual	Yes	Yes	2	4
Buccal	Yes	Yes	2	4
Mental	Yes	Yes	2	4
Incisive	Yes	Yes	2	4
Intraseptal	Yes	Yes	2	4
<b><u>Competency evaluation for each injection and technique must be achieved at a minimum of 75%.</u></b>				



<u>Injection</u>	<u>Didactic Instruction</u>  <u>At least 15 hours of instruction required</u>	<u>Clinical Instruction</u>  <u>At least 15 hours of instruction required</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>
<u>Nasopalatine</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>Mental</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<ol style="list-style-type: none"> <li><u>1. One (1) experience on the right side of a patient</u></li> <li><u>2. One (1) experience on the left side of a patient</u></li> <li><u>3. Only one (1) experience may be on another student.</u></li> </ol>
<u>Incisive</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<ol style="list-style-type: none"> <li><u>1. One (1) experience on the right side of a patient</u></li> <li><u>2. One (1) experience on the left side of a patient</u></li> <li><u>3. Only one (1) experience may be on another student.</u></li> </ol>
<b><u>Competency evaluation for each injection and technique must be achieved at a minimum of 75%.</u></b>				

(B) Nitrous oxide-oxygen analgesia curriculum must 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. This includes 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. Each clinical experience shall 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. The competency evaluation must be achieved at a minimum of 75%.

Nitrous Oxide-Oxygen Sedation Requirements	Didactic and Preclinical Instruction	Clinical Instruction	Required Preclinical Experiences	Required Clinical Experiences
Minimum 8 hours of instruction	Yes Minimum 4 hours instruction	Yes Minimum 4 hours instruction	<ol style="list-style-type: none"> <li>1. Minimum two experiences</li> <li>2. Both experiences may be on another student</li> <li>3. <del>Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience</del></li> </ol>	<ol style="list-style-type: none"> <li>1. Minimum three experiences</li> <li>2. One experience may be on another student</li> <li>3. One experience must be used to determine competency</li> <li>4. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience</li> <li>5. <u>Competency evaluation must be achieved at a minimum of 75%.</u></li> </ol>

(C) Periodontal soft tissue curettage curriculum must 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. Education may include use of a laser approved for soft tissue curettage. This includes 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. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage" (~~DHCC SLN-02-09/2013~~) (DHBC SLN-02 (03/2021)), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

- (1) The Committee Board may deny or withdraw its approval of a course. If the Committee Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.
- (2) Any course provider 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. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

- (3) The course provider may contest the denial or withdrawal of approval by either:
- (A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall request a hearing by written notice to the Committee Board within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;
  - (B) Notifying the Committee Board in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee Board before the date of the informal conference.

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905, 1909, 1917 and 1944, Business and Professions Code.



**DENTAL HYGIENE COMMITTEE OF CALIFORNIA**  
2005 Evergreen Street Suite 1050, Sacramento, CA 95815  
P (916) 263-1978 | F (916) 263-1978 | [www.dhcc.ca.gov](http://www.dhcc.ca.gov)



## Application for Approval of Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

Business & Professions Code §1909, 16 CCR §1107.

**Non-Refundable Fee: \$300**  
**(Must accompany application)**

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

Course Provider _____		Phone Number _____	
Email Address _____			
Name and Title of Course Director _____			
Affiliated Dental Hygiene or Dental Program _____			
Mailing Address of Course Provider* _____	City _____	State _____	Zip _____
Clinical Facility Address (if different from above) _____	City _____	State _____	Zip _____

\*Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

### Requirements for Course

A course must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law. Course providers must inform the Committee of any changes to course content, faculty and physical facilities within 10 days.

1. 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? Include a copy of your curriculum.

Yes       No

2. Will the course be established at or contracted with a California dental or dental hygiene school? Include your written contract and if applicable, the extramural site agreement.

Yes       No

3. Course Faculty Information

Name	License Type	License #	License Expiration	Date of latest Educational Methodology

Course director and clinical and preclinical faculty must possess a valid, active California license for at least two years. If faculty listed above has ever been licensed in another state or territory to practice dental hygiene or dentistry, a license certification is required. Attach copies of each license and proof of education in educational methodology for all faculty and faculty calibration plan.

4. Will there be a lecture classroom, patient clinic area and radiology area for use by students? Attach a facility site map indicating each of these areas.

Yes  No

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list.

Yes  No

6. 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? Attach a copy of both the hazardous waste management and hazardous communication plan.

Yes  No

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including the emergency needlestick information? Attach a copy as provided to students.

Yes  No

8. 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 Title 16, California Code of Regulations §1107 and a copy be provided to students? Attach a copy of curriculum, including student evaluation mechanism and remediation policy and procedures.

Yes  No

9. 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? Attach a course schedule.

Yes  No

10. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic and pre-clinical instruction and at least 3 hours of clinical instruction that includes a minimum of 3 (three) clinical experiences on three different patients of which only one may be on another student?

Yes  No

11. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic and pre-clinical and at least 15 hours of clinical instruction that includes a minimum of 2 preclinical experiences per injection, which may be on another student and 4 clinical experiences on four different patients of which only one may be on another student?

Yes  No

12. Will instruction in the administration of nitrous oxide-oxygen total at least 8 hours including at least 4 hours of didactic and pre-clinical instruction and 4 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients of which only one may be on another student?

Yes  No

13. Specify the total number of hours for all three areas within the course that will be taught in the categories listed below:

Didactic \_\_\_\_\_ Pre-clinical \_\_\_\_\_  
Clinical \_\_\_\_\_

14. Will continuing education (CE) be offered for this course? If yes, provide your California continuing education provider number below.

Yes  No

### Recordkeeping

15. 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 Title 16, California Code of Regulations §1107(b)(6)?

Yes  No

16. 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 3 (three) procedures?

Yes  No

### Acknowledgement

17. Have you reviewed Business & Professions Code §1909 and Title 16, Division 11 of the California Code of Regulations?

Yes  No

18. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and Title 16, Division 11 of the California Code of Regulations? Do you acknowledge that failure to do so may result in loss of course approval?

Yes

No

The Committee may approve or deny approval of any course. If the Committee 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 Course Director or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Course Director or designee

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §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 Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (B & PC) § 1909,  
California Code of Regulations (CCR) Title 16, §§ 1105.2, 1107

**Non-Refundable Fee: \$300**  
**(Must accompany application)**

**PLEASE TYPE OR PRINT LEGIBLY**

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

<u>Date</u>		
<u>SLN Course Provider Name</u>		<u>CA Continuing Education (CE) Provider Number</u>
<u>Name and Title of SLN Course Director</u>		<u>SLN Course Provider Email</u>
<u>Affiliated Dental Hygiene or Dental Program</u>		<u>SLN Course Provider Phone</u>
<u>Mailing Address of SLN Course Provider*</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Clinical Facility Address (if different from above)</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

\*The SLN Course provider's mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

**Requirements for SLN Course Approval:**

Each SLN Course must be approved by the Dental Hygiene Board of California (Board) prior to operation. Each Board approved SLN Course must submit a biennial report pursuant to the California Code of Regulations (CCR) Title 16, section 1107, subdivision (a)(5). SLN Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it



determines that a course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

1. 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? Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules (Label as Exhibit A). Yes  No

2. Will the course be established at or contracted with a California dental or dental hygiene school? Include your written contract and if applicable, the extramural site agreement (Label as Exhibit B). Yes  No

3. SLN Course Faculty Information\*\*

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

**\*\*SLN Course director, clinical, and preclinical faculty must possess a valid, active dental hygiene/dental license in California for at least two years prior to teaching the soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) curriculum. If any faculty listed above has ever been licensed in another state or territory to practice dental hygiene or dentistry, a license certification is required. Attach copies of each license and proof of education in educational methodology for all faculty (Label as Exhibit C) along with a faculty calibration plan (Label as Exhibit D).**

4. Will there be a lecture classroom, patient clinic area and radiology area for use by students? Attach a facility site map indicating each of these areas (Label as Exhibit E). Yes  No

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list (Label as Exhibit F). Yes  No

6. 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? Attach a copy of both the SLN Course's hazardous waste management plan (Label as Exhibit G) and hazardous communication plan (Label as Exhibit H). Yes  No

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan including emergency needlestick procedures? Attach a copy as provided to students. (Label as Exhibit I). Yes  No
8. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, preclinical 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 section 1107 and a copy be provided to students? Yes  No
9. 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? Yes  No
10. 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 which includes 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%? Yes  No
11. 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? Will preclinical instruction include a minimum of two (2) experiences per injection, which may be on another student? Will clinical instruction 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? 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? 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? Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student? Please check the "Yes" box if the answers to all of these questions is in the affirmative. Yes  No
12. 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 to 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? Will 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? Please check the "Yes" box if the answers to all of these questions is in the affirmative. Yes  No

13. Specify the total number of hours for all three instructional areas within the course that will be taught in the categories listed below:

Didactic: \_\_\_\_\_ Preclinical: \_\_\_\_\_ Clinical: \_\_\_\_\_

14. 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, subdivision (b)(6)? Yes  No

15. 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? Yes  No

**Acknowledgement:**

16. Will the SLN Course provider inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) days of such changes? Yes  No

17. Have you reviewed Business & Professions Code (B & PC) section 1909 and Title 16, Division 11 of the CCR? Yes  No

18. Do you agree to abide by the statutory and regulatory requirements set forth in B & PC section 1909, and Title 16, Division 11, Article 3 of the CCR 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 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 SLN 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 Business & Professions Code, §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.



**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](http://www.dhbc.ca.gov)



**DENTAL HYGIENE COMMITTEE OF CALIFORNIA**  
**CERTIFICATION IN ADMINISTRATION OF PERIODONTAL SOFT TISSUE**  
**CURETTAGE, LOCAL ANESTHESIA, AND NITROUS OXIDE-OXYGEN ANALGESIA,**  
**AND PERFORMANCE OF PERIODONTAL SOFT TISSUE CURETTAGE**

PLEASE TYPE OR PRINT

<b>COURSE PARTICIPANT NAME</b>			
LAST	FIRST	MIDDLE	DATE OF BIRTH
ADDRESS			
CITY		STATE	ZIP
HOME PHONE ( )	CELL PHONE ( )	EMAIL ADDRESS	
<b>DENTAL HYGIENE COMMITTEE BOARD OF CALIFORNIA (DHCC) (DHBC) COURSE PROVIDER</b>			
DATES OF COURSE			
ADDRESS (Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.)			
CITY		STATE	ZIP
PHONE ( )	COURSE PROVIDER'S EMAIL ADDRESS		

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE COURSE PARTICIPANT ABOVE SUCCESSFULLY COMPLETED A DHCC DHBC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1107(b)(9).

\_\_\_\_\_  
PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

[ STAMP OR SEAL  
OF COURSE  
PROVIDER  
OR INSTITUTION ]

\_\_\_\_\_  
SIGNATURE



**Local Anesthesia, Nitrous Oxide and Periodontal Soft Tissue Curettage  
Course Provider Biennial Report**

COURSE PROVIDER		Date:	PROVIDER NO.
MAILING ADDRESS			PHONE NO.
NAME OF COURSE DIRECTOR			EMAIL ADDRESS
NAME OF COURSE			
DATES COURSE OFFERED		NUMBER OF HOURS	
NUMBER OF ATTENDEES		NUMBER OF CERTIFICATES ISSUED	
CHANGES IN COURSE SINCE THE LAST BIENNIAL REPORT, OR, IF THIS IS THE FIRST BIENNIAL REPORT, SINCE COURSE APPROVAL.			

IN COMPLETING THIS FORM, PLEASE CONSULT THE REGULATIONS GOVERNING COURSES IN Local Anesthesia, Nitrous Oxide, And Periodontal Soft Tissue Curettage AT SECTION 1107 OF TITLE 16 OF THE California Code of Regulations.



**Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report**

<u>Date</u>		
<u>SLN Course Provider Name</u>		<u>CA Continuing Education (CE) Provider Number</u>
<u>Name and Title of SLN Course Director</u>		<u>SLN Course Provider Email</u>
<u>Affiliated Dental Hygiene or Dental Program</u>		<u>SLN Course Provider Phone</u>
<u>Mailing Address of SLN Course Provider*</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Clinical Facility Address (if different from above)</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Name of SLN Course</u>		

\*The SLN Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

**Requirements for SLN Course Approval:**

Each SLN Course approved by the Dental Hygiene Board of California (Board) must submit a biennial report pursuant to the California Code of Regulations, Title 16, section 1107, subdivision (a)(5). SLN Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a SLN Course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

<u>Dates of Course Offered in the Past Two -Year Reporting Period</u>	<u>Number of Faculty involved in Course</u>	<u>Number of Attendees per Course</u>
---	---	---------------------------------------


<b><u>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b><u>1. SLN Course Policies and/or Procedures?</u></b> If yes, please describe and include updated policies and/or procedures. <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b><u>2. SLN Course Faculty?</u></b> If yes, please describe and include a current DHBC Faculty Biosketch (3/2021) as described in 16 CCR section 1107(b)(2)(E), and proof of current Educational Methodology for each faculty member. <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b><u>3. SLN Course Facilities or Equipment?</u></b> If yes, please describe and include updated facility map and/or equipment list. <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b><u>4. SLN Course Curriculum including syllabi, course hours, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules?</u></b> If yes, please describe and include a copy of the new curriculum and schedules. <b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b><u>5. SLN Course Student Attendee Applicant Form?</u></b> If yes, please describe and include updated form.		

<b>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>6. SLN Course Certificate of Completion?</b> If yes, please describe and include updated certificate.		
<b><u>Explain</u></b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

**In utilizing this report form, please consult the regulations governing courses in Local Anesthesia, Nitrous Oxide, and Periodontal Soft Tissue Curettage in Title 16, section 1107 of the California Code of Regulations.**

**Certification:**

**I certify under the penalty of perjury under the laws of the State of California that the statements made in this biennial report are true and correct.**

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SLN 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 Business & Professions Code, §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.**





**Dental Hygiene Board of California (DHBC)**  
**FACULTY BIOSKETCH**

<u>Faculty Name</u>	<u>Date</u>
<u>Dental Hygiene Program</u>	<u>Faculty Email</u>
<u>Dental Hygiene Program Address</u>	<u>Faculty Phone #</u>

**ALL PROGRAM FACULTY: DHBC REQUIREMENTS**

Pursuant to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.1(b), "Program faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

**DEGREE REQUIREMENT**

<u>Highest Degree Received</u>	<u>Institution Name and Address</u>	<u>Date Received (Month/Year)</u>

**LICENSURE REQUIREMENT (Begin with most current.)**

<u>License</u>	<u>State</u>	<u>License Number</u>	<u>From (Year)</u>	<u>To (Year)</u>

**LICENSURE CE REQUIREMENTS<sup>1</sup>**

Pursuant to 16 CCR section 1017(a), as a condition of renewal, all licensees are required to complete continuing education as follows:

- Two (2) units of continuing education in Infection Control specific to California regulations as defined in 16 CCR section 1016(b)(1)(A).

<sup>1</sup> Licensure requirements apply to Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions.

- Two (2) units of continuing education in the California Dental Practice Act and its related regulations as defined in 16 CCR section 1016(b)(1)(B).
- A maximum of four (4) units of a course in Basic Life Support as specified in 16 CCR section 1016(b)(1)(C).

<u>Course</u>	<u>Course Provider and Address</u>	<u>Completed (Month/Year)</u>
<u>California Law</u>		
<u>California Infection Control</u>		
<u>BLS/CPR</u>		

**ALL PROGRAM FACULTY: DENTAL HYGIENE TEACHING EXPERIENCE**  
**(Previous 5 years, begin with most current.)**

<u>Dental Hygiene Program Name and Address</u>	<u>Course</u>	<u>Term (e.g. Fall/2018)</u>

**ALL PROGRAM FACULTY: EDUCATIONAL METHODOLOGY COURSES**  
**(Last 2 years, begin with most current.)**

<u>Course Title</u>	<u>Course Content and Provider</u>	<u>Month/Year</u>	<u>Hours</u>

**ALL PROGRAM FACULTY: CONTINUING EDUCATION COURSES**  
**(Last 4 years, begin with most current.)**  
**\*Do not submit CE Certificates, keep on file.**

<u>Course Title</u>	<u>Course Content and Provider</u>	<u>Month/Year</u>	<u>Hours</u>



