

**State of California
Office of Administrative Law**

In re:
Dental Hygiene Board of California

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections:

Amend sections: 1105.2

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3


OAL Matter Number: 2022-0216-05

OAL Matter Type: Regular (S)

The Dental Hygiene Board of California (Board) in this action is providing a process to review out-of-state education in soft tissue curettage, local anesthesia, and nitrous oxide -oxygen analgesia (SLN) of applicants educated out-of-state to ensure compliance with California requirements. This action will also provide a means for out-of-state educated students to seek certification that they have met the state SLN requirements. Additionally, the Board will require approved out-of-state courses to submit a biennial report. Further, this action adopts provisions governing radiation safety and radiography techniques instruction.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2022.

Date: March 30, 2022

 **FOR:**
Peggy J. Gibson
Senior Attorney

**For: Kenneth J. Pogue
Director**

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

NOTICE PUBLICATION/REGULATION SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z- 2021-1102-10	2022-0216-05	S

For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAR 30 2022

1:50 PM

OFFICE OF ADMIN. LAW
2022 FEB 16 PM4:08

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Dental Hygiene Board of California - Department of Consumer Affairs

AGENCY FILE NUMBER (if any)

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

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
Required Curriculum (orig. Required RDH Edu)		16	1105.2	November 12, 2021
3. NOTICE TYPE		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
<input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		Adina A. Pineschi-Petty DDS		(916) 576-5002
OAL USE ONLY		ACTION ON PROPOSED NOTICE		FAX NUMBER (Optional)
		<input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		(916) 263-2688
		NOTICE REGISTER NUMBER		PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
Required Curriculum (orig. misna. Required RDH Educational Programs)	

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

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	1105.2
TITLE(S)	REPEAL
16	

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"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<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)

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 checked="" 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) Kimberly Kirchmeyer, Director, California Department of Consumer Affairs <i>Kimberly Kirchmeyer</i>		

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Adina Pineschi-Petty	(916) 576-5002	(916) 263-2688	adina.petty@dca.ca.gov

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.

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 30 2022

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

February 1, 2022

TYPED NAME AND TITLE OF SIGNATORY

Anthony Lum, Executive Officer, Dental Hygiene Board of California

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

ORDER OF ADOPTION

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Amend §1105.2 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§1105.2 Required Curriculum.

- (a) The curriculum of an educational program shall meet the requirements of this section.
- (b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing
 - (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required,
 - (2) the standards used to measure the students' independent performance in each area, and
 - (3) the evaluation mechanisms by which competence is determined.
- (c) The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.
- (d) The content of the curriculum shall include biomedical and dental sciences and dental hygiene sciences and practice. This content shall be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency.
 - (1) Biomedical and Dental Sciences Content
 - (A) Cariology
 - (B) Dental Materials
 - (C) General and Maxillofacial Pathology and/or Pathophysiology
 - (D) Head, Neck and Oral Anatomy
 - (E) Immunology
 - (F) Oral Embryology and Histology
 - (G) Oral Pathology
 - (H) Pain management
 - (I) Periodontology
 - (J) Pharmacology
 - (K) Radiography

- (L) Dental Anatomy and Morphology
- (2) Dental Hygiene Sciences and Practice Content
 - (A) Community Dental Health
 - (B) Dental Hygiene Leadership
 - (C) Evidence-based Decision Making and Evidence-based Practice
 - (D) Health Informatics
 - (E) Health Promotion
 - (F) Infection and Hazard Control Management
 - (G) Legal and Ethical Aspects of Dental Hygiene Practice
 - (H) Medical and Dental Emergencies
 - (I) Oral Health Education and Preventive Counseling
 - (J) Patient Management
 - (K) Preclinical and Clinical Dental Hygiene
 - (L) Provision of Services for and Management of Patients with Special Needs
 - (M) Research
 - (N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases
- (3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage in accordance with the provisions of this subdivision.
 - (A) An educational program shall;
 - (i) Provide infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 100.1;
 - (ii) Provide faculty to provide instruction to students in accordance with the minimum standards set forth in Section 1941 of the Business and Professions Code; and
 - (iii) Retain staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.
 - (B) An educational program shall provide at least one complete nitrous oxide-oxygen unit 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.
 - (C) An educational program shall comply with local, state, and federal health and safety laws and regulations.

- (i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
- (ii) All students shall have access to the program's clinic and radiation hazardous communication plan.
- (iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

- (i) Indications and contraindications for all patients of:
 - 1. periodontal soft tissue curettage;
 - 2. administration and reversal of local anesthetic agents;
 - 3. nitrous oxide-oxygen analgesia agents
- (ii) Head and neck anatomy;
- (iii) Physical and psychological evaluation procedures;
- (iv) Review of body systems related to course topics;
- (v) Theory and psychological aspects of pain and anxiety control;
- (vi) Selection of pain control modalities;
- (vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
- (viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
- (x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (xi) 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;
- (xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations 16 CCR section 1005;
- (xiii) 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;
- (xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

(E) Specific Curriculum Content.

Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of

periodontal soft tissue curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations 16 CCR section 1107.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the Committee Board to meet the requirements set forth in Business and Professions Code section 1909 and shall submit:

- (i) An "Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-04 (New 10/2021) hereby incorporated by reference; and
- (ii) A SLN course syllabus certified by the educational program (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) for the out-of-state RDH educational program; and
- (iii) Payment of an application fee of \$500 to the Board.

Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) incorporated by reference at section 1107(a)(5).

(F) Out-of-State Applicants for Licensure. An out-of-state applicant for dental hygiene licensure may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR section 1107(b)(9). In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:

- (i) An "Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-05 (New 10/2021) hereby incorporated by reference; and
- (ii) An SLN course syllabus (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) certified by the educational program for the RDH educational program of which the applicant is a graduate; and
- (iii) A "Certification of Completion of SLN Course Requirements" DHBC SLN-06 (New 10/2021) hereby incorporated by reference, from the RDH educational program of which the applicant is a graduate; and
- (iv) Payment of an application fee of \$500 to the Board.

(4) Requirements for Radiation Safety and Radiography Techniques Instruction.

Approved educational programs shall, at a minimum, specifically include instruction in radiation safety and radiography techniques and shall comply with

the requirements in accordance with the provisions of this subdivision in order to secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a dental hygiene educational program (DHEP) approved by the Board for instruction in dental hygiene shall be deemed to be an approved radiation safety course if the DHEP has submitted evidence satisfactory to the Board that it meets all the requirements set forth below.

(A) A DHEP shall provide infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005, all federal and state laws, rules, regulations, and all approved national and state accreditation standards established by the Department of Health Care Services (DHCS), Occupational Safety and Health Administration (OSHA), and the Commission on Dental Accreditation (CODA).

(B) Facilities.

There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided, and all disinfection and sterilization procedures shall comply with 16 CCR 1005, all applicable accreditation standards, and state and federal laws, rules, and regulations.

(i) A radiographic operatory shall be deemed adequate if it complies with the California Radiation Control Regulations (17 CCR commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every five students at least one functioning radiography machine which is adequately filtered and collimated in compliance with 17 CCR 30311 and 17 CCR 30311.1 and which is equipped with the appropriate position-indicating devices for each technique being taught.

(ii) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using manual, automatic, or digital equipment.

(iii) Radiology areas shall provide protection to patients, students, faculty, and observers in full compliance with all applicable state and federal laws, rules, and regulations.

(C) Program Content.

Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

- (i) A detailed course outline shall be provided to the students which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, preclinical, and clinical instruction.
- (ii) General program objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall ensure that students who successfully complete the course can expose, process, and evaluate dental radiographs with minimum competence.
- (iii) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical competencies and examinations.
- (iv) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:
 - (1) Radiation physics and biology;
 - (2) Radiation protection and safety;
 - (3) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs;
 - (4) Radiograph exposure and processing techniques using manual, automatic, and computerized digital methods;
 - (5) Radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity;
 - (6) Intraoral techniques and dental radiograph armamentaria, including holding devices;
 - (7) Interproximal examination including principles of exposure, methods of retention and evaluation;
 - (8) Intraoral examination including, principles of exposure, methods of retention and evaluation;
 - (9) Identification and correction of faulty radiographs;
 - (10) Infection control in dental radiographic procedures; and
 - (11) Radiographic record management.

(D) Radiation Safety.

Sufficient hours of didactic and laboratory instruction shall be provided to ensure that a student successfully demonstrates competency in radiation safety. Successful completion of a radiation safety competency must be achieved at a minimum of 75% and shall be required prior to utilization of radiographic techniques in laboratory and clinic.

(E) Laboratory Instruction.

Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on a radiology manikin at a minimum the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality.

- (i) Two (2) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings;
- (ii) Two (2) bitewing series, consisting of at least four (4) radiographs each; and
- (iii) Developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing may be utilized.
- (iv) Student and instructor written evaluation of radiographs.

(F) Clinical Experience.

There shall be sufficient clinical experiences as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. Clinical instruction shall include clinical experience on four (4) different patients with one (1) of the four (4) patients to be utilized for clinical competency. Clinical experience shall include:

- (i) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings. Such radiographs shall be of diagnostic quality. All exposures made on patients shall only be made for diagnostic purposes and shall in no event exceed three (3) additional exposures per patient. If traditional film packets are utilized, they must be double film.
- (ii) Performance of all clinical procedures on patients under the general supervision of a licensed dentist.
- (iii) Either or both:
 - a. Processing and mounting of analog exposed radiographs;
 - b. Computer digital exposure and sequencing.
- (iv) Student and instructor written evaluation of radiographs.

(G) Clinical Facilities.

Clinical facilities shall have the necessary equipment and accessories appropriate for the procedures to be performed and such equipment and accessories must be in safe operating condition. The clinical facilities shall be subject to the same requirements as those specified in subdivision (d)(4)(B).

(H) Length of Instruction.

Instruction shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques and shall in no event be less than thirty-two (32) clock hours, including at least eight (8) hours of didactic instruction, at least twelve (12) hours of laboratory instruction, and at least twelve (12) hours of clinical instruction.

(e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.

(f) An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.

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

Reference: Sections 1905, 1912, 1914, and 1941, 1944, and 1950.5, Business and Professions Code.

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

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

*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.

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

HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:	YES	NO
1. SLN Course Policies and/or Procedures? If yes, please describe and include updated policies and/or procedures. Explain (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
2. SLN Course Faculty? 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. Explain (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
3. SLN Course Facilities or Equipment? If yes, please describe and include updated facility map and/or equipment list. Explain (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
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? If yes, please describe and include a copy of the new curriculum and schedules. Explain (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

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

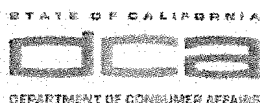
Date

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
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-2688 | www.dhbc.ca.gov



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

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

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

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

PLEASE TYPE OR PRINT LEGIBLY.

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

Requirements for Course Approval:

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

Course Faculty Information*

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

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

Please answer the following:

1. <u>Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u> • <u>Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policy and procedures, and didactic, pre-clinical, and clinical schedules (Label as Exhibit C).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <u>Will there be a lecture classroom, a patient clinic area, a sterilization facility, and radiology area for use by students pursuant to 16 CCR section 1107(b)(3)(A)?</u> • <u>Attach a facility site map indicating each of these areas (Label as Exhibit D).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. <u>Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught pursuant to 16 CCR section 1107(b)(3)(B)?</u> • <u>Attach a list of equipment available for the students. (Label as Exhibit E).</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<u>Please answer the following:</u>	
11. <u>Will curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, supraperiosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Will preclinical instruction of the aforementioned injections in question 11 include a minimum of two (2) experiences per injection, which may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Will clinical instruction of the aforementioned injections in question 11 include at least four (4) clinical experiences per injection to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Will clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. <u>Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Nitrous Oxide-Oxygen Analgesia Requirements:</u>	
16. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. <u>Will each clinical experience in the administration of nitrous oxide-oxygen analgesia include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Certification:

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

Signature of Program Director

Date

Signature of Course Director

Date

INFORMATION COLLECTION AND ACCESS

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



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

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

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

DHBC USE ONLY

<u>Receipt</u>	<u>RC</u>
<u>Date Filed</u>	<u>\$</u>
<u>Approved</u>	<u>Denied</u>

PLEASE TYPE OR WRITE LEGIBLY

<u>Date</u>		
<u>Registered Dental Hygienist (RDH) SLN Certification Applicant Information:</u>		
<u>Name</u>		<u>Telephone Number</u>
<u>Address</u>		<u>Email Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Dental Hygiene Educational Program (DHEP) Information:</u>		
<u>DHEP Name</u>		<u>Phone Number</u>
<u>Program Director</u>		<u>Program Director Email</u>
<u>SLN Course Director</u>		<u>SLN Course Director Email</u>
<u>DHEP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

Requirements for SLN Course Certification Acceptance:

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

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

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

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

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

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

Certification:

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

Signature of SLN Certification Applicant

Date

INFORMATION COLLECTION AND ACCESS

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



CERTIFICATION OF COMPLETION OF SLN COURSE REQUIREMENTS

PLEASE TYPE OR PRINT LEGIBLY

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

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

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

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

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

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

SLN CERTIFICATION:

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



PRINTED NAME OF PROGRAM DIRECTOR

SIGNATURE OF PROGRAM DIRECTOR

DATE