



**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:

<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 Infection Control specific to California regulations as defined in 16 CCR section 1016(b)(1)(A).
- 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>



**DIRECT PATIENT CARE EXPERIENCE**  
**(Last 5 years, begin with most current.)**

<u>Dental Practice Name and Address</u>	<u>City and State</u>	<u>From (Month/Year)</u>	<u>To (Month/Year)</u>

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
 Program Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have reviewed the qualifications and listed coursework for the above faculty and attest that they have met the faculty requirements prescribed by Section 1105.1 in Title 16 of the California Code of Regulations.**

\_\_\_\_\_  
 Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**(In completing this form, please consult the regulations governing Faculty of Educational Programs in Section 1105.1 in Title 16 of the California Code of Regulations.)**