



**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)**

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

**PLEASE TYPE OR PRINT LEGIBLY**

<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 licenses 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, suprapariosteal, 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) ~~business~~ 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



**~~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 <u>BOARD</u> OF CALIFORNIA (DHCC) (<u>DHBC</u>) 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



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

<b><u>Date</u></b>		
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<b><u>Name and Title of SLN Course Director</u></b>		<b><u>SLN Course Provider Email</u></b>
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<b><u>Clinical Facility Address (if different from above)</u></b>		
<b><u>City</u></b>	<b><u>State</u></b>	<b><u>Zip</u></b>
<b><u>Name of SLN Course</u></b>		

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<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 Form (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>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b>5. <u>SLN Course Student Attendee Applicant Form?</u> If yes, please describe and include updated form.</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. <u>SLN Course Certificate of Completion?</u> If yes, please describe and include updated certificate.</b>		
<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

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