



NOTICE OF TELECONFERENCE MEETING

Board Members

Joanne Pacheco, RDH, MAOB
President
Rosalinda Olague, RDA, BA,
Vice President
Alan Felsenfeld, MA, DDS, Secretary
Fran Burton, MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public
Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, DMD, MPH
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

**Action may be taken on
any item listed on the
agenda.**

The Dental Board of California (Board) will meet by teleconference at

2:00 p.m., Thursday, May 13, and 9:00 a.m., Friday, May 14, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, issued on March 17, 2020, this meeting will be held by teleconference with no physical public locations.

Important Notice to the Public: The Board will hold this meeting via WebEx Events meeting. Instructions to connect to the meeting can be found [HERE](#).

To participate in the WebEx Events meeting on **Thursday, May 13, 2021**, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=e43216b84e08a7e1aa8e249958364d360>

Event number: 187 522 7324
Event password: DBC05132021

To participate in the WebEx Events meeting on **Friday, May 14, 2021**, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=ecf7597bb0b9ca9bccd3eaa59bcfcd3a8>

Event number: 187 064 7958
Event password: DBC05142021

Due to potential technical difficulties, please consider submitting written comments by May 7, 2021, to Dental.Board@dbc.ca.gov for consideration.

AGENDA

2:00 p.m., Thursday, May 13, 2021

1. Call to Order/Roll Call/Establishment of a Quorum
2. Discussion and Possible Action on February 25, 2021 and February 26, 2021 Board Meeting Minutes **[6-18]**
3. Board President Report **[19]**
4. Executive Officer Report **[20]**
5. Recess Full Board Open Session
6. Convene Examination Committee Meeting – See Attached Examination Committee Meeting Agenda
7. Reconvene Full Board Open Session
8. Budget Report **[21-24]**
9. Discussion and Possible Action on Board Policy and Procedure Manual **[25-49]**
10. Recess until Friday, May 14, 2021, at 9:00 a.m.

9:00 a.m., Friday, May 14, 2021

11. Reconvene – Establishment of a Quorum
12. Public Comment on Items Not on the Agenda
Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
13. Report on Dental Hygiene Board of California (DHBC) Activities **[50]**
14. Report on Department of Consumer Affairs (DCA) Activities **[51]**
15. Update Regarding California Northstate University, College of Dental Medicine Accreditation by Commission on Dental Accreditation (CODA) **[52]**
16. Dental Assisting Council Meeting Report **[53-157]**
 - a. Orthodontic Assistant (OA) Permit Occupational Analysis and Examination Modifications

17. Examination Committee Meeting Report **[158]**
18. Enforcement – Review of Statistics and Trends **[159-162]**
19. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[163]**
 - b. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[164-173]**
20. Examinations
 - a. Western Regional Examination Board (WREB) Report **[174]**
 - b. American Board of Dental Examiners (ADEX) Report **[175]**
21. Licensing, Certifications, and Permits
 - a. Review of Dental Licensure and Permit Statistics **[176-185]**
 - b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics**[186-190]**
22. Legislation – Update, Discussion, and Possible Action on:
 - a. 2021 Tentative Legislative Calendar **[191-195]**
 - b. Pending Legislation: **[196-342]**
 - i. [Assembly Bill \(AB\) 2](#) (Fong, 2021) Regulations: legislative review:
 - ii. [AB 29](#) (Cooper, 2021) State bodies: meetings.
 - iii. [AB 107](#) (Salas, 2021) Licensure: veterans and military spouses.
 - iv. [AB 526](#) (Wood, 2021) Dentists and podiatrists: clinical laboratories and vaccines.
 - v. [AB 646](#) (Low, 2021) Department of Consumer Affairs: boards: expunged convictions.
 - vi. [AB 885](#) (Quirk, 2021) Bagley-Keene Open Meeting Act: teleconferencing.
 - vii. [AB 1026](#) (Smith, 2021) Business licenses: veterans.
 - viii. [AB 1236](#) (Ting, 2021) Healing arts: licensees: data collection.
 - ix. [AB 1273](#) (Rodriguez, 2021) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer
 - x. [AB 1386](#) (Cunningham, 2021) License fees: military partners and spouses.
 - xi. [AB 1552](#) (Garcia, 2021) Dentistry: foreign dental schools: applications.
 - xii. [Senate Bill \(SB\) 534](#) (Jones, 2021) Dental hygienists.
 - xiii. [SB 607](#) (Roth, 2021) Professions and vocations.
 - xiv. [SB 652](#) (Bates, 2021) Dentistry: use of sedation: training.
 - xv. [SB 731](#) (Durazo, 2021) Criminal records: relief.
 - xvi. [SB 772](#) (Ochoa Bogh, 2021) Professions and vocations: citations: minor violations.
 - c. Prospective Legislative Proposals **[343]**
Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

23. Regulations **[344-416]**

- a. Review, Discussion, and Possible Action to Initiate a Rulemaking to Implement Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) and Adopt the Following Changes Related to Anesthesia, Sedation, and the Care of Pediatric Patients in Division 10 of Title 16 of the California Code of Regulations:
 - Amend Section 1017 of Article 4 of Chapter 1 (Continuing Education);
 - Amend Section 1021 of Article 6 of Chapter 1 (Fees);
 - Amend Sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5 of Chapter 2 (General Anesthesia and Moderate Sedation);
 - Amend Sections 1044, 1044.1, 1044.2, 1044.3, 1044.5, and repeal Section 1044.4 of Article 5.5 of Chapter 2 (Oral Conscious Sedation);
 - Amend Section 1070.8 of Article 2 of Chapter 3 (Dental Auxiliaries Education Programs);
 - Adopt New Section 1043.8.1 of Article 5 of Chapter 2 (Application for Pediatric Endorsement – General Anesthesia or Moderate Sedation); and,
 - Adopt New Sections 1043.9, 1043.9.1, and 1043.9.2, and New Article 5.1 of Chapter 2 (Pediatric Minimal Sedation)

- b. Review, Discussion, and Possible Action to Authorize Consolidation of Proposed Amendments to California Code of Regulations, Title 16, Section 1017 (Continuing Education) Relating to Senate Bill 501 With Previously Board-Approved Proposed Amendments to Sections 1016, 1016.2, and 1017 (Continuing Education), Into a Single Rulemaking Package **[417-433]**

24. Adjournment

This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is being held via WebEx Events. The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

DENTAL BOARD OF CALIFORNIA

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**DENTAL BOARD OF CALIFORNIA
TELECONFERENCE MEETING
MEETING MINUTES
FRIDAY, FEBRUARY 26, 2021**

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, the Dental Board of California (Board) met on February 26, 2021, via teleconference/WebEx Events, and no public locations nor teleconference locations were provided.

Members Present:

Joanne Pacheco, RDH, MAOB, President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, DDS, MA, Secretary
Fran Burton, MSW, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, D.M.D., M.P.H.
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

Members Absent:

None.

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
Tina Vallery, Chief of Administration and Licensing
Wilbert Rumbaoa, Administrative Services Unit Manager
Jessica Olney, Anesthesia Unit Manager
Emilia Zuloaga, Dental Assisting Program Manager
Steve Long, Budget Analyst
Pahoua Thao, Administrative Analyst
Danielle Rogers, Regulatory Counsel, Attorney III, Department of Consumer Affairs (DCA)
Tara Welch, Board Counsel, Attorney III, DCA

Agenda Item 1: Establishment of a Quorum

The Board President, Ms. Joanne Pacheco, called the meeting to order at 9:06 a.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; 14 Board members were present, and a quorum was established.

Agenda Item 2: Public Comments on Items Not on the Agenda:

There were no public comments made for items not on the agenda.

Agenda Item 3: Discussion and Possible Action on December 3, 2020 and December 4, 2020 Board Meeting Minutes

Dr. Lilia Larin requested a revision to the December 4, 2020 meeting minutes, on page 14 of the meeting materials, under Agenda Item 16(c)ii, second paragraph, last line, to strike “not.”

The Board received public comment. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, pointed out that, on page 9 of the meeting materials, under Agenda Item 6, second paragraph, seventh line, “Office of Professional Examination Services (OPES)” needed to be replaced with “Dental Hygiene Board of California.”

Motion/Second/Call (M/S/C) (Burton/Morrow) to approve the minutes with the following changes for the December 4, 2020: agenda item 6 of page 9, replace “Office of Professional Examination Services (OPES)” with “Dental Hygiene Board of California;” agenda item 16(c)ii of page 14, remove the word “not” towards the bottom of the page.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved as revised.

Agenda Item 4: Board President Report

President Pacheco welcomed all attendees and reminded the Board of its mission to protect the public. She acknowledged Board staff for maintaining Board operations while maintaining flexibility in their changing work environment by the challenges presented by the Coronavirus (COVID-19) pandemic. She thanked Governor Newsom, the California Department of Public Health (CDPH), and the DCA Director, Ms. Kimberly Kirchmeyer for their leadership in facilitating the vaccination efforts for healthcare providers. She thanked the Board members for their confidence in nominating her, a dental hygienist, as the Board President. She reported that she attended DCA’s first President Training and committed to weekly checkup meetings with the Board’s Executive Officer. Additionally, she welcomed new Board member, Ms. Angelita Medina, to the Board. Ms. Medina provided a brief summary of her background. There were no public comments made on this item.

Agenda Item 5: Executive Officer's Report

Ms. Karen Fischer, Executive Officer, provided an update on the Open Meeting Act, impacts on the Board from COVID-19, personnel activities, DCA Waiver Orders, Governor Executive Orders, DCA, Office of Professional Examination Services (OPES) Policy 20-01 – relating to use of a subject matter experts in examination validation activities, Board member committee assignments for 2021, 2021 Dental Practice Act publication, the April 1, 2021 deadline to file Statements of Economic Interests Form 700, and the required Sexual Harassment Prevention Training for all Board members. Ms. Fischer addressed Board member's questions. There were no public comments made on this item.

Agenda Item 6: Update on "Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2", January 1, 2021

Mr. Carl Sonne, Senior Assistant Deputy Attorney General, Office of the Attorney General, provided a background and update on the Attorney General's Annual Report. Mr. Sonne reported the Board regulated 191,146 licensees in Fiscal Year (FY) 2018-19, with 16 license types. Most complaints received by the Board are investigated by the Board's own staff. Complaints may also be referred to the DCA, Division of Investigation, Investigations and Enforcement Unit when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation. Additionally, Mr. Sonne reported on the data specific to the Board found in the *Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2021*. The report was included in the meeting materials. Mr. Sonne addressed Board member's questions. There were no public comments made on this item.

Agenda Item 7: Report on DCA Activities

Ms. Mary Kate Cruz Jones, DCA representative, thanked the Executive Officer and Board staff for maintaining customer service and protecting the public from the challenges faced by COVID-19. She reported on DCA's reopening plan to the public, public health measures for DCA workers, appointment of Ms. Monica N. Vargas as the new DCA, Deputy Director of Communications, appointment of Ms. Sarah Murillo as the DCA, Director of Administration, personnel activities, new WebEx Board Member Orientation Training on March 11, Executive Officer Cabinet – a group of executives who maintain regular communication for the DCA's board and bureaus, and the Enlightened Licensing Project – a work group utilizing subject matter experts within DCA to help streamline a more effective and efficient licensing process. There were no public comments made on this item.

Agenda Item 8: Update Regarding California Northstate University, College of Dental Medicine Accreditation by Commission on Dental Accreditation (CODA)

Dr. Kevin Keating, Dean and Professor at California Northstate University, College of Dental Medicine, was unavailable to report on the Update Regarding California

Northstate University, College of Dental Medicine Accreditation by CODA. The report will be provided a future meeting. There were no public comments made on this item.

Agenda Item 9: Budget Report

Mr. Steve Long, DCA Budget Analyst, provided a report on the State Dentistry Fund the Board manages for the FY 2020-21. As of November 30, 2020, the Board spent approximately \$5.9 million of its total State Dentistry appropriation. Of that amount, approximately \$3.2 million of the expenditures were for Personnel Services and \$2.7 million were for Operating Expense and Equipment.

Dr. Ross Lai asked how the Board was able to achieve the Employee Cost Saving of 10 percent. Mr. Long reported that it was from a salary reduction in exchange of 16 hours of personal leave time per month for employees. There were no public comments made on this item.

At 10:30 a.m., the Board recessed for a break.

At 10:45 a.m., the Board reconvened to open session.

Agenda Item 10: Discussion and Possible Action on Extending Strategic Plan Through 2021

Ms. Fischer provided the report, which is available in the meeting materials.

(M/S/C) (Morrow/Stewart) to extend the Board's Strategic Plan through 2021.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 11: Dental Assisting Council Meeting Report

Ms. Jeri Fowler, Vice Chair of the Dental Assisting Council (DAC), provided a verbal report of the meeting. She reported on the election of DAC Chair, Ms. Melina Cazares, and Vice Chair, Ms. Jeri Fowler, update on dental assisting programs and courses, overview of registered dental assistant (RDA) program re-evaluations, update on dental assisting examination statistics, update on dental assisting licensing statistics, presentation on Dental Assistant Pathway and Smile Crew California by Andres Bjork, Vice President of CDA, Strategic Intelligence and Analytics, discussion regarding potential amendments to Business and Professions Code (BPC) section 1750, Infection Control Course Requirements for Unlicensed Dental Assistants, presentation by DCA, OPES regarding Examination Development and Validation Processes, OPES presentation on RDA Written Examination Pass Rates, and update regarding the

RDAEF Examination. After discussing potential changes to BPC section 1750 regarding Infection Control, the DAC directed staff to bring back the agenda item for a future DAC meeting.

Dr. Steven Morrow welcomed and congratulated Ms. Fowler as Vice Chair of the DAC.

(M/S/C) (Morrow/Stewart) to accept the Dental Assisting Council Meeting report.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 12: Enforcement – Review of Statistics and Trends

Mr. Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Dr. Larin thanked Mr. Alvarez and asked if there have been any complaints relating to COVID-19. Mr. Alvarez responded that the unit has not received any complaints and CDPH would handle COVID-19 related cases. Dr. Morrow asked the difference between sworn and non-sworn cases. Mr. Alvarez responded that the Board has peace officers who handle the more sensitive (sworn) cases, whereas the non-sworn investigators handle the quality care cases. Dr. Thomas Stewart asked for clarification on inspection process since inspectors are prohibited from going into the field. Mr. Alvarez responded that the investigators are conducting inspections over the phone. There were no public comments made on this item.

Agenda Item 13 Substance Use Awareness

Agenda Item 13(a): Diversion Program Report and Statistics

Mr. Alvarez provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 13(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report

Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Morrow asked if Mr. Alvarez can determine how many active licensed dentists are practicing in California. Mr. Alvarez responded that he is unsure, but the licensing unit can determine who is practicing in state and out of state. Dr. Felsenfeld asked for clarification on the type of providers who are prescribing the Schedule II prescriptions shown in the meeting materials. Mr. Alvarez responded the data reflects numbers

collected from all healthcare providers across California. There were no public comments made on this item.

Agenda Item 13(c): Update on Assembly Bill (AB) 528 (Low, Chapter 677, Statutes of 2019) Controlled Substances: CURES Database – New Reporting Requirements for Dispensed Controlled Substances

Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Lai asked for clarification on whether a smaller quantity of prescriptions prescribed must be reported. Mr. Alvarez responded that all controlled substance prescriptions must be reported as part of the requirement. Dr. Sonia Molina asked who is responsible for reporting to CURES. Mr. Alvarez responded that the licensee who is prescribing the medication is responsible for reporting. Dr. Larin inquired how do ESL (English as a Second Language) consumers report complaints on the Board's website. Mr. Alvarez responded that there are English and Spanish complaint forms on the Board's website. Additionally, the DCA has a telephone line for translators to assist ESL consumers who would like to make a complaint. There were no public comments made on this item.

Agenda Item 13(d): Update on AB 149 (Cooper, Chapter 4, Statutes of 2019) Controlled Substances: Prescriptions – New Requirement for Controlled Substances Prescription Forms

Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Lai asked how providers can apply for e-scripts and if the e-script automatically gets reported to CURES. Mr. Alvarez responded that he can bring back more information at a future meeting regarding how licensees can use e-scripts to prescribe medication. Mr. Alvarez stated that the licensee will still have to report to CURES after prescribing via e-script. There were no public comments made on this item.

At 11:45 a.m., the Board recessed for lunch.

At 12:15 p.m., the Board reconvened to open session.

Agenda Item 14: Examinations

Agenda Item 14(a): Western Regional Examination Board (WREB) Report

Dr. Mark Christensen, Assistant Director of Dental Examinations for WREB, provided an update regarding the WREB examination and passing rates. Dr. Christensen addressed Board member's questions.

The Board received public comment. Ms. Megan Utter, a potential license application from Iowa, asked for the Board and WREB's consideration to accommodate licensure pathways for dental specialist providers to address the inability to travel due to COVID-19 restrictions.

Agenda Item 14(b): American Board of Dental Examiners (ADEX) Report

Dr. William Pappas, President of ADEX, and Dr. Guy Champaine, former Chief Executive Officer of ADEX, provided an update and presentation regarding the ADEX examination and passing rates. Dr. Pappas and Dr. Champaine addressed Board member's questions. There were no public comments made on this item.

Agenda Item 15: Licensing, Certifications, and Permits

Agenda Item 15(a): Review of Dental Licensure and Permit Statistics

Ms. Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials. Ms. Olney addressed Board member's questions.

The Board received public comment. Ms. Kelsie Pittel, a public member, pointed out that the total dental licenses issued through the ADEX pathway in the meeting materials is inaccurate.

Agenda Item 15(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

Ms. Olney provided the report, which is available in the meeting materials.

The Board received public comment. Dr. Whitcher pointed out there is an increase in number of evaluations scheduled.

Agenda Item 15(c): Update on Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) Dentistry: Anesthesia and Sedation: Report

Ms. Olney provided the report, which is available in the meeting materials.

The Board received public comment. Dr. Whitcher pointed out the bill enacted an unrealistic timeframe within which to implement the provisions, so the implementation of SB 501 will not make the January 1, 2022 deadline.

Agenda Item 15(d): Update on AB 2113 (Low, Chapter 186, Statutes of 2020) Refugees, Asylees and Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process

Ms. Olney provided the report, which is available in the meeting materials.

Dr. Alicia Montell asked for clarification on the classification codes "SI" or "SQ". Ms. Olney responded that the more information will be provided at a future meeting. There were no public comments made on this item.

Agenda Item 15(e): Update Regarding Paperless Renewals Beginning July 1, 2021

Ms. Olney provided the report, which is available in the meeting materials. There were no public comments made on this item.

At 1:40 p.m., the Board recessed for break.

At 1:55 p.m., Board reconvened to open session.

Agenda Item 16: Legislation – Update, Discussion, and Possible Action on:
Agenda Item 16(a): 2021 Tentative Legislative Calendar

Ms. Fran Burton provided an overview of the 2021 Tentative Legislative Calendar, which is available in the meeting materials. Ms. Burton reported that Senator Richard Roth is the new Chair and Senator Melissa Melendez is the new Vice Chair for the Senate Business, Professions and Economic Development Committee. There were no public comments made on this item.

Agenda Item 16(b): SB 102 (Melendez, 2020) COVID-19 Emergency Order Violation:
License Revocation

Ms. Burton provided the report and informed the Board that SB 102 was amended and no longer pertains to the Board. There were no public comments made on this item.

Agenda Item 16(c): Board Legislative Proposals

Mr. Wilbert Rumbaoa, Administrative Services Unit Manager, provided the report, which is available in the meeting materials. Since the posting of the meeting materials, Ms. Sarah Wallace, Assistant Executive Officer, provided an update that Senator Richard Roth introduced SB 607 on February 19, 2021, which included the Board's proposal to eliminate the RDAEF practical and clinical exam. The bill will be presented at a future Board meeting.

The Board received public comment. Dr. Witcher suggested a language clean up to include the continuing education requirement for the legislative proposal relating to the Pediatric Minimal Sedation Permit.

Agenda Item 16(d): California Dental Association's (CDA) Legislative Proposals for 2021

Mr. Rumbaoa provided a brief background regarding AB 526. Ms. Mary McCune, Director of Community Programs and Regulatory Affairs at CDA, was available to provide a report on the bill and addressed Board member's questions. Ms. Burton suggested the Board not take a position on the bill since amendments can still be made to it as it has not been heard in committee.

Dr. Felsenfeld commented in support of the bill. There were no public comments made on this item.

Agenda Item 16(e): Prospective Legislative Proposals

There were no stakeholder proposals presented to the Board and no public comments made on this item.

Agenda Item 17: Regulations

Agenda Item 17(a): Review and Consideration of Comments Received During the 45-day Comment Period and Proposed Responses Thereto for the Board's Proposed Rulemaking to Amend California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking

Mr. Rumbaoa reported that the Board previously approved regulatory language to update requirements for membership for the Board's Diversion Evaluation Committee (DEC) and the limits on terms of service for DEC members at its February 7-8, 2019 meeting. Specifically, the language would:

1. Amend California Code of Regulations (CCR), title 16, section 1020.4(a) to no longer require one licensed dental auxiliary and to increase the number of public members to two instead of one; and
2. Amend CCR, title 16, section 1020.4(c) to delete the limitation for DEC members to only serve two four-year terms.

The Board noticed the regulation proposal on November 20, 2020, and gave the public 45 days to provide public comment ending on January 5, 2021. No public hearing was requested or conducted.

One public comment letter was received by email on November 22, 2020, from Dr. Thien Vu on the proposed amendments to CCR, title 16, section 1020.4. Dr. Vu's letter stated disapproval of the proposed regulations because they will remove the term limits for serving on the DEC, which will result in DEC members serving for too long and not being responsive to the needs of the public interest which they serve. The commenter believes that the positions have not been adequately advertised and that such adequate advertising would negate the need for this rulemaking. The commenter asserts that having a guaranteed position on the DEC will "foster complacent [sic] and trading favors."

Board staff reviewed and considered the comment, and recommended no amendments to the language based thereon. The Board proposed the amendments to CCR, title 16, section 1020.4 because the Board has had substantial difficulty maintaining complete membership of the DEC. Removing the term limitation will allow DEC members to complete their important work without ending the members' terms when they are still willing to serve. The Board found the concern that DEC members who serve too long will be "complacent and trading favors" unfounded. The DEC only makes decisions regarding individual licensees who have voluntarily come to the DEC for help with substance abuse problems, and does not make decisions regarding policy or spending. DEC members are also required to file annual statements of economic interest, which is the standard transparency disclosure required of all elected officials and public employees who make or influence governmental decisions.

Furthermore, the Board has the power to remove a DEC member who is failing in their duties on the DEC. The DEC has not had complete membership in several years. There is turnover in the dentist and therapist positions and in the public member positions. However, there have been no dental auxiliary members on the DEC for multiple years. The purpose of the proposed amendments is to open up the dental auxiliary positions to the public to increase the likelihood of finding suitable candidates. This proposal would not preclude dental auxiliaries taking these positions, and the Board would continue to seek dental auxiliaries for these positions.

The manner in which the Board has advertised these positions has not been the chief impediment to filling these positions. The Board has advertised for all vacancies on the Board's website. This method has been successful in recruiting members for other DEC positions.

The Board has experienced turnover in membership for the dentist, therapist, and public member positions, but successfully refilled those positions. The dental auxiliary positions have remained unapplied for and unfilled for multiple years. This indicated that the manner of advertising these positions is not the primary impediment to filling them.

As described in the Initial Statement of Reasons, the problem with filling these positions turns on the structural differences between the dental auxiliary position and the other positions. Individuals holding other positions may have professional reasons for experience with substance abuse and are more likely to be highly compensated professionals (as dentists and therapists, for instance) and business owners. Auxiliaries tend to have lower salaries, must coordinate their schedules with their employers, and may be concerned about their employers knowing about their experience with substance abuse. For these reasons, the DEC has had substantially more difficulty filling these positions than the other DEC positions. This is a motivating factor behind this proposed rulemaking.

(M/S/C) (McKenzie/Stewart) to accept staff's recommended response to the comments relating to the Diversion Evaluation Committee Membership Rulemaking.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Mendoza.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 17(b): Adoption of Proposed Amendments to California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking

Mr. Rumbaoa provided an overview of the agenda item which is available in the meeting materials on the Board's website. Based on the actions taken in the previous agenda item, the Board took the following action:

(M/S/C) (McKenzie/Yu) to approve the recommended response to the comment, and direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to

California Code of Regulations, Title 16, Section 1020.4 relating to diversion evaluation committee membership rulemaking as noticed in the proposed text.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 17(c): Update on Pending Regulatory Packages

Mr. Rumbaoa provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 18: Adjournment

President Pacheco adjourned the meeting at 2:48 p.m.



**DENTAL BOARD OF CALIFORNIA
TELECONFERENCE MEETING
MEETING MINUTES
THURSDAY, FEBRUARY 25, 2021**

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, the Dental Board of California (Board) met on February 25, 2021, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

Members Present:

Joanne Pacheco, RDH, MAOB, President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, DDS, MA, Secretary
Fran Burton, MSW, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, D.M.D., M.P.H.
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

Members Absent:

None.

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Wilbert Rumbaoa, Administrative Services Unit Manager
Pahoua Thao, Administrative Analyst
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The Board President, Ms. Joanne Pacheco, called the meeting to order at 2:01 p.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; 14 members of the Board were present, and a quorum was established.

Agenda Item 2: Recess Open Meeting

At 2:13 p.m., the Board recessed to convene in closed session as a full Board to deliberate and vote on disciplinary matters.

Agenda Item 3: Convene Closed Session

At 2:13 p.m., the Board convened Closed Session.

Agenda Item 4: Pursuant to Government Code Section 11126(c)(3), the Board met in Closed Session to Deliberate and Vote on the Disciplinary Matters, Including Stipulations and Proposed Decisions

Agenda Item 5: Adjourn Closed Session

President Pacheco adjourned Closed Session at 3:19 p.m. The meeting recessed until February 26, 2021.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 3: Board President Report

Background:

Ms. Joanne Pacheco, President of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4: Executive Officer Report

Background:

Ms. Karen Fischer, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 23, 2021
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 8: Budget Report

Background:

FY 2020-21 Expenditures

The State Dentistry Fund's appropriation is consistent with the 2021-22 Governor's Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in April 2021. This report reflects actual expenditures from July 1, 2020 to February 28, 2021. The Dental Board (Board) spent roughly \$10.4 million or 59% of its total Dentistry Fund appropriation for FY 2020-21. Of that amount, approximately \$5.1 million of the expenditures were for Personnel Services and \$5.3 million were for Operating Expense & Equipment (OE&E) for this time period.

FY 2020-21 Expenditures		
Fund Title	Appropriation	Total Expenditures July 1, 2020-February 28, 2021
Dentistry Fund	\$17,686,000	\$10,437,751

Expenditure Projection:

Attachment 1 displays year-to-date expenditures for the State Dentistry Fund.

Analysis of Fund Condition:

Attachment 1A displays an analysis of the State Dentistry Fund's condition.

Analysis of Fund Condition:

Attachment 2 displays an analysis of the State Dental Assistant Fund's condition.

Action Requested:

No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 8

Fiscal Year: 2020 - 2021

PERSONNEL SERVICES

Fiscal Code and Line Item	PY Budget	PY FM13	Budget	YTD	Projections to Year End	Balance
5100 PERMANENT POSITIONS	\$6,239,000	\$4,450,743	\$5,928,000	\$3,131,955	\$4,932,703	\$995,297
5100 TEMPORARY POSITIONS	\$284,000	\$65,235	\$284,000	\$47,862	\$71,793	\$212,207
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$74,746	\$130,000	\$114,782	\$167,811	-\$37,811
5150 STAFF BENEFITS	\$3,770,000	\$2,935,111	\$3,367,000	\$1,834,164	\$2,896,300	\$470,700
5170 SALARY SAVINGS	\$0	\$1,166	\$0	\$0	\$0	\$0
PERSONNEL SERVICES	\$10,423,000	\$7,527,001	\$9,709,000	\$5,128,763	\$8,068,607	\$1,640,393

OPERATING EXPENSES & EQUIPMENT

Fiscal Code and Line Item	PY Budget	PY FM13	Budget	YTD	Projections to Year End	Balance
5301 GENERAL EXPENSE	\$167,000	\$153,433	\$172,000	\$76,107	\$115,454	\$56,546
5302 PRINTING	\$77,000	\$159,557	\$79,000	\$66,704	\$169,850	-\$90,850
5304 COMMUNICATIONS	\$47,000	\$35,388	\$49,000	\$25,343	\$38,015	\$10,985
5306 POSTAGE	\$71,000	\$505	\$72,000	\$18,568	\$18,705	\$53,295
5308 INSURANCE	\$2,000	\$8,452	\$2,000	\$8,426	\$8,513	-\$6,513
53202-204 IN STATE TRAVEL	\$156,000	\$110,292	\$159,000	\$3,809	\$5,713	\$153,287
53206-208 OUT OF STATE TRAVEL	\$0	\$1,496	\$0	\$0	\$0	\$0
5322 TRAINING	\$11,000	\$7,876	\$12,000	\$10,372	\$16,645	-\$4,645
5324 FACILITIES	\$563,000	\$653,009	\$827,000	\$431,211	\$653,098	\$173,902
5326 UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403 C/P SERVICES (INTERNAL)	\$2,555,000	\$1,412,180	\$2,564,000	\$1,885,645	\$2,627,598	-\$63,598
53404-53405 C/P SERVICES (EXTERNAL)	\$914,000	\$1,027,038	\$869,000	\$388,940	\$742,127	\$126,873
5342 DEPARTMENT PRORATA	\$3,213,000	\$3,122,317	\$2,955,000	\$2,292,000	\$2,955,000	\$0
5342 DEPARTMENTAL SERVICES	\$74,000	\$177,486	\$74,000	\$74,584	\$170,867	-\$96,867
5344 CONSOLIDATED DATA CENTERS	\$24,000	\$36,190	\$28,000	\$9,657	\$14,485	\$13,515
5346 INFORMATION TECHNOLOGY	\$32,000	\$1,010	\$32,000	\$1,336	\$2,005	\$29,995
5362-5368 EQUIPMENT	\$61,000	\$50,730	\$77,000	\$7,634	\$69,000	\$8,000
5390 OTHER ITEMS OF EXPENSE	\$5,000	\$43,546	\$5,000	\$8,653	\$15,783	-\$10,783
54 SPECIAL ITEMS OF EXPENSE	\$126,000	\$6,738	\$0	\$0	\$0	\$0
OPERATING EXPENSES & EQUIPMENT	\$8,099,000	\$7,007,244	\$7,977,000	\$5,308,988	\$7,622,856	\$354,144

OVERALL TOTALS	\$18,522,000	\$14,534,244	\$17,686,000	\$10,437,751	\$15,691,463	\$1,994,537
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11.28%

Attachment 1A

State Dentistry Fund (Dollars in Thousands) Fund Condition based on Governor's Budget	PY 2019-20	CY 2020-21	BY 2021-22
BEGINNING BALANCE	\$ 11,280	\$ 14,318	\$ 8,126
Prior Year Adjustment	\$ 111	\$ -	\$ -
Adjusted Beginning Balance	\$ 11,391	\$ 14,318	\$ 8,126
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS			
Revenues			
4129200 - Other regulatory fees	\$173	\$195	\$197
4129400 - Other regulatory licenses and permits	\$2,495	\$2,826	\$2,827
4127400 - Renewal fees	\$13,119	\$14,774	\$14,848
4121200 - Delinquent fees	\$182	\$277	\$277
4143500 - Miscellaneous services to the public	\$12	\$48	\$48
4140000 - Sales of documents	\$0	\$0	\$0
4163000 - Income from surplus money investments	\$246	\$153	\$117
4150500 - Interest from interfund loans	\$0	\$0	\$0
4171400 - Escheat of unclaimed checks and warrants	\$15	\$15	\$15
4172500 - Miscellaneous revenues	\$2	\$2	\$2
4173500 - Settlements and Judgements	\$0	\$7	\$0
Totals, Revenues	\$16,244	\$18,297	\$18,331
General Fund Transfers and Other Adjustments	\$0	-\$5,984	\$0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$16,244	\$12,313	\$18,331
EXPENDITURES AND EXPENDITURE ADJUSTMENTS			
Expenditures:			
1111 Program Expenditures (State Operations)	\$12,159	\$17,404	\$18,486
8880 Financial Information System for California (State Operations)	-\$2	\$0	
9892 Supplemental Pension Payments (State Operations)	\$318	\$318	\$318
9900 Statewide Pro Rata	\$842	\$783	\$1,149
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$13,317	\$18,505	\$19,953
FUND BALANCE			
Reserve for economic uncertainties	\$14,318	\$8,126	\$6,504
Months in Reserve	9.3	4.9	3.8

Attachment 2

**State Dental Assistant Fund
(Dollars in Thousands) Fund Condition based on Governor's Budget**

	PY 2019-20	CY 2020-21	BY 2021-22
BEGINNING BALANCE	\$ 2,238	\$ 2,915	\$ 2,759
Prior Year Adjustment	\$ 20	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,258	\$ 2,915	\$ 2,759

REVENUES, TRANSFERS AND OTHER ADJUSTMENTS

Revenues			
4129200 - Other regulatory fees	\$31	\$0	\$0
4129400 - Other regulatory licenses and permits	\$506	\$0	\$0
4127400 - Renewal fees	\$1,834	\$0	\$0
4121200 - Delinquent fees	\$98	\$0	\$0
4143500 - Miscellaneous services to the public	\$11	\$0	\$0
4140000 - Sales of documents	\$0	\$0	\$0
4163000 - Income from surplus money investments	\$54	\$0	\$0
4150500 - Interest from interfund loans	\$0	\$0	\$0
4171400 - Escheat of unclaimed checks and warrants	\$1	\$0	\$0
4172500 - Miscellaneous revenues	\$1	\$0	\$0
4173500 - Settlements and Judgements	\$0	\$0	\$0
Totals, Revenues	\$2,536	\$0	\$0
General Fund Transfers and Other Adjustments	\$0	\$0	\$0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$2,536	\$0	\$0

	PY 2019-20	CY 2020-21	BY 2021-22
EXPENDITURES AND EXPENDITURE ADJUSTMENTS			
Expenditures:			
1111 Program Expenditures (State Operations)	\$1,698	\$0	\$0
8880 Financial Information System for California (State Operations)	\$0	\$0	\$0
9892 Supplemental Pension Payments (State Operations)	\$33	\$33	\$33
9900 Statewide Pro Rata	\$148	\$123	\$0
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$1,879	\$156	\$33

FUND BALANCE			
Reserve for economic uncertainties	\$2,915	\$2,759	\$2,726



MEMORANDUM

DATE	April 27, 2021
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 9: Discussion and Possible Action on Board Policy and Procedure Manual

Background:

One of the Vice President's responsibilities is to periodically review the Board's administrative policies and procedures to determine if updates to the manual are necessary; and to coordinate that effort with the Board and staff. The last time this manual was reviewed was in 2016.

Staff, along with Board Legal Counsel, reviewed the "Administrative Policy and Procedure Manual" adopted August 18, 2016 and have proposed revisions for the Board to consider. Strikeout indicates deletion and underline indicates addition. Most of the recommended changes are considered non-substantive. Rosalinda Olague, Vice President, will lead the discussion.

Action Requested:

Adopt a revised Administrative Policy and Procedure Manual.

Attachment: Draft Revisions to the Dental Board of California Administrative Policy and Procedure Manual.



Dental Board of California

Board, Council, and Committee Member Administrative Policy and Procedure Manual

Adopted by the Board
August 18, 2016

Dental Board of California
2005 Evergreen Street, Ste 1550
Sacramento, CA 95815-3831
www.dbc.ca.gov

(Rev. May 2021)

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CHAPTER 1. INTRODUCTION

Overview

The Dental Board of California (DBCBoard) was created by the California State Legislature in 1885. Today, the DBCBoard is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), Business, Consumer Services, and Housing Agency. The DBCBoard's highest priority is protection of the public while exercising its licensing, regulatory, and disciplinary functions. If protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

The DBCBoard is presently comprised of 15 members. -The composition of the Board is defined in Business and Professions Code (BPC) Sections 1601 and 1603 and includes: eight dentists appointed by the Governor, one of whom must be a member of a faculty of any California dental college, and one ~~shall~~ must be a dentist practicing in a nonprofit community clinic; five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate Rules Committee; one ~~licensed~~ registered dental hygienist appointed by the Governor; and one ~~licensed~~ registered dental assistant appointed by the Governor. Board members may serve up to two full four-year terms. In addition to the two full four-year terms, Board members may serve the partial term of the vacant position to which they are appointed and up to a one-year grace period after a term expires. Board members serve without a salary, but are compensated \$100 per day for each meeting day and are reimbursed for travel expenses (~~B&P Code~~ BPC § 103).

This policy and procedure manual is provided to Board, Council, and Committee members as a reference for important laws, regulations, DCA policies, and Board policies to help guide the actions of the Board, Council, and Committee members and ensure Board, Council, and Committee effectiveness and efficiency.

Definitions:

BPC	Business and Professions Code
CCR	California Code of Regulations
CLEAR	Council on Licensure Enforcement and Regulations
COUNCIL	<u>Dental Assisting Council</u>
DCA	Department of Consumer Affairs
EO	Executive Officer
SAM	State Administrative Manual
President	Where the term "President" is used in this manual, it will be assumed to include "his or her designee"

DBC Board Administrative Policy and Procedure Manual

General Rules of Conduct:

Board members shall not speak or act for the Board without proper authorization.

Board members shall maintain the confidentiality of confidential documents and information.

Board members shall commit the time necessary to prepare for Board responsibilities.

Each Board member shall recognize the equal role and responsibilities of all Board members.

Board members shall act fairly, be nonpartisan, impartial, and unbiased in their role of protecting the public.

Board members shall treat all applicants and licensees in a fair and impartial manner.

Board members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.

Board members shall not use their positions on the Board for personal, familial, or financial gain.

Board members shall refrain from working on personal and/or non-Board related business during Board meetings. If necessary, members shall leave the dais, ***being mindful of a quorum, to address personal and/or non-Board related business.***

CHAPTER 2. BOARD, COUNCIL, AND COMMITTEE MEETING PROCEDURES

Frequency of Meetings

~~(BPC Section 101.7)~~

Boards shall meet at least ~~three~~ two times each calendar year. (BPC § 101.7.)
Boards shall meet at least once each calendar year in Northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees. (Ibid.)

Special meetings may be held at such times as the ~~b~~Board may elect, or on the call of the Board President ~~President of the board~~, or of not less than four members thereof. (BPC Section § 1608.)

Notice of each meeting and the time and place thereof shall be given in accordance with the Bagley-Keene Open Meeting Act, (Gov. Code § 11120 et seq.)-

Board, Council, and Committee Member Attendance at Board Meetings

(Board Policy)

Members shall attend each meeting. If a member is unable to attend, he or she must contact the Board President or the Executive Officer and request to be excused from the meeting.

Board, Council, and Committee Meetings

(Government Code Section 11120 et seq.)

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of the state regulatory boards and meetings of committees of those boards where the committee consists of more than two members. It specifies meeting notice and agenda requirements and prohibits discussing or taking action on matters not included in the agenda.

Communications

~~(Bagley-Keene Open Meeting Act, Government Code Section 11122.5(b))~~

A majority of the members of the Board, a committee or Council shall not, outside of a ~~Board~~ publicly noticed meeting, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body.

Council Member Participation at Board Meeting

~~(Bagley-Keene Open Meeting Act - Section II. C. Board and Committee Meetings [Restriction on Attendance at Committee Meetings])~~Government Code Section 11122.5(c)(4); 81 Ops. Cal. Atty. Gen. 156, 158 (1998); DCA Policy)

Council members not serving as a member of the Board may only attend a Board meeting as an observer and shall not participate, which includes sitting with the Board on the dais or making any statements or asking any questions during the Board meeting, in matters under consideration by the Board during a meeting, unless there is a joint meeting of the Board and Council.

DBC Board Administrative Policy and Procedure Manual

Committees

(Board Policy, BPC Section 1601.1)

The Board shall be organized into standing committees pertaining to examinations, enforcement, and other subjects the Board deems appropriate.

Committees meet when they have issues to be considered in order to make recommendations to the full Board.

The Board President and/or Committee Chair, in consultation with the Executive Officer, may appoint a two-person subcommittee at any time as deemed necessary.

The statutory and standing committees are as follows:

- Diversion Evaluation Committees (Northern and Southern) (BPC § 1695.2)
- Elective Facial Cosmetic Surgery Permit Credentialing Committee (BPC § 1638.1)
- Enforcement Committee (BPC § 1601.1)
- Examination Committee (BPC § 1601.1)

The specific needs committees are as follows:

- Access to Care Committee
- Anesthesia Committee
- Executive Committee
- Legislative and Regulatory Committee
- Licensing, Certification, and Permits Committee
- Substance Use Awareness Committee

Dental Assisting Council

(BPC Section 1742)

The Dental Assisting Council (Council) will consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing Committees of the Board. -The members of the Council shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

~~Council Member Comments During a Board meeting~~

~~(Bagley-Keene Open Meeting Act **Section II. C. Board and Committee Meetings [Restriction on Attendance at Committee Meetings]**)~~

~~Council members not serving as a member of the Board shall not participate in matters under consideration by the Board during a meeting, unless there is a joint meeting of the Board and Council.~~

Public Participation

(Government Code Section 11125.7(a); Board Policy)

DBC Board Administrative Policy and Procedure Manual

The Board, Council, and committees shall provide an opportunity for members of the public to directly address the Board, Council, or Committee on each agenda item before or during the Board's, Council's, or Committee's discussion or consideration of the item. Public participation is encouraged throughout the public portion of the meetings. The chairs of the respective committees, as well as the Board President, acknowledge comments from the audience during general discussion of agenda items. In addition, each Board agenda includes public comment as a standing item of the agenda. This standing agenda item allows the public to request items to be placed on future agendas.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Quorum

(BPC Section 1610)

Eight Board members constitute a quorum of the Board for the transaction of business; four members for the council; four members for the Diversion Evaluation Committee (DAC); and three members for the Elective Facial Cosmetic Surgery Permit Credentialing Committee (EFCS). Ad Hoc committee quorums would be a simple majority of appointed members.

- ***Members shall be mindful of the quorum before temporarily exiting the discussion.***

Agenda Items

(Board Policy)

Board meetings generally involve:

- Board policy
- Legislation that may be relevant to the practice of dentistry
- Content and administration of examinations
- Adoption or repeal of regulations
- Approval of fee schedules
- Appeals of Board actions
- Board Procedures/Operations
- Enforcement issues, such as, adoption or non-adoption of Administrative Law Judge proposed decisions, stipulated settlements, and referral of cases to the Office of Administrative Hearings
- Committee meetings
- Consideration of committee recommendations

Any Board member may submit, for consideration, items for a Board meeting agenda to the Board President and Executive Officer 30 days prior to the meeting. The Board President and Executive Officer, in consultation with legal counsel, will review and, if appropriate, approve items submitted for consideration.

Closed Session

(Government Code Sections 11126(c)(2) and 11126(e)(3))

DBC Board Administrative Policy and Procedure Manual

The Board shall meet in Closed Session to deliberate and take action on disciplinary matters, litigation, and personnel matters.

- Stipulations and Proposed Decisions will be distributed to Board members for a mail vote.
- Two Board members are required to hold a decision for discussion in Closed Session at a future Board meeting. If only two members hold for discussion and one of those members is unable to attend the meeting, the Board's action will revert to the majority vote on that decision.
- Effective July 1, 2016, Stipulated Surrenders and Revocations are automatically accepted by the Executive Officer without Board member vote per CCR, ¶title 16, Ssection 1001}.

Notice of Meetings

(Government Code Section 111250 et seq.)

~~According to the Open Meeting Act, m~~ Meeting notices must include the agenda and shall be sent to persons on the Board's mailing list at least 10 calendar days in advance. The notice shall include a staff person's name, work address and work telephone number who can provide further information prior to the meeting.

Notice of Meetings to be Posted on the Internet

(Government Code Section 11125)

~~The n~~ Notice of meeting and the agenda shall also be made available on the Internet at least 10 days in advance of the meeting, and shall include the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. The written notice shall additionally include the address of the Internet site where notices are available.

Record of Meetings

(Board Policy)

The minutes are a summary, not a transcript, of each Board, Council and Committee meeting. They shall be prepared by Board staff and submitted for review by the Board members at the next Board meeting. Board minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting.

Board meetings are webcast in real time when webcasting resources are available. Archived copies of the webcast are available on the Board's website approximately 30 days after the meeting is held.

Recording

(Board Policy; Government Code Section 11124.1(b))

Public meetings are recorded for staff purposes. Recordings may be erased upon Board approval of the minutes or 30 days after the recording. -CD copies are available, upon request, for Board members not able to attend a meeting.

DBC Board Administrative Policy and Procedure Manual

Meeting Rules

(~~16 CCR, Title 16, Section § 1002~~)

Board, Council, and Committee meetings are conducted following Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

Use of Electronic Devices During Meetings

(~~Bagley-Keene~~ Government Code Section 11122.5(b)(1); 84 Ops. Cal. Atty. Gen. 30 (2001))

Board members should not text or email one another during a meeting on any matter within the Board's jurisdiction. Using electronic devices to communicate secretly in such a manner would violate the Open Meeting Act. Where laptop computers or tablets are used by the Board members at the meeting because the Board provides materials electronically, the Board President shall make an announcement at the beginning of the meeting as to the reason for the use of laptop computers or tablets.

CHAPTER 3. TRAVEL AND SALARY POLICIES AND PROCEDURES

Travel Approval

(DCA Memorandum 96-01)

Board, Council, and Committee members shall have Board President approval for all travel except for regularly scheduled Board, Council, and eCommittee meetings to which the ~~Board~~-member is assigned.

Travel Arrangements

(Board Policy)

Board, Council, and Committee members are encouraged to coordinate with the ~~Executive Assistant~~ Administrative Analyst on travel arrangements and lodging accommodations.

Out-of-State Travel

(SAM Section 700 et seq.)

For out-of-state travel, Board members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the State of California is controlled and must be approved by the Governor's Office.

Travel Claims

(SAM Section 700 et seq. and DCA Memorandum 96-01)

Rules governing reimbursement of travel expenses for Board members are consistent with rules that apply to management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The ~~Executive Assistant~~ Administrative Analyst maintains these forms and completes them as needed. It is advisable for Board members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board members shall follow the procedures contained in DCA Departmental Memoranda ~~which~~that are periodically disseminated by the DCA Director and are provided to Board members.

Per Diem Salary

(BPC Section 103)

~~BPC Section 103 regulates compensation in the form of~~Board, Council, and Committee members will receive per diem salary and reimbursement of travel and other related expenses for Board members. This section provides for the payment of per diem salary for Board members "for each day actually spent in the discharge of official duties," and ~~provides that the Board member~~ "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Per Diem Salary
(~~Board Policy~~)

Per Board policy, the following general guidelines shall apply to the payment of per diem salary, or reimbursement for travel:

1. No per diem salary or reimbursement for travel-related expenses shall be paid to Board, Council, or Committee members except for attendance at official Board, Council, or ~~Committee~~ meetings. Attendance at gatherings, events, hearings, conferences or meetings other than official Board, Council or ~~Committee~~ meetings shall be approved in advance by the Board President. The Executive Officer shall be notified of the event and approval shall be obtained from the Board President prior to ~~Board~~ member's attendance.
2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board, Council, or Committee meeting ~~or committee meeting~~ to the conclusion of that meeting.

Where it is necessary for a Board member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of salary per diem and reimbursement for travel-related expenses.

For specified Board, Council, or Committee-specified work, ~~Board~~ members will be compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at gatherings, events, meetings, hearings, or conferences, and committee work. That work does not include preparation time for Board, Council, or ~~Committee~~ meetings. ~~Board m~~Members cannot claim per diem salary for time spent traveling to and from a Board, Council, or ~~Committee~~ meeting.

CHAPTER 4. SELECTION OF OFFICERS AND COMMITTEE/LIAISON APPOINTMENTS

Officers of the Board (BPC Section 1606)

The Board shall elect from its members a President, a Vice President, and a Secretary.

Election of Officers (Board Policy)

It is ~~h~~Board policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the ~~h~~Board. The newly elected officers shall assume the duties of their respective offices on January 1 of the new year.

Procedure for Nomination (Board Policy)

Board ~~M~~members interested in running for President, Vice-President, and Secretary shall independently submit their name to the Executive Officer ***no later than 30 days before the final scheduled meeting of the calendar year.***

Election Process (Board Policy)

The Board's ~~e~~Executive ~~o~~fficer shall conduct the election of officers and shall set the general election procedure.

Officer Vacancies (Board Policy)

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Absence of Officers (Board Policy)

If an officer is absent from two consecutive meetings, the Board may consider whether it wishes to vacate that position. If the office is that of the President, the Vice President shall assume the office of the President. If the office is that of the Vice President, the Secretary shall assume the office of the Vice President. A vacancy in the office of the Secretary shall be voted on by Board members. Officers shall then serve the remainder of the term.

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Committee/Liaison Appointments *(Board Policy)*

The Board President shall establish committees, whether standing or special, as he or she deems necessary. The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President, Secretary, and the Executive Officer. When committees include the appointment of non-Board members, all affected parties should be considered. The Board President shall strive to appoint Board members to a minimum of one standing committee.

Attendance at Committee Meetings *(Board Policy Government Code Section 11122.5(c)(6); 81 Ops. Cal. Atty. Gen. 156, 158 (1998); DCA Policy)*

If a Board member wishes to attend a meeting of a committee of which he or she is not a member, that Board member cannot participate or vote during the committee meeting, and must not sit on the Dais.

Roles and Responsibilities of Board Officers/Committee Chairs/Liaisons *(Board Policy)*

President

- o Acts as spokesperson for the Dental Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- o Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- o Provides oversight to the Executive Officer in performance of the EO duties.
- o Approves leave requests, verifies accuracy, and approves member timesheets, approves travel, and signs travel expense claims for the Executive Officer.
- o Coordinates the EO-annual Executive Officer evaluation process, including contacting the DCA Office of Human Resources to obtain a copy of the Executive Officer Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- o Authors a President's message for every Board meeting and published newsletters.
- o Approves Board Mmeeting agendas.
- o Chairs and facilitates Board Mmeetings.
- o Chairs the Executive Committee.
- o Signs specified full Board enforcement approval orders.
- o Establishes Committees and appoints Chairs and members.
- o Establishes 2-Person subcommittees and /or task forces to research policy questions when necessary.
- o Attends Dental Hygiene Committee Board of California meetings.

Vice President

- o May assume the duties above in the President's absence.

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- Is a member of Executive Committee.
- Coordinates the revision of the Board's Strategic Plan.
- Coordinates the revision of the Board's, Council, and Committee Member Administrative Policy and Procedure Manual.

Secretary

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

Council or Committee Chair

- Reviews agenda items with EO and Board President prior to Council or Committee meetings.
- Approves the Council or Committee agendas.
- Chairs and facilitates Council or Committee meetings.
- Calls the roll or appoints a member to call the roll for each action item.
- Reports the activities of the Council or Committee to the full Board.

Liaisons

Members acting as liaisons to Committees are responsible for keeping the Board informed regarding emerging issues and recommendations made at the Committee level. The Council Chair serves as the Council's liaison to the Board. (BPC § 1742(i).)

Creation of Task Forces *(Board Policy)*

It is the policy of the Board that:

- 1) task forces will be appointed sparingly as the exception rather than the rule and only when the Board finds it cannot address a specific and well defined issue through the existing committee structure;
- 2) task force members may be appointed by the Board President but must be approved by the full Board;
- 3) the charge given to the task force will be clear, specific, in writing, and presented to the Board at the time of appointment;
- 4) task forces, of three or more members, appointed by the Board are subject to the same Open Meeting laws as the Board (as required by Government Code Section 11121(c));
- 5) all task forces shall give staff at least 20 days advance notice of the time, place, and general agenda for any task force meeting;
- 6) task forces will meet and report regularly and provide the Board with minutes after every meeting;

- 7) no task force recommendation will be the basis for Board action in the absence of a formal written report from the task force to the Board.

CHAPTER 5. BOARD ADMINISTRATION AND STAFF

Board Administration

(DCA Reference Manual)

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer.

Board Budget

(Board Policy)

The Executive Officer shall serve as the Board's budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. The Executive Officer, or the Executive Officer's designee, will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Strategic Planning

(Board Policy)

The Executive Committee shall have overall responsibility for the Board's Strategic Planning Process. The Vice President shall serve as the Board's strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board. The Board will conduct periodic strategic planning sessions and may utilize a facilitator to conduct the strategic planning process.

Legislation

(Board Policy)

When time constraints preclude Board action, the Board delegates the authority to the Executive Officer and the Chair of the Legislative and Regulatory Committee to take action on legislation that would change the ~~Dental Board of California's~~ Dental Practice Act, or which impacts a previously established Board policy, or affects the public's health, safety, or welfare. Prior to taking a position on legislation, the Executive Officer shall consult with the Board President and Legislative and Regulatory Committee Chair. The Board shall be notified of such action as soon as possible.

Communications with Other Organizations and Individuals

(Board Policy)

The official spokesperson for the ~~Dental Board of California~~ is the Board President. The President may designate the Executive Officer, the Chief of Enforcement, other Board members, or staff to speak on behalf of the Board.

It is the policy of the ~~Dental Board of California~~ to accommodate speaking requests from all organizations, schools, consumer groups, or other interested

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groups, whenever possible. If the Board representative is addressing a dental school or group of potential candidates for licensure, the program must be open to all interested parties. The President may authorize Board members to speak to schools, organizations, consumer groups, or other interested groups upon request by members or written requests from said schools, organizations or groups.

Media Inquiries (Board Policy)

If a member of the Board receives a media call, the Member should promptly refer the caller to the ~~Department of Consumer Affairs~~ DCA Public Information Officer who is employed to interface with all types of media on any type of inquiry. It is required that members make this referral as the power of the Board is vested in the Board itself and not with an individual Board Member. Expressing a personal opinion can be misconstrued as a Board policy or position and may be represented as a position that the Board has taken on a particular issue when it has not.

A Board Member who receives a call should politely thank the caller for the call, but state that it is the Board's policy to refer all callers to the Public Information Officer. The Board Member should then send an email to the Executive Officer indicating they received a media call and relay any information supplied by the caller.

Service of Lawsuits (Board Policy)

Board Members may receive service of a lawsuit against themselves and the Board pertaining to a certain issue (e.g., a disciplinary matter, a civil complaint, a legislative matter, etc.). To prevent a confrontation, the Board Member should accept service. Upon receipt, the Board Member should notify the Executive Officer of the service and indicate the name of the matter that was served and any pertinent information. The Board Member should then mail the entire package that was served to the Executive Officer as soon as possible. The Board's legal counsel will provide instructions to the Board Members on what is required of them once service has been made. The Board Members may be required to submit a request for representation to the Board to provide to the Attorney General's Office.

Executive Officer Evaluation (Board Policy)

The Board shall evaluate the performance of the Executive Officer annually.

Executive Officer Vacancy (Board Policy)

In the event the Executive Officer position becomes vacant, the Board may, at its discretion, appoint the Assistant Executive Officer or another employee of the Board as the Acting Executive Officer or Interim Executive Officer. An Acting Executive Officer is only entitled to his or her current salary. If an Interim Executive Officer is appointed, the Board shall set his or her salary at an amount within the

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Executive Officer's salary range. ~~The DCA's Office of Human Resources Division~~ will provide assistance with the temporary appointment process and the process for the search for a new Executive Officer.

Board Staff

(DCA Reference Manual)

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Consequently, the Executive Officer shall solely be responsible for all day-to-day personnel transactions.

Business Cards

(Board Policy)

Business cards will be provided to each Officer of the Board with the Board's office address, telephone and fax number, and Web site address. A Board Officer's business address, telephone and fax number, and e-mail address may be listed on the card at the member's request.

CHAPTER 6. OTHER POLICIES AND PROCEDURES

Availability

(Board Policy)

It is recommended that Board members who will be unavailable for a period longer than three consecutive days, notify the Executive Officer and the Board President.

Mandatory Training

(DCA Policy)

State law requires ~~b~~Board members within ~~DCA~~~~the Department of Consumer Affairs~~ to complete training in several important areas, including ethics, conflict of interest laws, sexual harassment prevention, and Board Member Orientation Training.

Ethics Orientation

http://www.dcaboardmembers.ca.gov/training/ethics_orientation.shtml

(Government Code ~~§53234~~Section 11146.1)

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

The training includes important information on activities or actions that are inappropriate or illegal. For example, generally public officials cannot take part in decisions that directly affect their own economic interests. They are prohibited from misusing public funds, accepting free travel, and accepting honoraria. There are limits on gifts.

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An online, interactive version of the training is available on the Attorney General's Web site at <http://oag.ca.gov/ethics>. An accessible, text-only version of the materials is also available at the Attorney General's Web site.

Conflict of Interest

~~http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml
(Government Code 81000)(California Code of Regulations, §18730)~~

~~The Department of Consumer Affairs will make and retain a copy of the statements from members of the boards, commission, committees and subcommittees and make them available for public inspection. It will forward the original statement to the Fair Political Practices Commission.~~

~~Information on specific topics can be found at:~~

~~http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml~~

Sexual Harassment Harassment Prevention

~~http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml
(Government Code §Section 12950.1)~~

All new board members are required to attend at least two hours of classroom or other interactive training and education regarding sexual harassment prevention within six months of their appointment. The Equal Employment Opportunity (EEO) Office is responsible for ensuring that all board members complete their required training. A copy of your certificate of proof of training must be sent to the EEO Office. Please identify which Board/Committee/Commission you serve on.

For information on how to receive Sexual Harassment Prevention Training contact:

Equal Employment Opportunity Office
1625 N. Market Blvd, Ste N330
Sacramento, CA 95834
(916) 574-8280 (916) 574-8604 Fax

Board Member Orientation

(BPC Section 453)

Every newly appointed and reappointed board member is required to complete a training and orientation program offered by ~~the Department of Consumer Affairs (DCA)~~ within one year of assuming office. The training covers the functions, responsibilities, and obligations that come with being a member of a DCA board.

For more information and assistance with scheduling training, please contact:

SOLID Training Solutions

1747 North Market Blvd, Ste. 270

Sacramento, CA 95834

(916) 574-8316

SOLID@dca.ca.gov

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Board Member Disciplinary Actions

(Board Policy)

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner.

The President of the Board shall sit as President of the hearing unless the censure involves the President's own actions, in which case the Vice President of the Board shall sit as President. In accordance with the Bagley-Keene Open Meeting Act, the censure hearing shall be conducted in open session.

Removal of Board Members

(BPC Sections 106, 106.5, 1605)

The Governor has the power to remove from office at any time any member of any Board appointed by him or her for continued neglect of duties required by law or for incompetence or unprofessional or dishonorable conduct. The Governor also may ~~also~~ remove from office a Board member who ~~m~~ directly or indirectly discloses examination questions to an applicant for examination for licensure. Those proceedings would be conducted in accordance with the Bagley-Keene Open Meeting Act, and tThat member would ~~also~~ be subject to a misdemeanor violation (~~B&P Code~~BPC § 123).

Resignation of Board Members

(Government Code Section 1750)

In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the DCA Director of the Department, the Board President, and the Executive Officer.

Form 700 – Statement of Economic Interests

(Government Code Section 87203; CCR, Title 2, Section 18730)

Board, Council, and Committee members are public officials required to annually report their investments, interests in real property, and income to the Fair Political Practices Commission using the Form 700, Statement of Economic Interests, which is a publicly disclosable record. Each member must submit their Form 700 using the online submission process.

Information on the Form 700 and other conflicts of interest topics can be found at: https://www.dca.ca.gov/about_us/board_members/required_training.shtml

Conflict of Interest

(Government Code Section 87100; Common Law; BPC Section 450; DCA Policy)

No Board, Council, or Committee member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a

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financial interest. Any Board-member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Conflicts of interest or disqualification issues mainly arise from four general sources: (1) financial conflicts arising under the Political Reform Act of 1974 (Gov. Code § 87100 et seq.); (2) common law conflicts of interest arising from personal interest or bias, or even the potential appearance of a bias or personal interest in a matter even in the absence of a financial conflict of interest; (3) the general provisions of BPC section 450 et seq. that detail the qualifications and restrictions on public members of a board; and (4) conflicts arising under the DCA Incompatible Work Activities policy.

Any member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Honoraria Prohibition

(Government Code Section 89502)

As a general rule, Board, Council, and Committee members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Board is precluded from accepting an honorarium from any source, if the Board member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances: (1) when an honorarium is returned to the donor (unused) within 30 days; (2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and (3) when an honorarium is not delivered to the Board-member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, Board-members should report all offers of honoraria to the Board President, so that he or she, in consultation with the ~~EO~~ Executive Officer and ~~staff~~ legal counsel, may determine whether the potential for conflict of interest exists.

Paid Travel to Attend Meeting Unrelated to Board Business

(Government Code Section 89506)

In general, payments by a third party for a public official's travel are considered a gift, subject to the per year gift limit, and must be reported by the official on his or her statement of economic interests; however, there are exceptions to this rule. Pursuant to ~~Government Code Section 89506, p~~ Payments, advances, or

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reimbursements, for travel, including actual transportation and related lodging and subsistence that is reasonably related to a legislative or governmental purpose, or to an issue of state, national, or international public policy, are not prohibited and are not subject to the per year gift limit if either of the following apply:

- (1) The travel is in connection with a speech given by the ~~elected state officer, local elected officeholder, candidate for elected state office, or local elected office, an individual specified in Section 87200, member of a state board or commission, or designated employee of a state or local government agency~~, the lodging and subsistence expenses are limited to the day immediately preceding, the day of, and the day immediately following the speech, and the travel is within the United States.
- (2) The travel is provided by a government, a governmental agency, a foreign government, a governmental authority, a bona fide public or private educational institution, as defined in Section 203 of the Revenue and Taxation Code, a nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, or by a person domiciled outside the United States which substantially satisfies the requirements for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

Keep in mind that the rules regarding financial conflicts of interest are complex, and, therefore, Board members should contact the DCA Ethics Officer at (916) 574-8220 for assistance.

Contact with Candidates (Board Policy)

Board, Council, and Committee members shall not intervene on behalf of a candidate for licensure for any reason as this may create a conflict of interest. ~~They~~Members should forward all contacts or inquiries to the Executive Officer or Board staff.

Gifts from Candidates (Board Policy)

Gifts of any kind to ~~Board~~ members or the staff from candidates for licensure with the Board shall not be permitted.

Request for Records Access (Board Policy)

No Board, Council, or Committee member may access the file of a licensee or candidate without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the ~~DBC~~Board's office.

Ex Parte Communications (Government Code Section 11430.10 et seq.)

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The ~~Government Code contains provisions prohibiting~~ Administrative Procedure Act prohibits *ex parte* communications.

An “*ex parte*” communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in ~~subdivision (a) of~~ Government Code section 11430.10, subdivision (a), which states:

“While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication.”

Board members are prohibited from an *ex parte* communication with Board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Chief of Enforcement.

If a Board member receives a telephone call from an applicant or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, he or she should be told that the Board member would be required to excuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board member believes that he or she has received an unlawful *ex parte* communication, he or she should contact the Board’s legal counsel.



MEMORANDUM

DATE	April 7, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 13: Report on Dental Hygiene Board of California (DHBC) Activities

Background:

The President, Dr. Timothy Martinez, and the Executive Officer, Mr. Anthony Lum, of the Dental Hygiene Board of California will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 14: Report on Department of Consumer Affairs (DCA) Activities

Background:

Ms. Carrie Holmes, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Karen M. Fischer, MPA – Executive Officer Dental Board of California
SUBJECT	Agenda Item 15: Update Regarding California Northstate University, College of Dental Medicine Accreditation by Commission on Dental Accreditation (CODA)

Background:

Kevin M. Keating, DDS, MS is the Dean and Professor at California Northstate University (CNU), College of Dental Medicine (CDM) located in Elk Grove, California. CNU CDM will become California’s seventh dental school. Dr. Keating will provide the Board with an update on the school’s accreditation process with the CODA.

Dr. Keating attended Loyola University School of Dentistry in Chicago, Illinois where he received his Doctor of Dental Surgery (DDS). He went on to receive a Master of Science Degree in Biology at Marquette University School of Dentistry in Milwaukee, Wisconsin. He is board certified in Endodontics; and his Curriculum Vitae outlines his extensive education, teaching and clinical experience, and his long-standing participation in professional organizations.

Welcome Dr. Keating.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 27, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 16: Dental Assisting Council Meeting Report

Background:

Ms. Melinda Cazares, Chair of the Dental Assisting Council (Council) will provide a verbal report to the Board regarding the Council's April 30, 2021 meeting.

Action Requested:

The Board may take action to accept or reject the report.



OCCUPATIONAL ANALYSIS OF THE
ORTHODONTIC ASSISTANT PRACTICE



DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE ORTHODONTIC ASSISTANT PRACTICE



April 2021

Melissa O. Storz, Research Data Analyst II

Karen Okicich, M.A., Research Data Supervisor II

Heidi Lincer, Ph.D., Chief



This occupational analysis report is mandated by California Business and Professions (B&P) Code § 139 and by DCA Licensure Examination Validation Policy OPES 18-02.

EXECUTIVE SUMMARY

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the orthodontic assistant practice in California. The purpose of the OA is to define practice in terms of critical tasks that orthodontic assistants must be able to perform safely and competently at the time they are issued a permit. The results of this OA provide a description of practice for the orthodontic assistant profession and provide the basis for constructing a valid and legally defensible Orthodontic Assistant Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with orthodontic assistants working in locations throughout California. The purpose of these interviews was to identify the tasks performed by orthodontic assistants and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by orthodontic assistants in their practice, along with statements of the knowledge needed to perform those tasks.

In July 2020, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements describing orthodontic assistant practice in California. The workshops included orthodontic assistant permit holders (orthodontic assistants), or subject matter experts (SMEs), with diverse backgrounds in the profession (e.g., location of practice, years practicing). A second workshop was held in September 2020 to review the results of the initial workshops and finalize the task and knowledge statements. The SMEs linked each task statement with the content of knowledge statements required to perform that task and reviewed the demographic questions to be used on the OA questionnaire.

After the second workshop, OPES test specialists developed a two-part OA questionnaire to be completed by a sample of orthodontic assistants statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of orthodontic assistants who participated in the July and September 2020 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered from November 17, 2020 to December 14, 2020.

In the first part of the OA questionnaire, orthodontic assistants were asked to provide demographic information related to their work settings and practice. In the second part, orthodontic assistants were asked to rate specific tasks by frequency (i.e., how often the orthodontic assistant performs the task in their current practice) and importance (i.e., how important the task is to effective performance in the orthodontic assistant's current practice).

In November 2020, on behalf of the Board, OPES sent an email to a sample of 794 actively practicing orthodontic assistants, inviting them to complete the online OA questionnaire. The email invitation was sent to orthodontic assistants for whom the Board had an email address on file. Reminder emails were sent weekly after the initial invitation was made.

A total of 239 orthodontic assistants, or approximately 30.1% of the orthodontic assistants who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 105 (13.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a permit and practicing in California. Second, OPES removed data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a third workshop with SMEs in January 2021. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. The SMEs also established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the new Orthodontic Assistant Examination outline. Results of this workshop were finalized during a fourth workshop held in March 2021.

The examination outline is structured into four content areas weighted relative to the other content areas. The new outline identifies the tasks and knowledge critical to safe and competent orthodontic assistant practice in California at the time of permit issuance.

The examination outline developed as a result of this OA provides a basis for developing the Orthodontic Assistant Examination.

OVERVIEW OF THE EXAMINATION OUTLINE

Content Area	Content Area Description	Weight
1. Patient Information and Diagnostic Records	This area assesses the candidate's ability to review information about a patient's history and oral conditions as they relate to orthodontic treatment. This area also assesses the candidate's ability to assist with diagnostic records and to chart information related to orthodontic treatment. These activities are performed under the supervision of a dentist or orthodontist.	10%
2. Orthodontic Procedures	This area assesses the candidate's ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate's ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.	60%
3. Infection Control and Health and Safety	This area assesses the candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.	18%
4. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations regarding permit requirements, scope of practice, professional conduct, and professional responsibilities.	12%
Total		100%

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of orthodontic assistant practice in California. The purpose of the OA is to define orthodontic assistant practice in terms of critical tasks that practitioners must be able to perform safely and competently when they are issued a permit. The results of this OA provide a description of practice for the orthodontic assistant profession that can then be used to construct the California Orthodontic Assistant Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California orthodontic assistant permit holders (orthodontic assistants) participated as subject matter experts (SMEs) during the phases of the OA to ensure that the description of practice directly reflects the current orthodontic assistant profession in California. These SMEs represented the occupation in terms of geographic location of practice and years of experience. The SMEs provided technical expertise and information regarding different aspects of current orthodontic assistant practice, including interviews and workshops. During interviews, the SMEs provided information about tasks involved in their practice and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the task and knowledge statements describing the orthodontic assistant practice, organized the task and knowledge statements into content areas, evaluated the results of the OA, and developed the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purpose of occupational analyses, the following laws and guidelines are authoritative:

- California Business and Professions (B&P) Code § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The orthodontic assistant occupation is described as follows in California B&P Code § 1750.3:

A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties under the direct supervision of a licensed dentist:

- (a) All duties that a dental assistant is allowed to perform.
- (b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.
- (c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.
- (d) Size, fit, and cement orthodontic bands.
- (e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.
- (f) Place and ligate archwires.
- (g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (h) Any additional duties that the board may prescribe by regulation.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

OPES conducted telephone interviews with six orthodontic assistants practicing in California. During the semi-structured interviews, practitioners were asked to identify major content areas of practice and the tasks performed in each area. The orthodontic assistants were also asked to identify the knowledge necessary to perform each task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

To develop a preliminary list of task and knowledge statements, OPES test specialists integrated information gathered from literature reviews of practice-related sources (e.g., previous OA reports, articles, laws and regulations, and industry publications) and from interviews with SMEs. The statements were organized into major content areas of practice.

In July and September 2020, OPES test specialists facilitated two workshops to review and refine the task and knowledge statements. Ten SMEs from diverse backgrounds (e.g., years practicing and geographic location) participated in these workshops. During the first workshop, SMEs evaluated the task and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

During the second workshop, the SMEs performed a preliminary linkage of the task and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each statement of knowledge identified is important for safe and effective performance as an orthodontic assistant. Additionally, the linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task statement. During this workshop, SMEs also reviewed and revised the proposed demographic questions for the OA questionnaire and evaluated the scales that would be used for rating task and knowledge statements.

OPES used the final list of task statements, associated knowledge statements, demographic questions, and rating scales to develop an online questionnaire that was sent to a sample of California orthodontic assistants.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit orthodontic assistants' ratings of the task and knowledge statements. The surveyed orthodontic assistants were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding orthodontic assistants. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 12 SMEs who had participated in the OA workshops. OPES received feedback to the pilot study from six respondents. The SMEs reviewed the task and knowledge statements in the questionnaire for technical accuracy and for whether they reflected orthodontic assistant practice. The SMEs also provided the estimated time for completion, and feedback about the online navigation and ease of use of the questionnaire. OPES used this feedback to prepare the final questionnaire, which was administered from November 17, 2020 to December 14, 2020.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In November 2020, on behalf of the Board, OPES sent an email to a sample of 794 actively practicing orthodontic assistants for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent weekly after the initial invitation. The email invitation is displayed in Appendix D.

A total of 239 orthodontic assistants, or approximately 30.1% of the orthodontic assistants who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 105 (13.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a permit and practicing as orthodontic assistants in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding orthodontic assistants reported a range of years of experience and were distributed across the predefined experience level categories. A majority of respondents (85.7%) reported holding an orthodontic assistant permit for five years or fewer, while 14.3% reported holding an orthodontic assistant permit for six years or more.

Table 2 and Figure 2 show that 70.4% of the respondents indicated that they were registered dental assistants (RDAs) with qualifying experience, while 21% indicated they had practiced as a dental assistant for 12 months or more before becoming an orthodontic assistant. Table 3 and Figure 3 show that most respondents reported holding an X-ray certification (91.4%) or coronal polishing certification (85.7%) as well as their orthodontic assistant permit. A small proportion of respondents indicated that they also held a registered dental assistant in extended functions (RDAEF) license (4.8%) or a dental sedation assistant permit (1.9%).

Table 4 and Figure 4 show that 81% of the respondents reported that their primary work setting was located in an urban area. When asked to indicate their primary practice setting, 41% of the respondents reported private orthodontic practice with one orthodontist, 30.5% reported group orthodontic practice with two or more orthodontists, and 10.5% reported group general practice with two or more dentists (see Table 5 and Figure 5).

Table 6 and Figure 6 show that 31.4% of respondents reported that there were 2–3 additional orthodontic assistants working in their primary work setting, while 26.7% reported being the only orthodontic assistant in their primary work setting. Table 7 and Figure 7 show that 36.2% of respondents reported 2–3 additional licensed RDAs and RDAEFs working in their primary work setting, while 21% reported one additional licensed RDA or RDAEF in their primary work setting, and 20% reported no additional licensed RDAs or RDAEFs in their primary work setting. Table 8 and Figure 8 show that 57.1% of respondents reported no dental assistants in their primary work setting, while 18.1% reported 2–3 dental assistants in their primary work setting.

Table 9 and Figure 9 show the breakdown of procedures performed in the respondent's primary work settings. Respondents were asked to select all that apply. Of the respondents, 75.2% reported that Invisalign delivery is performed in their primary work setting, 63.8% reported that 3D model scanning is performed, 54.3% reported that removable appliances are fabricated, 42.9% reported that fixed appliances are fabricated, and 19% reported that cone-beam computed tomography is performed.

Additional demographic information from respondents can be found in Tables 1–10 and Figures 1–10.

TABLE 1 – YEARS HOLDING ORTHODONTIC ASSISTANT PERMIT

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	14	13.3
1–5 years	76	72.4
6–10 years	14	13.3
11–15 years	1	1.0
16–20 years	0	0
More than 20 years	0	0
Total	105	100

FIGURE 1 – YEARS HOLDING ORTHODONTIC ASSISTANT PERMIT

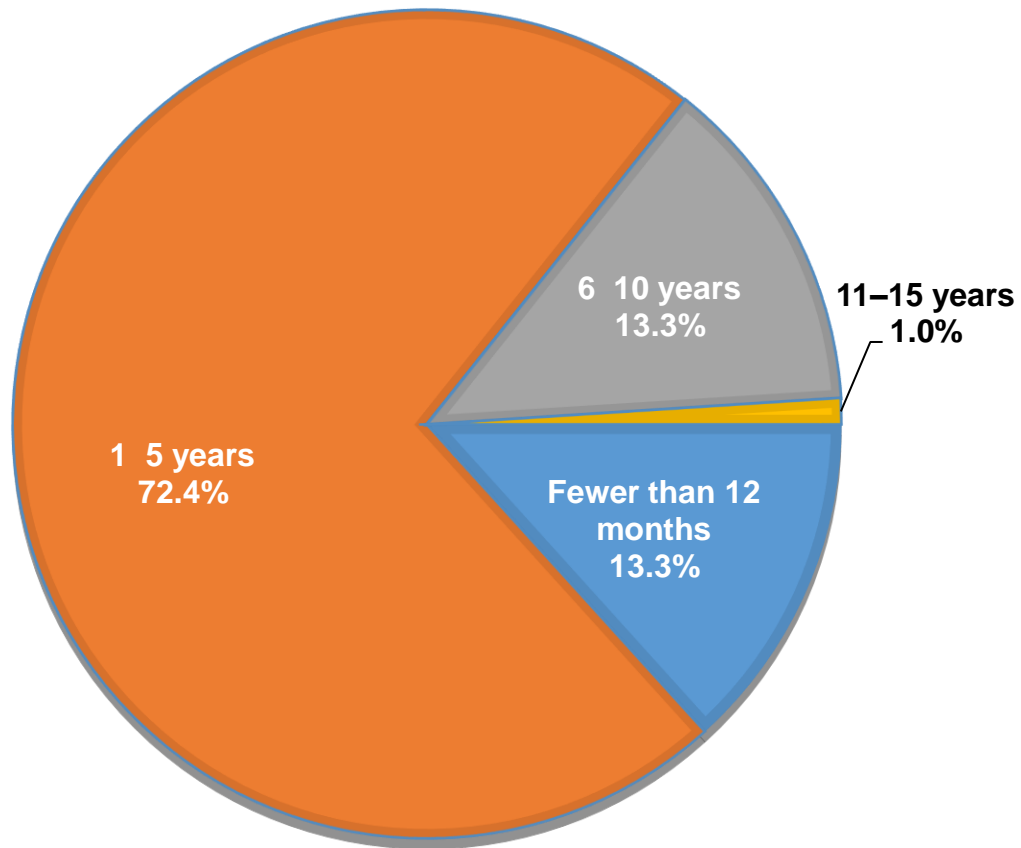


TABLE 2 – ORTHODONTIC ASSISTANT QUALIFICATION PATHWAY

PATHWAY	NUMBER (N)	PERCENT
12 months or longer as Dental Assistant	22	21.0
RDA with qualifying experience	74	70.4
Other	9	8.6
Total	105	100

FIGURE 2 – ORTHODONTIC ASSISTANT QUALIFICATION PATHWAY

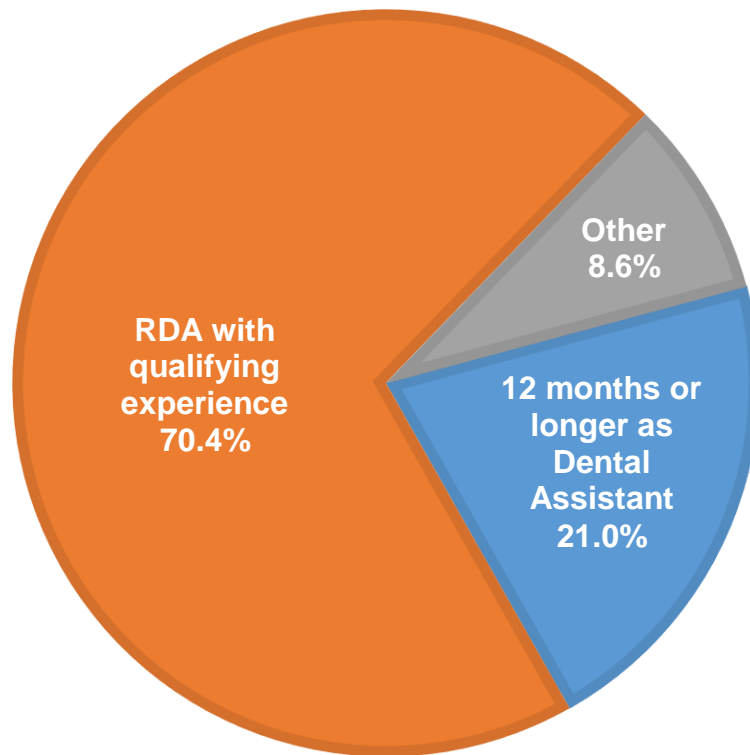


TABLE 3 – OTHER LICENSES AND CERTIFICATIONS HELD*

LICENSES AND CERTIFICATIONS	NUMBER (N)	PERCENT**
Registered Dental Assistant (RDA)	85	81.0
RDAEF	5	4.8
X-ray Certification	96	91.4
Dental Sedation Assistant Permit	2	1.9
Coronal Polishing Certification	90	85.7
Other	35	33.3
Not Applicable	1	1.0

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 3 – OTHER LICENSES AND CERTIFICATIONS HELD

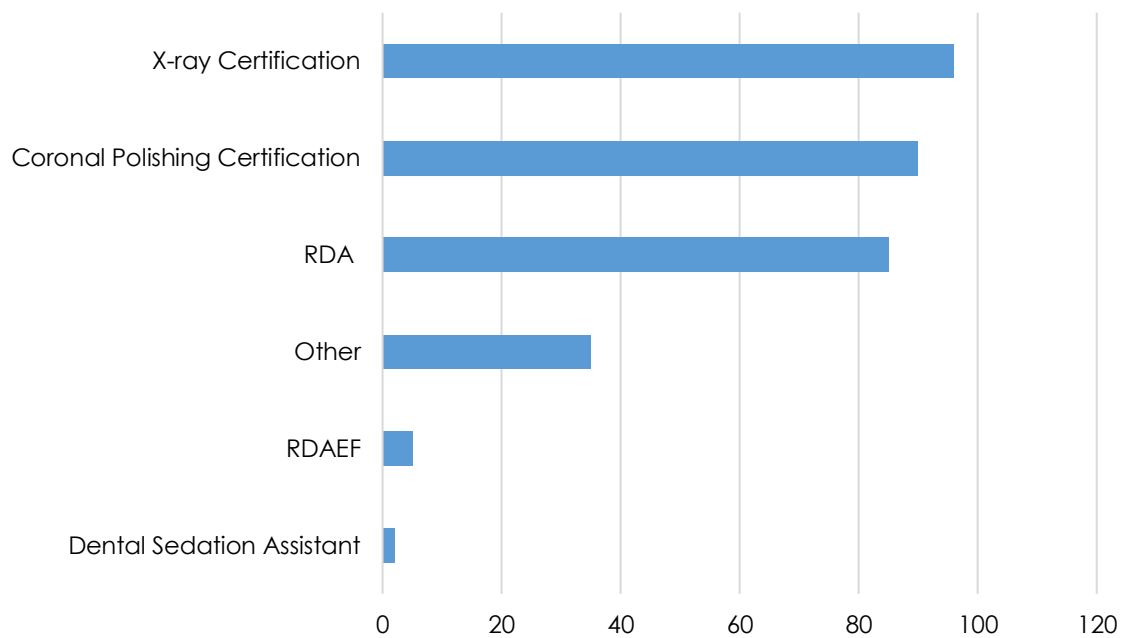


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	85	81.0
Rural (fewer than 50,000 people)	18	17.1
Missing	2	1.9
Total	105	100

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

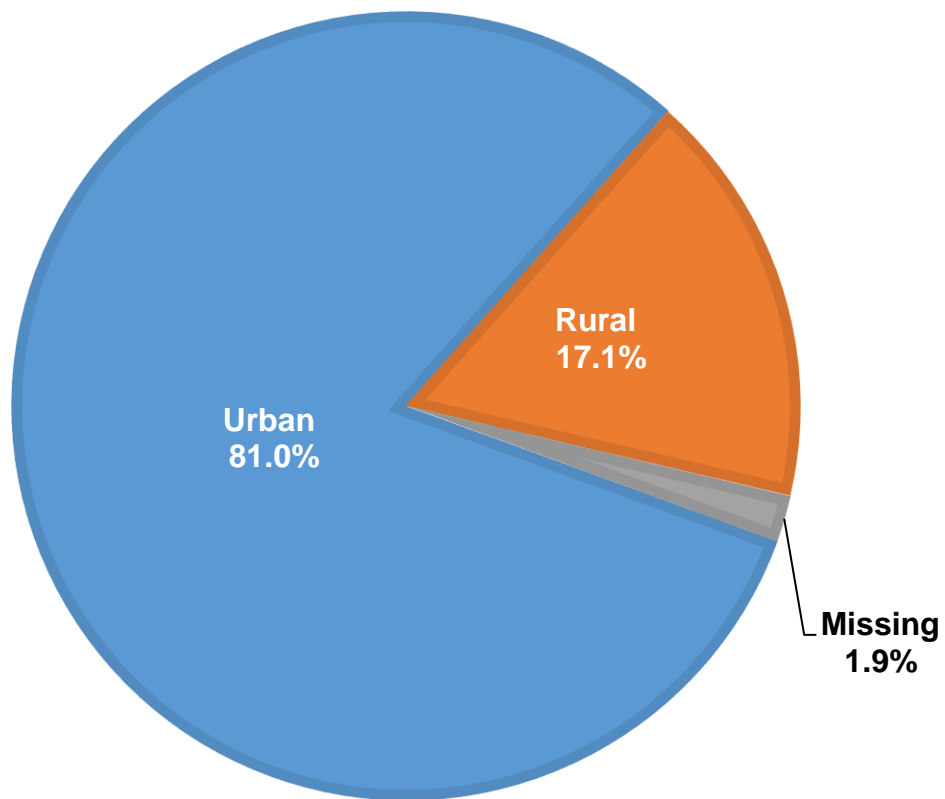


TABLE 5 – PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING	NUMBER (N)	PERCENT*
Private orthodontic practice with one orthodontist	43	41.0
Private general practice with one dentist	5	4.8
Group orthodontic practice with two or more orthodontists	32	30.5
Group general practice with two or more dentists	11	10.5
Public health dentistry	2	1.9
Dental school clinic	2	1.9
Other	9	8.6
Missing	1	1.0
Total	105	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 5 – PRIMARY PRACTICE SETTING DESCRIPTION

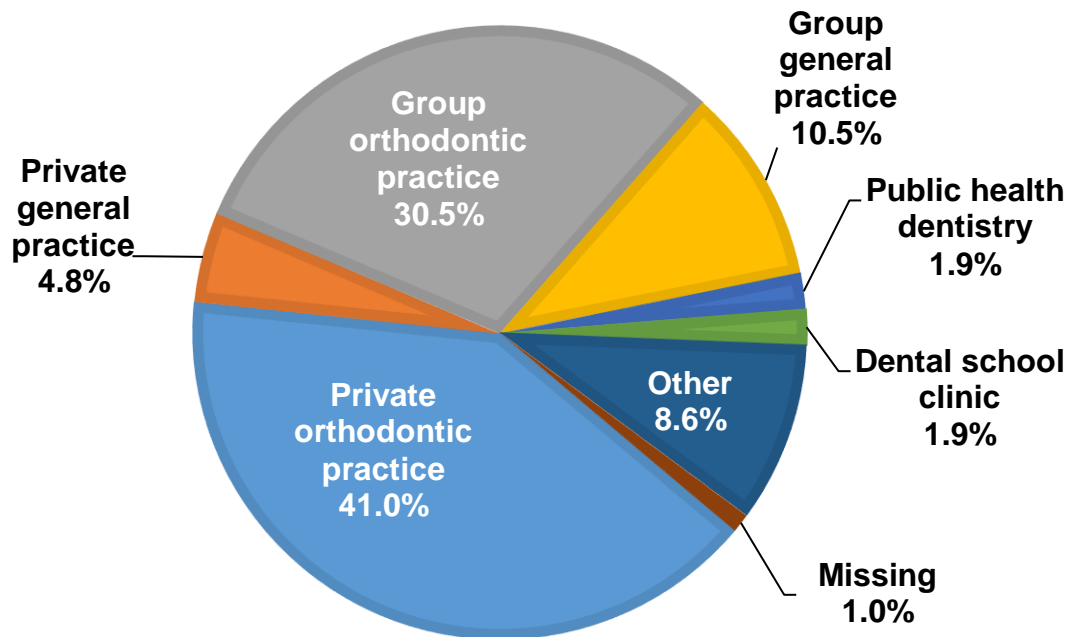


TABLE 6 – OTHER ORTHODONTIC ASSISTANTS IN PRIMARY WORK SETTING

OTHER ORTHODONTIC ASSISTANTS	NUMBER (N)	PERCENT*
0	28	26.7
1	16	15.2
2–3	33	31.4
4–5	18	17.1
More than 5	10	9.5
Total	105	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – OTHER ORTHODONTIC ASSISTANTS IN PRIMARY WORK SETTING

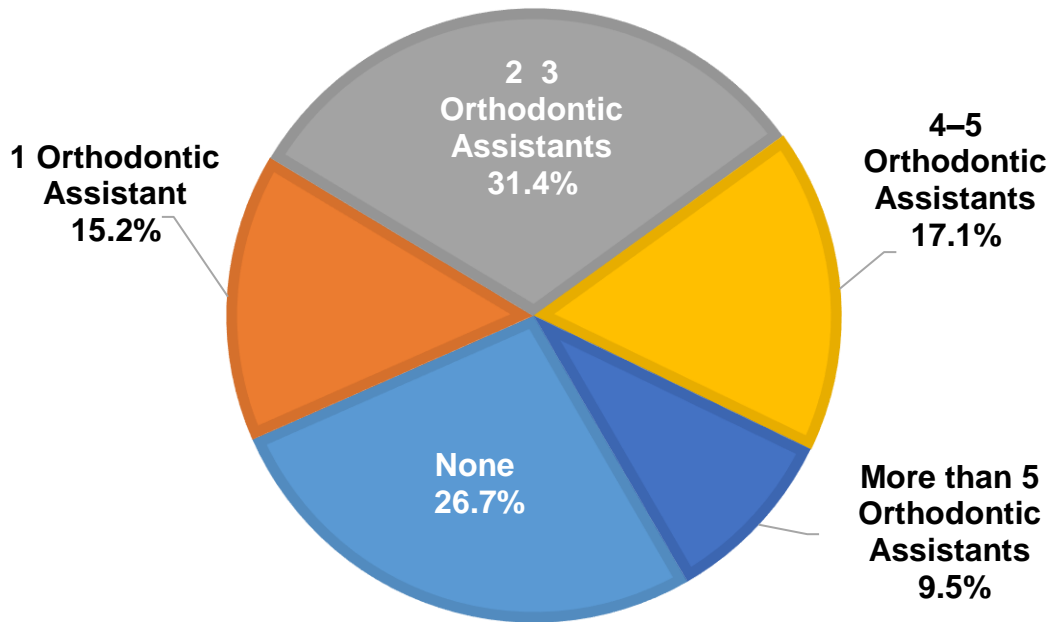


TABLE 7 – LICENSED RDAs AND RDAEFs IN PRIMARY WORK SETTING

RDAs/RDAEFs	NUMBER (N)	PERCENT
0	21	20.0
1	22	21.0
2-3	38	36.2
4-5	14	13.3
More than 5	10	9.5
Total	105	100

FIGURE 7 – LICENSED RDAs AND RDAEFs IN PRIMARY WORK SETTING

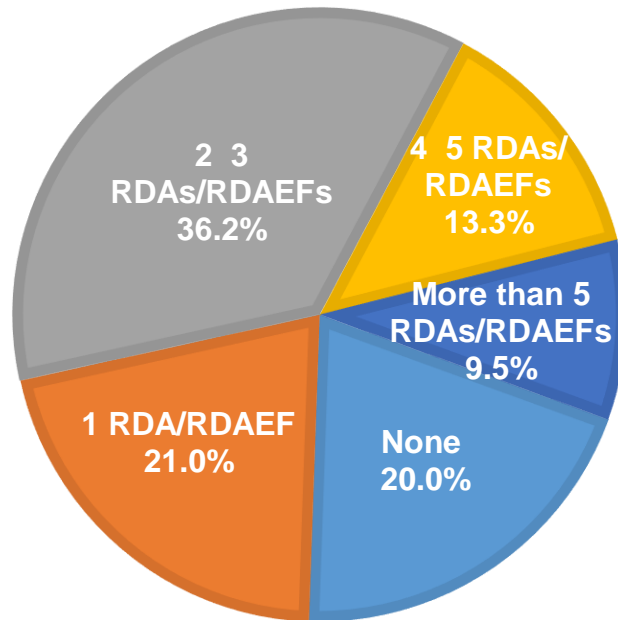


TABLE 8 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	60	57.1
1	17	16.2
2-3	19	18.1
4-5	3	2.9
More than 5	6	5.7
Total	105	100

FIGURE 8 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

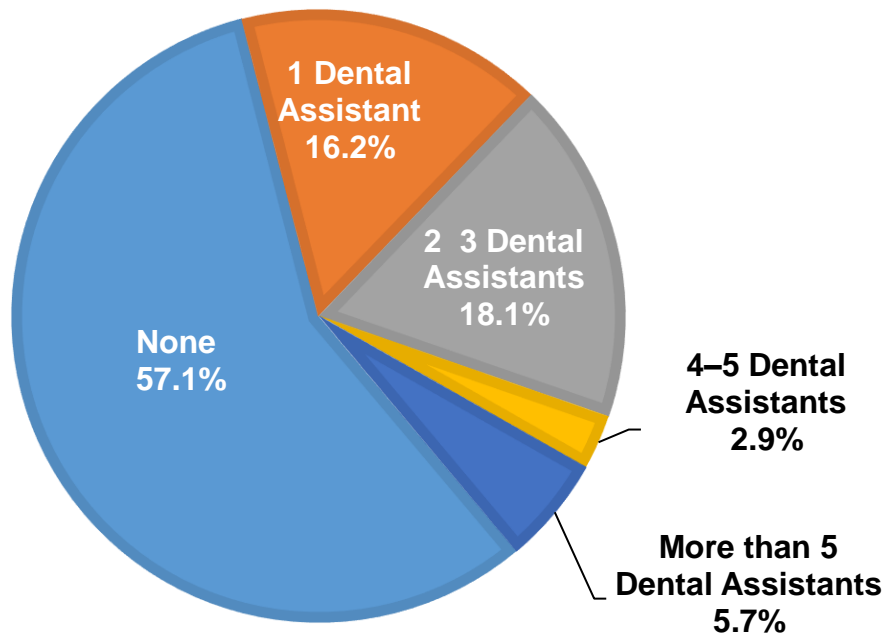


TABLE 9 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING*

PROCEDURES	NUMBER (N)	PERCENT**
Not applicable	11	10.5
3D model scanning	67	63.8
Cone-beam computed tomography	20	19.0
Invisalign delivery	79	75.2
Fabrication of fixed appliances	45	42.9
Fabrication of removable appliances	57	54.3
Other	9	8.6

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 9 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING

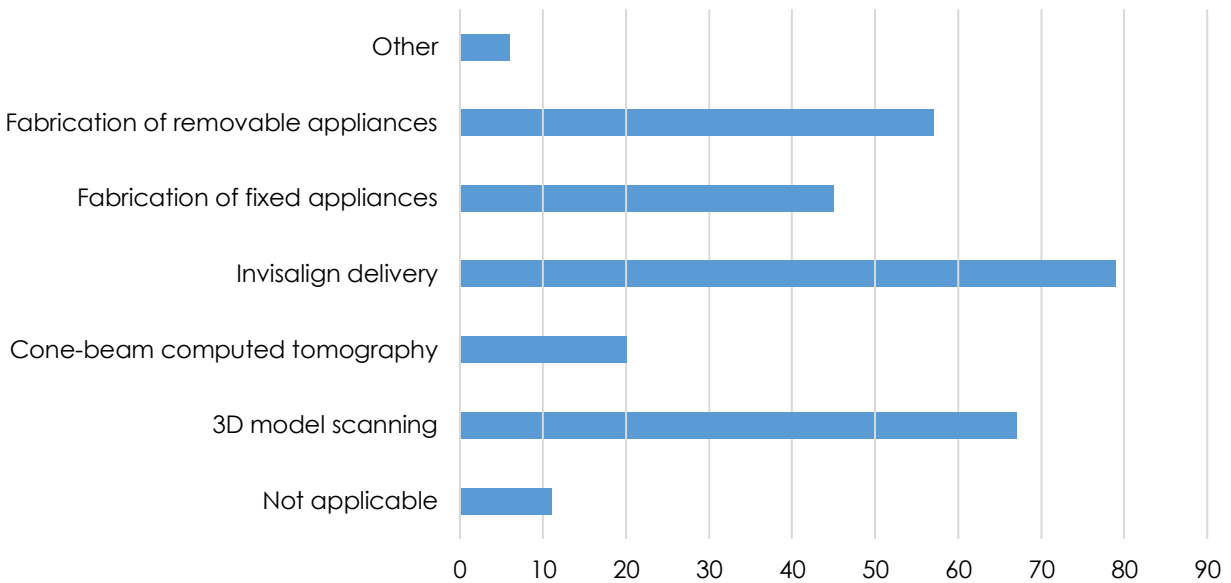


TABLE 10 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT**
Los Angeles County and Vicinity	26	24.8
San Francisco Bay Area	17	16.2
San Joaquin Valley	15	14.3
Sacramento Valley	13	12.4
San Diego County and Vicinity	8	7.6
Riverside and Vicinity	9	8.6
Sierra Mountain Valley	9	8.6
North Coast	3	2.9
South Coast and Central Coast	5	4.8
Total	105	100

*NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.

**NOTE: Percentages do not add to 100 due to rounding.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task statement rating scale in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency $\alpha = .889$; Importance $\alpha = .920$). These results indicate that the responding orthodontic assistants rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Patient Information and Diagnostic Records	7	.639	.739
2. Orthodontic Procedures	17	.875	.895
3. Infection Control and Health and Safety	9	.810	.862
4. Laws and Regulations	6	.771	.775
Overall	39	.889	.920

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean} [(F_i) \times (I_i)]$$

The task statements were sorted in descending order by their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

OPES convened a workshop consisting of four orthodontic assistant SMEs in January 2021. The purpose of this workshop was to identify the essential tasks and knowledge required for

safe and effective orthodontic assistant practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index. Based on the SMEs' opinion of the relative importance of tasks to orthodontic assistant practice, the SMEs determined that no cutoff value should be established, and no items were excluded for this reason.

However, after further reviewing the tasks and knowledge statements, the SMEs determined that task 7 in content area "Patient Information and Diagnostic Records" should be removed from the examination outline because it will increasingly become an outdated method as a result of technology. In addition, the SMEs reached consensus and made minor grammatical changes to tasks 3 and 5 in the content area "Patient Information and Diagnostic Records." The SMEs also changed the word "bracket" to "wire" in task 15 within the content area "Orthodontic Procedures" for increased accuracy. The SMEs further determined that tasks 16 and 17 within the content area "Orthodontic Procedures" should be combined; the separate task 17 was therefore eliminated.

KNOWLEDGE STATEMENTS

The SMEs who participated in the January 2021 workshop also reviewed the list of knowledge statements that was developed during the initial OA workshops to verify that all knowledge statements were critical for safe and effective entry level performance as an orthodontic assistant in California.

The SMEs made minor grammatical changes to knowledge statement 4. The SMEs determined that knowledge statements 24 and 25 were linked with task 7, which was excluded from the content area "Patient Information and Diagnostic Records." Therefore, knowledge statements 24 and 25 were also eliminated. In addition, the SMEs determined that knowledge statement 23 in the content area "Patient Information and Diagnostic Records" was not critical relative to task 6, as this item of knowledge typically pertains to knowledge required in the lab. Therefore, knowledge statement 23 was also excluded. Because tasks 16 and 17 were combined, the six knowledge statements linked to these tasks were combined into three. Knowledge statements 57–59 linked with task statement 16, and knowledge statements 60–62 linked with task statement 17. These knowledge statements were combined, resulting in the elimination of separate knowledge statements 60–62. The SMEs also determined that a new knowledge statement should be added that addresses the factors that impact adhesion of orthodontic components. They further determined that this knowledge statement should be linked to tasks 11 and 12.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the January 2021 workshop then confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the remaining knowledge statements linked to each task were critical to effective performance of that task.

Once the task and knowledge statements were finalized, their numbers were updated for clarity.

CHAPTER 5 | EXAMINATION OUTLINE

CONTENT AREAS AND WEIGHTS

The SMEs in the January 2021 workshop were asked to finalize the weights for content areas that would form the Orthodontic Assistant Examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to the entry level orthodontic assistant practice in California. Through discussion, the SMEs determined that adjustments to content area weights were necessary to more accurately reflect the relative importance of each area. The content area weight for content area “Orthodontic Procedures” was increased, while the content area weights for “Patient Information and Diagnostic Records,” “Infection Control and Health and Safety,” and “Laws and Regulations” were decreased. A summary of the preliminary and final content area weights for the Orthodontic Assistant Examination outline is presented in Table 12.

TABLE 12 – CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Weights	Final Weights
1. Patient Information and Diagnostic Records	14%	10%
2. Orthodontic Procedures	43%	60%
3. Infection Control and Health and Safety	28%	18%
4. Laws and Regulations	15%	12%
Total	100%	100%

The SMEs who participated in the January 2021 workshop then organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were finalized by SMEs in a separate workshop held in March 2021 and form the basis of the examination outline for the Orthodontic Assistant Examination. The Orthodontic Assistant Examination outline is presented in Table 13. Note: Table 13 contains task and knowledge statements as renumbered. Tables 14 and 15 show the renumbering of statements for the final examination outline.

TABLE 13 – ORTHODONTIC ASSISTANT EXAMINATION OUTLINE

1. Patient Information and Diagnostic Records (10%) – This area assesses the candidate’s ability to review information about a patient’s history and oral conditions as they relate to orthodontic treatment. This area also assesses the candidate’s ability to assist with diagnostic records and to chart information related to orthodontic treatment. These activities are performed under the supervision of a dentist or orthodontist.

Section	Tasks	Associated Knowledge Statements
1A. Review Patient Information (6%)	T1. Review information about patient history to identify conditions that may affect orthodontic treatment.	K1. Knowledge of common medical conditions or medications that affect orthodontic treatment. K2. Knowledge of oral conditions that impact orthodontic treatment. K3. Knowledge of methods for collecting information about patient history.
	T2. Review extraoral and intraoral conditions or abnormalities to determine implications for orthodontic treatment.	K4. Knowledge of classifications of occlusion and malocclusion. K5. Knowledge of the relationship between facial or oral abnormalities and orthodontic problems. K6. Knowledge of the effects of diet and personal habits on orthodontic problems. K7. Knowledge of the relationship between speech patterns and orthodontic problems.
	T3. Chart patient information to document orthodontic treatment.	K8. Knowledge of universal numbering and Palmer quadrant notation systems. K9. Knowledge of methods for charting oral conditions and problems. K10. Knowledge of methods for recording medical or dental history for use in treatment.
1B. Assist with Diagnostic Records (4%)	T4. Prepare patient for intraoral and extraoral radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining the position of teeth and jaw.	K11. Knowledge of types of radiographic imaging. K12. Knowledge of procedures for taking digital or conventional radiographs. K13. Knowledge of methods for patient management and safety during radiograph procedures. K14. Knowledge of factors that impact radiographic imaging and quality.
	T5. Obtain maxillary and mandibular impressions or digital scans to assist in preparing for treatment or appliance.	K15. Knowledge of types of impression instruments and materials. K16. Knowledge of methods for taking impressions and tray placement. K17. Knowledge of factors that impact impression quality. K18. Knowledge of methods for taking digital scans. K19. Knowledge of factors that impact digital scan quality.
	T6. Prepare bite registrations to index maxillary and mandibular arches.	K20. Knowledge of types of materials used in bite registrations. K21. Knowledge of methods for taking bite registrations. K22. Knowledge of techniques for bite registration cleanup and preparation for use.

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2. Orthodontic Procedures (60%) – This area assesses the candidate’s ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate’s ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2A. Treatment Preparation (9%)	T7. Identify types and stages of treatment to prepare for orthodontic procedures.	K23. Knowledge of types and stages of orthodontic treatment. K24. Knowledge of types of tooth movement achieved in orthodontic treatments. K25. Knowledge of processes and limitations involved in tooth movement.
	T8. Prepare instruments to facilitate use in orthodontic treatment.	K26. Knowledge of types of orthodontic instruments and their associated uses. K27. Knowledge of methods for preparing, caring for, and storing orthodontic instruments.
	T9. Select components and materials to be used in orthodontic appliance or auxiliaries.	K28. Knowledge of types of orthodontic components and their functions. K29. Knowledge of types of auxiliaries and their functions. K30. Knowledge of methods for selecting orthodontic components or auxiliaries based on dentist’s instructions. K31. Knowledge of types of bonding materials. K32. Knowledge of methods for selecting bonding materials based on dentist’s instructions.
2B. Orthodontic Bands and Brackets (20%)	T10. Place separators to create space for orthodontic bands.	K33. Knowledge of types of orthodontic separators and their functions. K34. Knowledge of types of instruments used to place orthodontic separators. K35. Knowledge of techniques for placing orthodontic separators. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T11. Place bands to attach orthodontic appliance parts or auxiliaries.	K37. Knowledge of types of orthodontic bands and their functions. K38. Knowledge of methods for fitting orthodontic bands. K39. Knowledge of methods for cementing orthodontic bands. K40. Knowledge of factors that impact adhesion of orthodontic components. K41. Knowledge of methods for removing excess cement from supragingival surfaces. K42. Knowledge of types of instruments used to place orthodontic bands. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T12. Pre-position orthodontic brackets to facilitate movement of teeth to prescribed position.	K43. Knowledge of types of orthodontic brackets and their functions. K44. Knowledge of methods for placing brackets based on dentist’s instructions. K45. Knowledge of methods for bonding orthodontic brackets. K40. Knowledge of factors that impact adhesion of orthodontic components. K46. Knowledge of methods for removing excess bonding material from surfaces of teeth. K47. Knowledge of types of instruments used to place orthodontic brackets. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.

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2. Orthodontic Procedures (60%) (continued) – This area assesses the candidate’s ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate’s ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2C. Orthodontic Arch Wires and Ligatures (20%)	T13. Place arch wires to provide the force in moving teeth to prescribed position.	K48. Knowledge of the types of arch wires and their functions. K49. Knowledge of methods for placing archwires based on dentist’s instructions. K50. Knowledge of methods for terminating archwires. K51. Knowledge of types of instruments used to place orthodontic archwires. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T14. Place ligatures to connect wire to fixed orthodontic appliance.	K52. Knowledge of types of ligatures and their functions. K53. Knowledge of methods for placing ligatures based on dentist’s instructions. K54. Knowledge of types of instruments used to place orthodontic ligatures. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
2D. Auxiliaries, Appliances, and Post-treatment Procedures. (7%)	T15. Assist in the placement of intraoral or extraoral auxiliaries to increase effectiveness of braces.	K55. Knowledge of types of intraoral and extraoral auxiliaries and their functions. K56. Knowledge of methods for placing or fitting intraoral and extraoral auxiliaries based on dentist’s instructions. K57. Knowledge of types of instruments used to place intraoral and auxiliaries. K58. Knowledge of factors that impact the efficacy of intraoral and extraoral auxiliaries.
	T16. Remove orthodontic components to prepare for next treatment, phase, or completion.	K59. Knowledge of methods for removing orthodontic appliance components. K60. Knowledge of methods for removing orthodontic cement or bonding agents. K61. Knowledge of instruments used in the removal of orthodontic appliance components.
	T17. Check fixed or removable appliances to verify fit or retention.	K62. Knowledge of types of fixed or removable appliances and their functions. K63. Knowledge of methods for verifying fixed and removable appliances fit or retention.
	T18. Assist with post-treatment procedures to finalize or fine-tune orthodontic outcomes.	K64. Knowledge of types of post-treatment procedures and their functions. K65. Knowledge of types of instruments used in performing post-treatment procedures.

2. Orthodontic Procedures (60%) (continued) – This area assesses the candidate’s ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate’s ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2E. Patient Education (4%)	T19. Educate patients about pre- and post-treatment instructions to promote compliance.	K66. Knowledge of symptoms patients may encounter following orthodontic treatment. K67. Knowledge of techniques for pain management following orthodontic treatment. K68. Knowledge of methods for educating patients about pre- and post-treatment instructions.
	T20. Educate patients about orthodontic hygiene and care to maintain oral health or prevent damage.	K69. Knowledge of the effects of poor hygiene and care related to orthodontics. K70. Knowledge of methods for educating patients about oral hygiene related to orthodontics.
	T21. Educate patients about appliance care to prevent damage.	K71. Knowledge of the effects of improper handling on orthodontic appliances. K72. Knowledge of methods for educating patients about orthodontic appliance care.
	T22. Educate patients about dietary recommendations to prevent damage to teeth or appliances.	K73. Knowledge of the effects of foods and beverages on orthodontic appliances and teeth. K74. Knowledge of methods for educating patients about dietary recommendations during orthodontic treatment.

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3. Infection Control and Health and Safety (18%) – This area assesses the candidate’s ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section	Tasks	Associated Knowledge Statements
3A. Patient Safety and Prevention of Disease Transmission (9%)	T23. Provide patient with safety precautions to enhance protection during orthodontic treatment.	K75. Knowledge of methods for using safety precautions with patients. K76. Knowledge of types of safety equipment for protecting patients. K77. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
	T24. Implement barrier, evacuation, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K78. Knowledge of equipment for providing protective barriers and evacuation. K79. Knowledge of techniques for using barriers, evacuation, and rinses. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T25. Sanitize hands according to protocols to prevent the transmission of diseases.	K81. Knowledge of techniques for sanitizing hands during orthodontic treatments. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T26. Wear personal protective equipment to prevent contamination.	K82. Knowledge of techniques for using personal protective equipment. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T27. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K83. Knowledge of techniques for preventing the spread of infectious diseases. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K84. Knowledge of signs of allergic reaction or anaphylactic shock. K85. Knowledge of signs of medical crisis or emergency. K86. Knowledge of methods for obtaining emergency medical assistance. K87. Knowledge of methods for administering emergency first aid and CPR.
3B. Equipment Disinfection and Cross-Contamination Prevention (9%)	T29. Disinfect treatment area and equipment to prepare for or complete orthodontic treatment.	K88. Knowledge of methods for disinfecting treatment areas and equipment. K89. Knowledge of barrier techniques for protecting treatment areas and equipment. K90. Knowledge of methods for monitoring dental waterlines and water quality. K91. Knowledge of methods for disinfecting evacuation lines.
	T30. Sterilize orthodontic instruments to prevent patient-to-patient disease transmission.	K92. Knowledge of types of sterilization processes. K93. Knowledge of methods for sterilizing instruments. K94. Knowledge of techniques for storing instruments before and after use.
	T31. Adhere to disposal safety protocols to discard contaminated materials or sharps.	K95. Knowledge of techniques for the safe disposal of contaminated materials. K96. Knowledge of techniques for the safe disposal of sharps.

24

4. Laws and Regulations (12%) – This area assesses the candidate’s knowledge of laws and regulations regarding permit requirements, scope of practice, professional conduct, and professional responsibilities.

Section	Tasks	Associated Knowledge Statements
T32.	Comply with laws about consent to respect patients’ right to make informed treatment decisions.	K97. Knowledge of laws regarding patient consent.
T33.	Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide services that protects patients’ private health information.	K98. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T34.	Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K99. Knowledge of signs of child abuse or neglect. K100. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K101. Knowledge of signs of elder adult abuse, neglect, or exploitation. K102. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T35.	Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K103. Knowledge of legal standards for patient record-keeping and documentation. K104. Knowledge of laws regarding the storage and disposal of patient charts or records.
T36.	Comply with laws about professional conduct to maintain professional integrity.	K105. Knowledge of laws regarding professional conduct.
T37.	Comply with laws about scope of practice to maintain professional boundaries.	K106. Knowledge of laws regarding scope of practice.

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TABLE 14 – RENUMBERING OF TASK STATEMENTS

Original Task Number in California Orthodontic Assistant Occupational Analysis Survey	New Task Number in California Orthodontic Assistant Examination Outline
8	7
9	8
10	9
11	10
12	11
13	12
14	13
15	14
16	15
17	15
18	16
19	17
20	18
21	19
22	20
23	21
24	22
25	23
26	24
27	25
28	26
29	27
30	28
31	29
32	30
33	31
34	32
35	33
36	34
37	35
38	36
39	37

TABLE 15 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California Orthodontic Assistant Occupational Analysis Survey	New Knowledge Statement Number in California Orthodontic Assistant Examination Outline
26	23
27	24
28	25
29	26
30	27
31	28
32	29
33	30
34	31
35	32
36	33
37	34
38	35
39	36
40	37
41	38
42	39
43	41
44	42
45	43
46	44
47	45
48	46
49	47
50	48
51	49
52	50
53	51
54	52
55	53
56	54
57	55
58	56

Original Knowledge Statement Number in California Orthodontic Assistant Occupational Analysis Survey	New Knowledge Statement Number in California Orthodontic Assistant Examination Outline
59	57
60	55
61	56
62	58
63	59
64	60
65	61
66	62
67	63
68	64
69	65
70	66
71	67
72	68
73	69
74	70
75	71
76	72
77	73
78	74
79	75
80	76
81	77
82	78
83	79
84	80
85	81
86	82
87	83
88	84
89	85
90	86
91	87
92	88

Original Knowledge Statement Number in California Orthodontic Assistant Occupational Analysis Survey	New Knowledge Statement Number in California Orthodontic Assistant Examination Outline
93	89
94	90
95	91
96	92
97	93
98	94
99	95
100	96
101	97
102	98
103	99
104	100
105	101
106	102
107	103
108	104
109	105
110	106
New Knowledge	40

CHAPTER 6 | CONCLUSION

The OA of the orthodontic assistant profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent orthodontic assistant practice. Results of this OA provide information regarding current practice that can be used to make job-related decisions regarding occupational permitting, certification, or licensure.

By using the California Orthodontic Assistant Examination outline contained in this report, the Board ensures that its examination program reflects current practice and complies with B&P Code § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	19
Orange	7
TOTAL	26

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	0
Mendocino	1
Sonoma	2
TOTAL	3

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	4
San Bernardino	5
TOTAL	9

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	0
Colusa	0
Glenn	0
Lake	0
Sacramento	11
Sutter	0
Yolo	2
Yuba	0
TOTAL	13

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	0
San Diego	8
TOTAL	8

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	6
Contra Costa	1
Marin	1
Napa	0
San Francisco	2
San Mateo	1
Santa Clara	6
Santa Cruz	0
Solano	0
TOTAL	17

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	4
Kern	2
Kings	0
Madera	1
Merced	1
San Joaquin	4
Stanislaus	3
Tulare	0
TOTAL	15

SHASTA-CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	0
Siskiyou	0
Tehama	0
Trinity	0
TOTAL	0

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	1
El Dorado	1
Inyo	0
Mariposa	0
Nevada	1
Placer	5
Sierra	0
Tuolumne	1
TOTAL	9

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	1
San Benito	0
San Luis Obispo	1
Santa Barbara	1
Ventura	2
TOTAL	5

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient Information and Diagnostic Records

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T5.*	Obtain maxillary and mandibular impressions or digital scans to assist in preparing for treatment or appliance orthodontic studies or working models.	4.27	4.31	19.22
T3.*	Chart evaluation patient information to document findings related to orthodontic treatment.	3.75	4.12	16.66
T1.	Review patient history to identify conditions that may affect orthodontic treatment.	3.65	3.94	16.13
T4.	Prepare patient for intraoral and extraoral radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining the position of teeth and jaw.	3.44	3.78	15.24
T2.	Review extraoral and intraoral conditions or abnormalities to determine implications for orthodontic treatment.	3.30	3.73	13.87
T6.	Prepare bite registrations to index maxillary and mandibular arches.	3.33	3.64	13.78
T7**.	Prepare models to mount on articulator for orthodontic diagnostic studies.	1.63	2.42	6.35

*NOTE: Tasks 5 and 3 were modified as shown by the SMEs in the January 2021 workshop.

**NOTE: Shaded task was excluded from the examination because it will become an outdated method due to technology.

Content Area 2: Orthodontic Procedures

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T14.	Place archwires to provide the force in moving teeth to prescribed position.	4.81	4.72	22.95
T22.	Educate patients about orthodontic hygiene and care to maintain oral health or prevent damage.	4.73	4.71	22.44
T21.	Educate patients about pre- and post-treatment instructions to promote compliance.	4.68	4.69	22.07
T23.	Educate patients about appliance care to prevent damage.	4.64	4.61	21.70
T24.	Educate patients about dietary recommendations to prevent damage.	4.62	4.56	21.42
T9.	Prepare instruments to facilitate use in orthodontic treatment.	4.67	4.53	21.39
T15.*	Place ligatures to connect brackets wire in fixed orthodontic appliance.	4.59	4.51	20.95
T16.**	Assist in the placement of intraoral or extraoral auxiliaries to increase effectiveness of braces.	4.26	4.36	18.91
T20.	Assist with post-treatment procedures to finalize orthodontic outcomes.	4.18	4.36	18.58
T18.	Remove orthodontic components to prepare for next treatment, phase, or completion.	4.14	4.40	18.49
T10.	Select components and materials to be used in orthodontic appliance or auxiliaries.	4.14	4.31	18.43
T19.	Check fixed or removable appliances to verify fit or retention.	3.99	4.28	17.78

*NOTE: Task 15 was modified as shown by the SMEs in the January 2021 workshop.

**NOTE: Tasks 16 and 17 were combined by the SMEs, resulting in the indicated addition to task 16.

T13.	Pre-position orthodontic brackets to facilitate movement of teeth to prescribed position.	3.78	4.26	17.02
T11.	Place separators to create space for orthodontic bands.	3.93	3.95	16.84
T12.	Place bands to attach orthodontic appliance parts or auxiliaries.	3.58	4.06	16.03
T8.	Identify types and stages of treatment to prepare for orthodontic procedures.	3.61	4.00	15.49
T17.*	Assist in the placement of extraoral auxiliaries to increase effectiveness of braces.	3.32	3.70	14.49

*NOTE: Shaded task was combined with task 16, resulting in its elimination.

Content Area 3: Infection Control and Health and Safety

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T31.	Disinfect treatment area and equipment to prepare for or complete orthodontic treatment.	4.91	4.95	24.37
T29.	Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	4.90	4.95	24.33
T27.	Sanitize hands according to protocols to prevent the transmission of diseases.	4.92	4.91	24.29
T32.	Sterilize orthodontic instruments to prevent patient-to-patient disease transmission.	4.89	4.97	24.27
T28.	Wear personal protective equipment to prevent contamination.	4.89	4.95	24.26
T26.	Implement barrier, evacuation, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	4.79	4.85	23.42
T33.	Adhere to disposal safety protocols to discard contaminated materials or sharps.	4.74	4.90	23.21
T25.	Provide patient with safety precautions to enhance protection during orthodontic treatment.	4.61	4.53	21.30
T30.	Identify signs of medical emergencies to address situations that require immediate intervention.	3.84	4.59	18.13

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T38.	Comply with laws about professional conduct to maintain professional integrity.	4.59	4.73	22.04
T39.	Comply with laws about scope of practice to maintain professional boundaries.	4.46	4.73	21.47
T35.	Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide services that protects patients' private health information.	4.28	4.64	20.64
T34.	Comply with laws about consent to respect patients' right to make informed treatment decisions.	4.19	4.50	19.68
T37.	Comply with laws about recordkeeping to document, store, and dispose of patient charts or records.	4.10	4.66	19.68
T36.	Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	2.18	4.54	10.06

APPENDIX C | KNOWLEDGE STATEMENTS

Content Area 1: Patient Information and Diagnostic Records

Knowledge Number	Knowledge Statement	Importance
K8.	Knowledge of universal numbering and Palmer quadrant notation systems.	3.4257
K14.	Knowledge of factors that impact radiographic imaging and quality.	3.3762
K13.	Knowledge of methods for patient management during radiograph procedures.	3.3663
K16.	Knowledge of methods for taking impressions and tray placement.	3.3366
K12.	Knowledge of procedures for taking digital or conventional radiographs.	3.3267
K11.	Knowledge of types of radiographic imaging.	3.3069
K17.	Knowledge of factors that impact impression quality.	3.3069
K4.*	Knowledge of methods for classifying classifications of occlusion and malocclusion.	3.2772
K15.	Knowledge of types of impression instruments and materials.	3.2277
K2.	Knowledge of oral conditions that impact orthodontic treatment.	3.2079
K6.	Knowledge of the effects of diet and personal habits on orthodontic conditions.	3.1980
K9.	Knowledge of methods for charting oral conditions and problems.	3.1881
K10.	Knowledge of methods for recording medical or dental history.	3.1584
K5.	Knowledge of the relationship between facial or oral abnormalities and orthodontic conditions.	3.0891
K3.	Knowledge of methods for collecting information about patient history.	3.0297
K19.	Knowledge of factors that impact digital scan quality.	3.0099

*NOTE: Knowledge statement 4 was modified as shown by the SMEs in the January 2021 workshop.

Content Area 1: Patient Information and Diagnostic Records (Continued)

Knowledge Number	Knowledge Statement	Importance
K18.	Knowledge of methods for taking digital scans.	2.9901
K1.	Knowledge of common medical conditions or medications that affect orthodontic treatment.	2.9802
K24.*	Knowledge of techniques and materials used in pouring orthodontic models.	2.9109
K7.	Knowledge of the relationship between speech patterns and orthodontic conditions.	2.8614
K21.	Knowledge of methods for taking bite registrations.	2.6436
K20.	Knowledge of types of materials used in bite registrations.	2.5446
K22.	Knowledge of techniques for bite registration cleanup and preparation for use.	2.5446
K25.*	Knowledge of methods for separating, trimming, and finishing orthodontic models.	2.5347
K23.**	Knowledge of types of orthodontic models.	2.5149

*NOTE: The SMEs eliminated knowledge statements 24 and 25 because they were linked to task 7, which was excluded from the examination outline.

**NOTE: Knowledge statement 23 was eliminated by the SMEs because it was not critical to task 6.

Content Area 2: Orthodontic Procedures

Knowledge Number	Knowledge Statement	Importance
K73.	Knowledge of the effects of poor hygiene and care related to orthodontics.	4.6122
K74.	Knowledge of methods for educating patients about oral hygiene related to orthodontics.	4.5918
K77.	Knowledge of the effects of foods and beverages on orthodontic appliances and teeth.	4.4490
K76.	Knowledge of methods for educating patients about orthodontic appliance care.	4.4388
K75.	Knowledge of the effects of improper handling on orthodontic appliances.	4.4286
K72.	Knowledge of methods for educating patients about pre- and post-treatment instructions.	4.3878
K78.	Knowledge of methods for educating patients about dietary recommendations during orthodontic treatment.	4.3878
K70.	Knowledge of symptoms patients may encounter following orthodontic treatment.	4.2857
K71.	Knowledge of techniques for pain management following orthodontic treatment.	4.2245
K51.	Knowledge of methods for placing archwires based on dentist's instructions.	3.5612
K50.	Knowledge of the types of archwires and their functions.	3.4694
K29.	Knowledge of types of orthodontic instruments and their associated uses.	3.4490
K55.	Knowledge of methods for placing ligatures based on dentist's instructions.	3.4184
K33.	Knowledge of methods for selecting orthodontic components or auxiliaries based on dentist's instructions.	3.4082
K30.	Knowledge of methods for preparing, caring for, and storing orthodontic instruments.	3.3980
K31.	Knowledge of types of orthodontic components and their functions.	3.3878
K32.	Knowledge of types of auxiliaries and their functions.	3.3776

Content Area 2: Orthodontic Procedures (Continued)

Knowledge Number	Knowledge Statement	Importance
K47.	Knowledge of methods for bonding orthodontic brackets.	3.3776
K34.	Knowledge of types of bonding materials.	3.3673
K35.	Knowledge of methods for selecting bonding materials based on dentist's instructions.	3.3673
K53.	Knowledge of types of instruments used to place orthodontic archwires.	3.3673
K65.	Knowledge of instruments used in the removal of orthodontic appliance components.	3.3673
K66.	Knowledge of types of fixed or removable appliances and their functions.	3.3571
K54.	Knowledge of types of ligatures and their functions.	3.3469
K67.	Knowledge of methods for verifying fit or retention of fixed and removable appliances.	3.3469
K39.	Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.	3.3367
K45.	Knowledge of types of orthodontic brackets and their functions.	3.3367
K64.	Knowledge of methods for removing orthodontic cement or bonding agents.	3.3367
K56.	Knowledge of types of instruments used to place orthodontic ligatures.	3.3163
K27.	Knowledge of types of tooth movement achieved in orthodontic treatments.	3.3061
K41.	Knowledge of methods for fitting orthodontic bands.	3.2551
K63.	Knowledge of methods for removing orthodontic appliance components.	3.2551
K46.	Knowledge of methods for placing brackets based on dentist's instructions.	3.2449
K52.	Knowledge of methods for terminating archwires.	3.2449
K58.*	Knowledge of methods for placing or verifying fit of intraoral and extraoral auxiliaries based on dentist's instructions.	3.2449
K42.	Knowledge of methods for cementing orthodontic bands.	3.2347

*NOTE: Knowledge statements 57–59 were combined with knowledge statements 60–62, resulting in the addition of content to knowledge statement 58.

Content Area 2: Orthodontic Procedures (Continued)

Knowledge Number	Knowledge Statement	Importance
K48.	Knowledge of methods for removing excess bonding material from surface of teeth.	3.2347
K49.	Knowledge of types of instruments used to place orthodontic brackets.	3.2347
K68.	Knowledge of types of post-treatment procedures and their functions.	3.2347
K57.*	Knowledge of types of intraoral and extraoral auxiliaries and their functions.	3.2143
K26.	Knowledge of types and stages of orthodontic treatment.	3.2041
K43.	Knowledge of methods for removing excess cement from supragingival surfaces.	3.1735
K28.	Knowledge of processes and limitations involved in tooth movement.	3.1633
K69.	Knowledge of types of instruments used in performing post-treatment procedures.	3.1633
K59.*	Knowledge of types of instruments used to place intraoral or extraoral auxiliaries.	3.1531
K44.	Knowledge of types of instruments used to place orthodontic bands.	3.1327
K40.	Knowledge of types of orthodontic bands and their functions.	3.1122
K38.	Knowledge of techniques for placing orthodontic separators.	3.1020
K60.**	Knowledge of types of extraoral auxiliaries and their functions.	3.0102
K61.**	Knowledge of methods for checking the fit of extraoral auxiliaries based on dentist's instructions.	3.0102
K62.**	Knowledge of factors that impact the efficacy of extraoral auxiliaries.	2.9898
K36.	Knowledge of types of orthodontic separators and their functions.	2.9184
K37.	Knowledge of types of instruments used to place orthodontic separators.	2.8367
NEW	Knowledge of factors that impact adhesion of orthodontic components.	--

*NOTE: Knowledge statements 57–59 were combined with knowledge statements 60–62, resulting in the addition of content to knowledge statements 57 and 59.

**NOTE: Knowledge statements 60–62 were combined with knowledge statements 57–59, resulting in the elimination of knowledge statements 60–62.

Content Area 3: Infection Control and Health and Safety

Knowledge Statement	Knowledge Statement	Importance
K87.	Knowledge of techniques for preventing the spread of infectious diseases.	4.8889
K86.	Knowledge of techniques for using personal protective equipment.	4.8687
K85.	Knowledge of techniques for sanitizing hands during orthodontic treatments.	4.8485
K92.	Knowledge of methods for disinfecting treatment areas and equipment.	4.8283
K93.	Knowledge of barrier techniques for protecting treatment areas and equipment.	4.8283
K82.	Knowledge of equipment for providing protective barriers and evacuation.	4.8081
K97.	Knowledge of methods for sterilizing instruments.	4.7980
K100.	Knowledge of techniques for the safe disposal of sharps.	4.7879
K84.	Knowledge of types of infectious diseases and their modes of transmission.	4.7677
K96.	Knowledge of types of sterilization processes.	4.7677
K91.	Knowledge of methods for administering emergency first aid and CPR.	4.7576
K83.	Knowledge of techniques for using barriers, evacuation, and rinses.	4.7475
K99.	Knowledge of techniques for the safe disposal of contaminated materials.	4.7475
K80.	Knowledge of types of safety equipment for protecting patients.	4.7374
K88.	Knowledge of signs of allergic reaction or anaphylactic shock.	4.7374

Content Area 3: Infection Control and Health and Safety (Continued)

Knowledge Number	Knowledge Statement	Importance
K89.	Knowledge of signs of medical crisis or emergency.	4.7273
K79.	Knowledge of methods for using safety precautions with patients.	4.7172
K90.	Knowledge of methods for obtaining emergency medical assistance.	4.7071
K94.	Knowledge of methods for monitoring dental waterlines and water quality.	4.6970
K98.	Knowledge of techniques for storing instruments before and after use.	4.6869
K95.	Knowledge of methods for disinfecting evacuation lines.	4.6566
K81.	Knowledge of techniques for protecting patients during diagnostic tests and imaging.	4.6364

Content Area 4: Laws and Regulations

Knowledge Number	Knowledge Statement	Importance
K102.	Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	4.5200
K109.	Knowledge of laws regarding professional conduct.	4.4600
K110.	Knowledge of laws regarding scope of practice.	4.4600
K103.	Knowledge of signs of child abuse or neglect.	4.4500
K107.	Knowledge of laws for patient recordkeeping and documentation.	4.4300
K101.	Knowledge of laws regarding patient consent.	4.3800
K104.	Knowledge of signs of dependent adult abuse, neglect, or exploitation.	4.3800
K105.	Knowledge of signs of elder adult abuse, neglect, or exploitation.	4.3500
K106.	Knowledge of methods for reporting child, elder, or dependent adult abuse.	4.3100
K108.	Knowledge of laws regarding the storage and disposal of patient charts or records.	4.1800

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Dear Orthodontic Assistant:

The Dental Board of California (Board) is currently conducting an occupational analysis (OA) of the orthodontic assistant profession. We invite you to take an online OA survey to gather essential information on the important tasks that are currently performed by practicing orthodontic assistants and the knowledge required to perform those tasks.

We will use this information to identify changes in the profession, develop an up-to-date description of orthodontic assistant practice, and ensure that orthodontic assistant permit examinations reflect current practice in California.

The Board understands that your time is valuable. However, your participation is essential to the success of this project and we appreciate your assistance.

For your convenience, you do not have to complete the survey in a single session. You can pick up where you left off as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The web link is available 24 hours a day, 7 days a week.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses of other orthodontic assistants and only group data will be analyzed.

If you wish to participate, please complete the questionnaire by December 14, 2020.

If you have any questions or need assistance, please contact [REDACTED].

Thank you for your participation!

[Begin Survey](#)

Please do not forward this email as its survey link is unique to you.
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APPENDIX E | QUESTIONNAIRE



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020

Cover Letter



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



November 16, 2020

Dear Orthodontic Assistant:

The Dental Board of California (Board) is conducting an occupational analysis of the orthodontic assistant profession. An occupational analysis is a comprehensive study that will provide the board with important information about the profession.

The occupational analysis uses a survey questionnaire to gather information about the tasks that are currently performed in practice. The results of the study will be used to develop a description of practice and will form the basis for developing the orthodontic assistant permit examination.

The Board understands that your time is valuable. However, your input is greatly appreciated in this vital process. The occupational analysis survey is available online and can be filled out at your convenience any time prior to the deadline below.

The survey does not have to be completed in a single session. You can exit the survey at any time and return to it later without losing your responses, as long as you are accessing the survey from the same computer. The survey will save fully completed pages; responses to items on partially completed pages will not be saved.

Your responses to this questionnaire will be combined with the responses of other orthodontic assistants to determine the tasks and knowledge needed for practice. Your individual responses will be kept confidential.

Please complete the survey by **December 14, 2020** in order for your data to be included in the study.

Please contact [REDACTED] at [REDACTED]@dca.ca.gov if you have questions about this process.

Thank you for your participation.

Respectfully,

Karen M. Fischer, MPA
Executive Officer



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part I - Personal Data

Complete this survey only if you currently hold a permit and are working as an orthodontic assistant in California.

The DBC recognizes that every orthodontic assistant may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective orthodontic assistant practice in the State of California.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey to generate a demographic profile of orthodontic assistants practicing in California.

*** 1. Are you currently working as a licensed orthodontic assistant in California?**

- Yes
 No



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part I - Personal Data

2. How long have you held an Orthodontic Assistant Permit in California?

- Less than 12 months
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- More than 20 years

3. What pathway did you follow to qualify for the Orthodontic Assistant Permit in California?

- 12 months or longer as a dental assistant
- Registered dental assistant (RDA) with qualifying experience
- Other (please specify)

4. Which of the following licenses or certificates do you possess in addition to your Orthodontic Assistant Permit? (Select all that apply)

- Not applicable (N/A)
- Registered Dental Assistant (RDA) License
- Registered Dental Assistant in Extended Functions (RDAEF) License
- X-ray certification
- Dental Sedation Assistant Permit
- Coronal Polishing certification
- Other (please specify)

4

5. What is the location of your primary work setting?

- Urban (more than 50,000 people)
- Rural (fewer than 50,000 people)

6. How would you describe your primary work setting?

- Private orthodontic practice with one orthodontist
- Private general dental practice with one dentist
- Group orthodontic practice with two or more orthodontists
- Group general dental practice with two or more dentists
- Public health dentistry
- Dental school clinic
- Military
- Other (please specify)



**ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020**

Part I - Personal Data

7. How many other licensed orthodontic assistant permit holders work in your primary work setting (not including yourself)?

- 0
- 1
- 2 to 3
- 4 to 5
- More than 5

8. How many licensed RDAs or RDAEFs who do NOT hold an Orthodontic Assistant Permit work in your primary work setting?

- 0
- 1
- 2 to 3
- 4 to 5
- More than 5

9. How many unlicensed dental assistants work in your primary work setting?

- 0
- 1
- 2 to 3
- 4 to 5
- More than 5

10. Which of the following procedures are performed with your assistance in your primary work setting? (Select all that apply.)

- Not applicable (N/A)
- 3D model scanning
- Cone-beam computed tomography (CBCT)
- Invisalign delivery
- Fabrication of fixed appliances
- Fabrication of removable appliances
- Other (please specify)



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part I - Personal Data

11. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

In this part of the questionnaire you will be presented with 39 task statements. Please rate each task as it relates to your current practice as an orthodontic assistant permit holder using the **Frequency** and **Importance** scales displayed below. Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT a part of your current practice, rate the task as "0" (zero) frequency and "0" (zero) importance.

The boxes for rating the frequency and importance of each task have drop-down lists. Click on the "down" arrow for each list to see the rating, and then select the value based on your current practice.

FREQUENCY RATING SCALE

HOW OFTEN are these tasks performed in your current practice? Use the following scale to make your ratings.

0 - DOES NOT APPLY. I do not perform this task in my current practice.

1 - RARELY. This task is one of the tasks I perform least often in my current practice relative to other tasks I perform.

2 - SELDOM. This task is performed less often than most to other tasks I perform in my current practice.

3 - REGULARLY. This task is performed as often as other tasks I perform in my current practice.

4 - OFTEN. This task is performed more often than most other tasks I perform in my current practice.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks in performance of your current practice? Use the following scale to make your ratings.

0 - NOT IMPORTANT, DOES NOT APPLY TO MY PRACTICE. This task is not important to my current practice; I do not perform this task in my practice.

1 - OF MINOR IMPORTANCE. This task is of minor importance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.

2 - FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.

4 - VERY IMPORTANT. This task is very important relative to other tasks; it has a higher degree of priority than most other tasks I perform in my current practice.

5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform relative to other tasks; it has the highest degree of priority of all the tasks I perform in my current practice.



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 1. Evaluations and Diagnostic Records

	Frequency	Importance
T1. Review patient history to identify conditions that may affect orthodontic treatment.	<input type="text"/>	<input type="text"/>
T2. Review extraoral and intraoral conditions or abnormalities to determine implications for orthodontic treatment.	<input type="text"/>	<input type="text"/>
T3. Chart evaluation information to document findings related to orthodontic treatment.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 1. Evaluations and Diagnostic Records

	Frequency	Importance
T4. Prepare patient for intra and extraoral radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining the position of teeth and jaw.	<input type="text"/>	<input type="text"/>
T5. Obtain maxillary and mandibular impressions or digital scan to prepare orthodontic studies or working models.	<input type="text"/>	<input type="text"/>
T6. Prepare bite registrations to index maxillary and mandibular arches.	<input type="text"/>	<input type="text"/>
T7. Prepare models to mount on articulator for orthodontic diagnostic studies.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 2. Orthodontic Procedures

	Frequency	Importance
T8. Identify types and stages of treatment to prepare for orthodontic procedures.	<input type="text"/>	<input type="text"/>
T9. Prepare instruments to facilitate use in orthodontic treatment.	<input type="text"/>	<input type="text"/>
T10. Select components and materials to be used in orthodontic appliance or auxiliaries.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 2. Orthodontic Procedures

	Frequency	Importance
T11. Place separators to create space for orthodontic bands.	<input type="text"/>	<input type="text"/>
T12. Place bands to attach orthodontic appliance parts or auxiliaries.	<input type="text"/>	<input type="text"/>
T13. Pre-position orthodontic brackets to facilitate movement of teeth to prescribed position.	<input type="text"/>	<input type="text"/>
T14. Place archwires to provide the force in moving teeth to prescribed position.	<input type="text"/>	<input type="text"/>
T15. Place ligatures to connect brackets in fixed orthodontic appliance.	<input type="text"/>	<input type="text"/>
T16. Assist in the placement of intraoral auxiliaries to increase effectiveness of braces.	<input type="text"/>	<input type="text"/>
T17. Assist in the placement of extraoral auxiliaries to increase effectiveness of braces.	<input type="text"/>	<input type="text"/>
T18. Remove orthodontic components to prepare for next treatment, phase, or completion.	<input type="text"/>	<input type="text"/>
T19. Check fixed or removable appliances to verify fit or retention.	<input type="text"/>	<input type="text"/>
T20. Assist with post-treatment procedures to finalize orthodontic outcomes.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 2. Orthodontic Procedures

	Frequency	Importance
T21. Educate patients about pre- and post-treatment instructions to promote compliance.	<input type="text"/>	<input type="text"/>
T22. Educate patients about orthodontic hygiene and care to maintain oral health or prevent damage.	<input type="text"/>	<input type="text"/>
T23. Educate patients about appliance care to prevent damage.	<input type="text"/>	<input type="text"/>
T24. Educate patients about dietary recommendations to prevent damage.	<input type="text"/>	<input type="text"/>



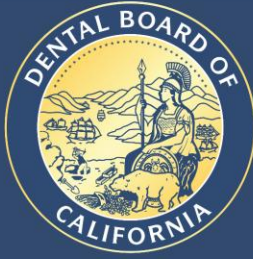
ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020

Part II - Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 3. Infection Control and Health and Safety

	Frequency	Importance
T25. Provide patient with safety precautions to enhance protection during orthodontic treatment.	<input type="text"/>	<input type="text"/>
T26. Implement barrier, evacuation, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	<input type="text"/>	<input type="text"/>
T27. Sanitize hands according to protocols to prevent the transmission of diseases.	<input type="text"/>	<input type="text"/>
T28. Wear personal protective equipment to prevent contamination.	<input type="text"/>	<input type="text"/>
T29. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	<input type="text"/>	<input type="text"/>
T30. Identify signs of medical emergencies to address situations that require immediate intervention.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part II - Task Ratings

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 3. Infection Control and Health and Safety

	Frequency	Importance
T31. Disinfect treatment area and equipment to prepare for or complete orthodontic treatment.	<input type="text"/>	<input type="text"/>
T32. Sterilize orthodontic instruments to prevent patient-to-patient disease transmission.	<input type="text"/>	<input type="text"/>
T33. Adhere to disposal safety protocols to discard contaminated materials or sharps.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020

Part II - Task Ratings

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 4. Laws and Regulations

	Frequency	Importance
T34. Comply with laws about consent to respect patients' right to make informed treatment decisions.	<input type="text"/>	<input type="text"/>
T35. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide services that protects patients' private health information.	<input type="text"/>	<input type="text"/>
T36. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	<input type="text"/>	<input type="text"/>
T37. Comply with laws about recordkeeping to document, store, and dispose of patient charts or records.	<input type="text"/>	<input type="text"/>
T38. Comply with laws about professional conduct to maintain professional integrity.	<input type="text"/>	<input type="text"/>
T39. Comply with laws about scope of practice to maintain professional boundaries.	<input type="text"/>	<input type="text"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

In this part of the questionnaire, you will be presented 110 knowledge statements. Please rate each knowledge statement based on how important you believe that knowledge is to the performance of tasks in your current practice as an orthodontic assistant permit holder.

If the knowledge does **NOT** apply to your practice, rate the statement as "0" (zero) importance and go on to the next statement.

Please use the following importance scale to rate the knowledge statements:

IMPORTANCE SCALE

HOW IMPORTANT is this knowledge for performance of tasks in your current practice?

0 - NOT IMPORTANT; NOT REQUIRED. This knowledge does not apply to my current practice; it is not required for performance.

1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for performance; it is useful for some relatively minor parts of my current practice.

2 - FAIRLY IMPORTANT. This knowledge is fairly important for performance in some relatively major parts of my current practice.

3 - MODERATELY IMPORTANT. This knowledge is moderately important for performance in some relatively major parts of my current practice.

4 - VERY IMPORTANT. This knowledge is very important for performance of tasks in my current practice.

5 - CRITICALLY IMPORTANT. This knowledge is critically important for performance of tasks in my current practice.



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

20. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 1. Evaluations and Diagnostic Records

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of common medical conditions or medications that affect orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K2. Knowledge of oral conditions that impact orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K3. Knowledge of methods for collecting information about patient history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K4. Knowledge of methods for classifying occlusion and malocclusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K5. Knowledge of the relationship between facial or oral abnormalities and orthodontic conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K6. Knowledge of the effects of diet and personal habits on orthodontic conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K7. Knowledge of the relationship between speech patterns and orthodontic conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K8. Knowledge of universal numbering and Palmer quadrant notation systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K9. Knowledge of methods for charting oral conditions and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K10. Knowledge of methods for recording medical or dental history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020

Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 1. Evaluations and Diagnostic Records

	Not important, not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K11. Knowledge of types of radiographic imaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12. Knowledge of procedures for taking digital or conventional radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K13. Knowledge of methods for patient management during radiograph procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K14. Knowledge of factors that impact radiographic imaging and quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K15. Knowledge of types of impression instruments and materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K16. Knowledge of methods for taking impressions and tray placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K17. Knowledge of factors that impact impression quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K18. Knowledge of methods for taking digital scans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K19. Knowledge of factors that impact digital scan quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K20. Knowledge of types of materials used in bite registrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K21. Knowledge of methods for taking bite registrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22. Knowledge of techniques for bite registration cleanup and preparation for use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23. Knowledge of types of orthodontic models.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24. Knowledge of techniques and materials used in pouring orthodontic models.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K25. Knowledge of methods for separating, trimming, and finishing orthodontic models.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

22. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 2. Orthodontic Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K26. Knowledge of types and stages of orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K27. Knowledge of types of tooth movement achieved in orthodontic treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K28. Knowledge of processes and limitations involved in tooth movement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K29. Knowledge of types of orthodontic instruments and their associated uses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K30. Knowledge of methods for preparing, caring for, and storing orthodontic instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K31. Knowledge of types of orthodontic components and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K32. Knowledge of types of auxiliaries and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K33. Knowledge of methods for selecting orthodontic components or auxiliaries based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K34. Knowledge of types of bonding materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K35. Knowledge of methods for selecting bonding materials based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

23. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 2. Orthodontic Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K36. Knowledge of types of orthodontic separators and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K37. Knowledge of types of instruments used to place orthodontic separators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K38. Knowledge of techniques for placing orthodontic separators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K39. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K40. Knowledge of types of orthodontic bands and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K41. Knowledge of methods for fitting orthodontic bands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K42. Knowledge of methods for cementing orthodontic bands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K43. Knowledge of methods for removing excess cement from supragingival surfaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K44. Knowledge of types of instruments used to place orthodontic bands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K45. Knowledge of types of orthodontic brackets and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K46. Knowledge of methods for placing brackets based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K47. Knowledge of methods for bonding orthodontic brackets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K48. Knowledge of methods for removing excess bonding material from surface of teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K49. Knowledge of types of instruments used to place orthodontic brackets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K50. Knowledge of the types of archwires and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K51. Knowledge of methods for placing archwires based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K52. Knowledge of methods for terminating archwires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K53. Knowledge of types of instruments used to place orthodontic archwires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K54. Knowledge of types of ligatures and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K55. Knowledge of methods for placing ligatures based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K56. Knowledge of types of instruments used to place orthodontic ligatures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K57. Knowledge of types of intraoral auxiliaries and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K58. Knowledge of methods for placing intraoral auxiliaries based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K59. Knowledge of types of instruments used to place intraoral auxiliaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K60. Knowledge of types of extraoral auxiliaries and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K61. Knowledge of methods for checking the fit of extraoral auxiliaries based on dentist's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K62. Knowledge of factors that impact the efficacy of extraoral auxiliaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K63. Knowledge of methods for removing orthodontic appliance components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K64. Knowledge of methods for removing orthodontic cement or bonding agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K65. Knowledge of instruments used in the removal of orthodontic appliance components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K66. Knowledge of types of fixed or removable appliances and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K67. Knowledge of methods for verifying fit or retention of fixed and removable appliances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K68. Knowledge of types of post-treatment procedures and their functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K69. Knowledge of types of instruments used in performing post-treatment procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

24. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 2. Orthodontic Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically Important
K70. Knowledge of symptoms patients may encounter following orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K71. Knowledge of techniques for pain management following orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K72. Knowledge of methods for educating patients about pre- and post-treatment instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K73. Knowledge of the effects of poor hygiene and care related to orthodontics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K74. Knowledge of methods for educating patients about oral hygiene related to orthodontics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically Important
K75. Knowledge of the effects of improper handling on orthodontic appliances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K76. Knowledge of methods for educating patients about orthodontic appliance care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K77. Knowledge of the effects of foods and beverages on orthodontic appliances and teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K78. Knowledge of methods for educating patients about dietary recommendations during orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020**

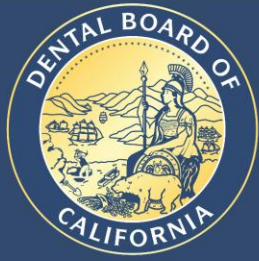
Part III - Knowledge Ratings

25. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 3. Infection Control and Health and Safety

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K79. Knowledge of methods for using safety precautions with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K80. Knowledge of types of safety equipment for protecting patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K81. Knowledge of techniques for protecting patients during diagnostic tests and imaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K82. Knowledge of equipment for providing protective barriers and evacuation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K83. Knowledge of techniques for using barriers, evacuation, and rinses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K84. Knowledge of types of infectious diseases and their modes of transmission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K85. Knowledge of techniques for sanitizing hands during orthodontic treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K86. Knowledge of techniques for using personal protective equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K87. Knowledge of techniques for preventing the spread of infectious diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K88. Knowledge of signs of allergic reaction or anaphylactic shock.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K89. Knowledge of signs of medical crisis or emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K90. Knowledge of methods for obtaining emergency medical assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K91. Knowledge of methods for administering emergency first aid and CPR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020

Part III - Knowledge Ratings

26. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 3. Infection Control and Health and Safety

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K92. Knowledge of methods for disinfecting treatment areas and equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K93. Knowledge of barrier techniques for protecting treatment areas and equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K94. Knowledge of methods for monitoring dental waterlines and water quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K95. Knowledge of methods for disinfecting evacuation lines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K96. Knowledge of types of sterilization processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K97. Knowledge of methods for sterilizing instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K98. Knowledge of techniques for storing instruments before and after use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K99. Knowledge of techniques for the safe disposal of contaminated materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K100. Knowledge of techniques for the safe disposal of sharps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS SURVEY 2020

Part III - Knowledge Ratings

27. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 4. Laws and Regulations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K101. Knowledge of laws regarding patient consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K102. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K103. Knowledge of signs of child abuse or neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K104. Knowledge of signs of dependent adult abuse, neglect, or exploitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K105. Knowledge of signs of elder adult abuse, neglect, or exploitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K106. Knowledge of methods for reporting child, elder, or dependent adult abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K107. Knowledge of laws for patient recordkeeping and documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K108. Knowledge of laws regarding the storage and disposal of patient charts or records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K109. Knowledge of laws regarding professional conduct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K110. Knowledge of laws regarding scope of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**ORTHODONTIC ASSISTANT OCCUPATIONAL ANALYSIS
SURVEY 2020**

Thank you!

Thank you for taking the time to complete this survey. The Dental Board of California (DBC) values your contribution to this study.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 17: Examination Committee Meeting Report

Background:

Dr. Steven Morrow, Chair of the Examination Committee (Committee), will provide a verbal report to the Board regarding the Committee's May 13, 2021 meeting.

Action Requested:

The Board may take action to accept or reject the report.



MEMORANDUM

DATE	April 9, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 18: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit:

Number of Complaint Cases Received between January 1, 2021 and March 31, 2021:

Between January 1, 2021 and March 31, 2021, the Complaint and Compliance Unit received **1040** complaints. During this time period, the monthly average of complaints received was **347**.

Number of Complaint Cases Open:

As of March 31, 2021, there are **672** complaint cases open in the Complaint and Compliance Unit. A breakdown of the case aging is as follows:

Complaint Age	Complaints & Compliance Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	521	77%
3 – 6 Months	102	15%
6 – 12 Months	48	7%
1+ Years	1	1%
Total	672	100%

Number of Complaint Cases Closed:

Between January 1, 2021 and March 31, 2021, a total of **744** complaint cases were closed in the Complaint and Compliance Unit. During this time period, the monthly average of complaints closed was **248**.

Cases at Investigation:

Number of Subsequent Arrest Report (SAR) Cases Open in the Investigative Analysis Unit (IAU):

As of March 31, 2021, there are **332** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

Complaint Age	SARS Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	65	19.5%
3 – 6 Months	65	19.5%
6 – 12 Months	59	18%
1 – 2 Years	114	34%
2+ Years	29	9%
Total	332	100%

*SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief

Number of SAR Cases Closed:

Between January 1, 2021 and March 31, 2021, a total of **25** SAR cases were closed in the Investigative Analysis Unit.

Number of Investigative Cases Open IAU (Non-Sworn):

As of March 31, 2021, there are **487** investigative cases open in IAU. A breakdown of the case aging is as follows:

Investigation Age	Investigative Analysis Unit Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	11	1%
3 – 6 Months	32	7%
6 – 12 Months	81	17%
1 – 2 Years	234	48%
2 – 3 Years	127	26%
3+ Years	2	1%
Total	487	100%

Number of Investigative Cases Open in the Sacramento Field Office (Sworn):

As of March 31, 2021, there are **189** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

Investigation Age	Sacramento Field Office (Sworn) Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	39	21%
3 – 6 Months	26	14%
6 – 12 Months	34	18%
1 – 2 Years	68	36%
2 – 3 Years	20	10%
3+ Years	2	1%
Total	189	100%

Number of Investigative Cases Open in the Orange Field Office (Sworn):

As of March 31, 2021, there are **364** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Investigation Age	Orange Field Office (Sworn) Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	34	10%
3 – 6 Months	54	15%
6 – 12 Months	70	19%
1 – 2 Years	139	38%
2 – 3 Years	57	16%
3+ Years	10	2%
Total	364	100%

Number of Investigative Cases Open in the Orange Field Office (Non-Sworn):

As of March 31, 2021, there are **79** investigative cases open with Non-Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Investigation Age	Orange Field Office (Non-Sworn) Cases Open	
	# As of March 31, 2021	Percent (%)
0 – 3 Months	3	3%
3 – 6 Months	4	5%
6 – 12 Months	17	22%
1 – 2 Years	37	47%
2 – 3 Years	18	23%
Total	79	100%

Number of Investigation Cases Closed:

Between January 1, 2021 and March 31, 2021, a total of **279** investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

Number of Inspection Cases Open:

As of March 31, 2021, there are **129** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sacramento Field Office	29
Orange Field Office	100
Total	129

Administrative and Disciplinary Action:

Number of Probation Cases Open:

As of March 31, 2021, there are **169** probationer cases being monitored. Of those, 152 are active probationers and 18 are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Investigative Analysis Unit	24	3
Sacramento Field Office	26	11
Orange Field Office	101	4
Total	151	18

Citations:

Between January 1, 2021 and March 31, 2021, there were **4** citations issued.

Accusations:

Between January 1, 2021 and March 31, 2021, there were **28** accusations filed with the Office of the Attorney General.

Cases Assigned to the Office of the Attorney General:

Between January 1, 2021 and March 31, 2021, there were **18** cases transmitted to the Office of the Attorney General.

As of March 31, 2021, there are **114** cases pending at the Office of the Attorney General.



MEMORANDUM

DATE	March 31, 2021
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	Agenda Item 19(a): Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of March 31, 2021, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2020/2021										FY 19/20	FY 18/19
	Quarter 1			Quarter 2			Quarter 3			YTD Totals		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
New Participants	0	0	0	0	1	0	0	0	0	1	1	6
Total Participants (Close of Qtr/FY)	9	9	9	8	8	8	8	8	8	10	9	14
<i>Self-Referral</i>	3	3	3	3	4	4	4	4	4	4	3	4
<i>Enforcement Referral</i>	2	2	2	2	1	1	1	1	1	2	5	4
<i>Probation Referral</i>	4	4	4	3	3	3	3	3	3	4	7	11
Total Completed Cases	0	0	1	1	0	0	0	0	0	2	6	4
<i>Successful Completions</i>	0	0	0	1	0	0	0	0	0	1	3	2
<i>Terminations</i>	0	0	1	0	0	0	0	0	0	1	3	2
<i>Terminations for Public Threat</i>	0	0	0	0	0	0	0	0	0	0	0	0
Drug Tests Ordered	41	37	34	37	31	30	37	38	34	319	498	727
Positive Drug Tests	0	0	0	0	0	0	0	0	0	0	0	0

Of the eight (8) current participants, there are four (4) self-referrals, three (3) probation referrals, and one (1) enforcement referral.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 8, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez; Chief of Enforcement Dental Board of California
SUBJECT	Agenda Item 19(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report

Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care. Prescribers were required to apply before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider.

The Dental Board of California currently has 34,877 active licensed dentists as of March 31, 2021.

The CURES registration statistics for the Dental Board of California as of March 2021 are:

Month:	Year:	Number of Registered DDS/DMD Users:
November	2018	14,229
February	2019	14,856
June	2019	15,156
August	2019	15,320
September	2019	15,385
October	2019	15,471
November	2019	15,539
December	2019	15,575
January	2020	15,614

Month:	Year:	Number of Registered DDS/DMD Users:
February	2020	15,660
March	2020	15,714
April	2020	15,767
May	2020	15,812
June	2020	15,839
July	2020	15,874
August	2020	15,905
September	2020	15,949
October	2020	15,999
November	2020	16,062
December	2020	16,129
January	2021	16,209
February	2021	16,253
March	2021	16,294

The CURES usage statistics for the Dental Board of California as of March 2021 are:

Search Statistics*:

October	2020	13,529
November	2020	14,712
December	2020	14,376
January	2021	15,225
February	2021	15,878
March	2021	16,322

*Statistics indicate the combined total number of Web Application and Information Exchange Web Services.

Times System was Accessed:

October	2020	3,545
November	2020	3,438
December	2020	3,511
January	2021	3,734
February	2021	3,656
March	2021	4,407

Help Desk Statistics:

October	2020	107
November	2020	110
December	2020	112
January	2021	241*
February	2021	162*
March	2021	127*

*Statistics indicate the combined total number of phone and email help desk inquiries.

The number of prescriptions filled by schedule for the months of January, February, and March 2021 are:

Number of Prescriptions Filled by Schedule – January – March 2021

	January	February	March
Schedule II	1,143,443	1,208,639	1,319,560
Schedule III	217,961	228,408	244,979
Schedule IV	1,109,506	1,162,419	1,235,129
Schedule V	128,634	117,928	119,891
R*	9,019	11,351	5,662
Over-the-Counter Product	47,748	62,276	72,135
Total:	2,656,311	2,791,021	2,997,356

*R=Not classified under the Controlled Substances Act; includes all other prescription drugs.

Action Requested:

No action requested.

Registered Users

		January 2021	February 2021	March 2021
Clinical Roles				
	Prescribers	175,653	176,234	176,833
	Pharmacists	47,309	47,356	47,493
	Clinical Roles	222,962	223,590	224,326
License Type				
	Doctor of Dental Surgery/Dental Medicine	16,209	16,253	16,294
	Doctor of Optometry	689	690	689
	Doctor of Podiatric Medicine	1,544	1,547	1,550
	Doctor of Veterinary Medicine	3,329	3,345	3,358
	Medical Doctor	114,873	115,148	115,423
	Naturopathic Doctor	418	423	429
	Osteopathic Doctor	8,039	8,076	8,105
	Physician Assistant	11,486	11,555	11,635
	Registered Nurse Practitioner/Nurse Midwife	18,393	18,516	18,664
	(Out of State) Prescribers	673	681	686
	Pharmacists	46,680	46,716	46,842
	(Out of State) Pharmacists	629	640	651
	Breakdown by license type	222,962	223,590	224,326
Other Roles				
	LEAs	1,545	1,549	1,553
	Delegates	2,879	2,824	2,756
	DOJ Admin	24	24	26
	DOJ Analyst	81	82	83
	Regulatory Board	187	188	195
	Other Roles	4,716	4,667	4,613
Total Registered Users		227,678	228,257	228,939

NOTE:
 Clinical Roles = Breakdown by license type
 Clinical Roles + Other Roles = Total Registered Users
 Stats are from the 1st of the month to the last day of the month

Search Statistics

January 2021

	Web Application	IEWS	Totals
Clinical Roles			
Prescribers	957,738	4,384,703	5,342,441
Pharmacists	876,316	2,610,214	3,486,530
Clinical Roles	1,834,054	6,994,917	8,828,971
License Type			
Doctor of Dental Surgery/Dental Medicine	4,721	10,534	15,255
Doctor of Optometry	0	1,699	1,699
Doctor of Podiatric Medicine	3,492	32,946	36,438
Doctor of Veterinary Medicine	57	0	57
Medical Doctor	588,194	3,479,804	4,067,998
Naturopathic Doctor	649	50	699
Osteopathic Doctor	86,679	362,964	449,643
Physician Assistant	110,063	200,609	310,672
Registered Nurse Practitioner/Nurse Midwife	161,068	290,457	451,525
(Out of State) Prescribers	2,815	5,640	8,455
Pharmacists	871,627	2,606,570	3,478,197
(Out of State) Pharmacists	4,689	3,644	8,333
License Type	1,834,054	6,994,917	8,828,971
Other Roles			
LEAs	109	0	109
DOJ Administrators	43	0	43
DOJ Analysts	54	0	54
Regulatory Board	1,660	0	1,660
Other Roles	1,866	0	1,866
Total Search Counts	1,835,920	6,994,917	8,830,837
Delegate Initiated Searches	21,343	0	21,343

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



Search Statistics

February 2021

	Web Application	IEWS	Totals
Clinical Roles			
Prescribers	929,812	4,260,663	5,190,475
Pharmacists	866,993	2,389,689	3,256,682
Clinical Roles	1,796,805	6,650,352	8,447,157
License Type			
Doctor of Dental Surgery/Dental Medicine	5,054	10,824	15,878
Doctor of Optometry	0	2,337	2,337
Doctor of Podiatric Medicine	3,652	35,685	39,337
Doctor of Veterinary Medicine	48	0	48
Medical Doctor	572,719	3,384,168	3,956,887
Naturopathic Doctor	533	52	585
Osteopathic Doctor	83,069	339,335	442,404
Physician Assistant	102,734	194,158	296,892
Registered Nurse Practitioner/Nurse Midwife	158,589	288,711	447,300
(Out of State) Prescribers	3,414	5,393	8,807
Pharmacists	862,500	2,385,295	3,247,795
(Out of State) Pharmacists	4,493	4,394	8,887
License Type	1,796,805	6,650,352	8,447,157
Other Roles			
LEAs	154	0	154
DOJ Administrators	104	0	104
DOJ Analysts	125	0	125
Regulatory Board	1,880	0	1,880
Other Roles	2,263	0	2,263
Total Search Counts	1,799,068	6,650,352	8,449,420
Delegate Initiated Searches	25,214	0	25,214

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles

Search Statistics

March 2021

	Web Application	IEWS	Totals
Clinical Roles			
Prescribers	1,084,863	4,624,723	5,709,586
Pharmacists	1,000,750	2,999,471	4,000,221
Clinical Roles	2,085,613	7,624,194	9,709,807
License Type			
Doctor of Dental Surgery/Dental Medicine	6,082	10,240	16,322
Doctor of Optometry	1	2,618	2,619
Doctor of Podiatric Medicine	3,849	39,460	43,309
Doctor of Veterinary Medicine	87	0	87
Medical Doctor	663,506	3,706,880	4,370,386
Naturopathic Doctor	672	38	710
Osteopathic Doctor	95,801	376,454	472,255
Physician Assistant	121,567	201,385	322,952
Registered Nurse Practitioner/Nurse Midwife	189,667	282,402	472,069
(Out of State) Prescribers	3,631	5,246	8,877
Pharmacists	995,481	2,992,639	3,988,120
(Out of State) Pharmacists	5,269	6,832	12,101
License Type	2,085,613	7,624,194	9,709,807
Other Roles			
LEAs	122	0	122
DOJ Administrators	83	0	83
DOJ Analysts	123	0	123
Regulatory Board	1,902	0	1,902
Other Roles	2,230	0	2,230
Total Search Counts	2,087,843	7,624,194	9,712,037
Delegate Initiated Searches	28,464	0	28,464

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



Times System was Accessed

January – March 2021

		January	February	March
Clinical Roles				
	Prescribers	466,782	453,265	526,244
	Pharmacists	372,471	362,028	411,812
	Clinical Roles	839,253	815,293	938,056
License Type				
	Doctor of Dental Surgery/Dental Medicine	3,734	3,656	4,407
	Doctor of Optometry	36	39	30
	Doctor of Podiatric Medicine	1,084	1,219	1,363
	Doctor of Veterinary Medicine	273	234	315
	Medical Doctor	301,775	292,207	337,043
	Naturopathic Doctor	417	340	437
	Osteopathic Doctor	42,933	40,887	47,462
	Physician Assistant	45,222	44,231	52,505
	Registered Nurse Practitioner/Nurse Midwife	69,790	68,874	80,771
	(Out of State) Prescribers	1,518	1,578	1,911
	Pharmacists	369,795	359,457	408,877
	(Out of State) Pharmacists	2,676	2,571	2,935
	License Type	839,253	815,293	938,056
Other Roles				
	LEAs	329	273	326
	Delegates	8,460	9,262	10,297
	DOJ Administrators	157	178	188
	DOJ Analysts	804	884	1,075
	Regulatory Board	384	348	404
	Other Roles	10,134	10,945	12,290
Total Times System was Accessed		849,387	826,238	950,346

Note:

Clinical Roles = License Type

Total Times = Clinical Roles + Other Roles



		January		February		March	
		Phone	E-mail	Phone	E-mail	Phone	E-mail
Clinical Roles							
	Prescribers	2,503	1,439	1,603	1,146	2,684	1,541
	Pharmacists	707	318	460	278	843	343
	Clinical Roles	3,210	1,757	2,063	1,424	3,527	1,884
License Type							
	Doctor of Dental Surgery/Dental Medicine	142	99	95	67	112	15
	Doctor of Optometry	1	2	2	4	0	222
	Doctor of Podiatric Medicine	14	8	10	10	13	948
	Doctor of Veterinary Medicine	25	24	15	21	36	16
	Medical Doctor	1,653	952	1,050	712	1,738	91
	Naturopathic Doctor	10	6	6	6	19	115
	Osteopathic Doctor	119	66	74	69	145	0
	Physician Assistant	189	85	121	86	207	343
	Registered Nurse Practitioner/Nurse Midwife	350	197	230	171	414	109
	Pharmacists	707	318	460	278	843	25
	(Out of State) Pharmacists	0	0	0	0	0	0
	License Type	3,210	1,757	2,063	1,424	3,527	1,884
Other Roles							
	LEAs	179	10	94	12	111	6
	Delegates	70	20	51	25	70	28
	DOJ Administrators	0	0	0	0	0	0
	DOJ Analysts	0	0	0	0	0	0
	Regulatory Board	116	0	152	0	184	1
	Other Roles	365	30	297	37	365	35
Totals		3,575	1,787	2,360	1,461	3,892	1,919

Note:

Clinical Roles = License Type

Total Calls = Clinical Roles + Other Roles

Prescriptions Filled by Schedule January – March 2021

	January	February	March
	2,655,587	2,789,929	
Schedule II	1,143,443	1,208,639	1,319,560
Schedule III	217,961	228,408	244,979
Schedule IV	1,109,506	1,162,419	1,235,129
Schedule V	128,634	117,928	119,891
R	9,019	11,351	5,662
Over-the-counter product	47,748	62,276	72,135
TOTAL	2,656,311	2,791,021	2,997,356

- NOTE:**
1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
 2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
 3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 20(a): Western Regional Examination Board (WREB) Report

Background:

Dr. Bruce Horn, Director of Dental Examinations for the WREB, will be available to provide a verbal update of the WREB examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 20(b): American Board of Dental Examiners (ADEX) Report

Background:

Dr. William Pappas and Dr. Guy Champaine, ADEX representatives, will be available to provide a verbal update of the ADEX examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 1, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 21(a): Review of Dental Licensure and Permit Statistics

Dental License Application Statistics

Following are monthly dental license application statistics by pathway for fiscal year 2018/19, 2019/20, and 2020/21 as of March 31, 2021.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	134	64	32	30	32	33	41	30	31	71	142	278	918
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	789
WREB 20/21	140	156	99	66	29	20	28	27	26	-	-	-	591
Residency 18/19	55	15	7	5	5	4	4	3	7	11	10	20	146
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	178
Residency 20/21	42	15	8	5	2	2	5	7	4	-	-	-	90
Credential 18/19	22	17	18	16	14	8	18	13	23	13	13	22	197
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	206
Credential 20/21	15	19	22	27	16	16	18	13	16	-	-	-	162
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	7
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	19
ADEX 20/21	22	28	9	16	4	5	9	3	17	-	-	-	113
Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	208	120	71	38	31	36	39	25	19	31	55	163	836
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	753
WREB 20/21	135	199	140	100	37	61	38	41	16	-	-	-	767

Agenda Item 21(a): Review of Dental Licensure and Permit Statistics
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Residency 18/19	39	48	8	3	5	4	5	4	5	1	8	6	136
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	137
Residency 20/21	25	49	16	8	5	4	3	4	1	-	-	-	115
Credential 18/19	21	19	17	12	9	16	10	12	15	10	20	13	174
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	151
Credential 20/21	9	25	25	20	16	14	24	10	23	-	-	-	166
Portfolio 18/19	4	1	0	0	0	0	0	0	0	0	0	0	5
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	24	17	19	10	6	6	4	2	-	-	-	90
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	222	146	80	43	30	41	40	33	19	28	51	155	888
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	769
WREB 20/21	133	190	140	90	41	59	39	38	23	-	-	-	753
Residency 18/19	38	55	8	4	5	4	8	5	6	2	8	5	148
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	133
Residency 20/21	27	49	16	9	6	3	3	2	2	-	-	-	117
Credential 18/19	22	16	19	9	10	12	18	13	15	11	17	14	176
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	153
Credential 20/21	9	22	24	22	19	11	20	11	20	-	-	-	158
Portfolio 18/19	3	2	0	0	0	0	0	0	0	0	0	0	5
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	25	17	17	10	5	4	3	4	-	-	-	87
Cancelled Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	16	12	68	5	4	13	3	2	6	5	12	7	153
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	242
WREB 20/21	38	31	3	2	2	0	1	1	0	-	-	-	78
Residency 18/19	9	9	10	1	0	1	0	0	0	1	0	1	32
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	51
Residency 20/21	8	0	0	0	2	0	1	0	0	-	-	-	11
Credential 18/19	0	0	12	0	1	0	0	2	0	0	2	0	17
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	9

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Credential 20/21	0	2	1	1	0	0	1	0	0	-	-	-	5
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	2
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	3
ADEX 20/21	8	2	0	0	0	0	0	0	1	-	-	-	11
Withdrawn Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	22	1	7	1	0	1	2	1	3	4	0	4	46
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	50
WREB 20/21	8	17	30	20	8	6	6	13	8	-	-	-	116
Residency 18/19	8	2	2	0	1	1	0	0	1	0	1	0	14
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	12
Residency 20/21	1	4	2	3	2	0	2	1	1	-	-	-	16
Credential 18/19	0	1	0	0	0	1	1	0	0	0	1	2	6
Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	4
Credential 20/21	1	4	2	3	0	0	0	0	3	-	-	-	13
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 20/21	2	4	5	2	0	1	0	4	2	-	-	-	20
Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	0	0	0	0	0	0	0	0	1	0	0	0	1
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 20/21	1	0	0	0	0	0	0	2	0	-	-	-	3
Residency 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
Credential 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 20/21	2	0	0	1	0	0	1	0	0	-	-	-	4
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	Applicant fails to provide requirements for licensure (BPC 1635.5)

Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2018/19	# of 1 st Time Candidates	806	135	4	N/A
	Pass %	89.33%	94.07%	100.00%	N/A
2019/20	# of 1 st Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1 st Time Candidates	572	73	N/A	85
	Pass %	92.13%	95.89%	N/A	89.41%
Date of Last Occupational Analysis: 2018					
Name of Developer: Office of Professional Examination Services					
Target OA Date: 2025					

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2018/19, 2019/20, and 2020/21 as of March 31, 2021.

Dental Licenses Issued via Pathway	Total Issued in 18/19	Total Issued in 19/20	Total Issued in 20/21	Total Issued to Date	Date Pathway Implemented
WREB Exam	888	769	753	13,652	January 1, 2006
Licensure by Residency	148	133	117	2,641	January 1, 2007
Licensure by Credential	176	153	158	4,353	July 1, 2002
(LBC Clinic Contract)	10	9	11	86	July 1, 2002
(LBC Faculty Contract)	7	5	6	44	July 1, 2002
Portfolio	5	4	0	84	November 5, 2014
ADEX	N/A	1	87	88	November 15, 2019
Total	1,217	1,060	1,115	20,818	

The following table provides dental license and permit status statistics for fiscal year 2018/2019, 2019/2020, and 2020/2021 as of March 31, 2021.

License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Dental License	Active	34,921	34,586	34,877
	Inactive	1,826	1,784	1,770
	Retired/Reduced Fee	1,682	1,274	1,195
	Disabled	108	106	104
	Delinquent	5,405	5,445	5,506
	Cancelled	16,756	17,602	18,339
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Additional Office Permit	Active	2,527	2,717	2,724
	Delinquent	870	890	971
	Cancelled	6,667	6,926	7,095
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Conscious Sedation	Active	531	535	532
	Delinquent	41	38	42
	Cancelled	515	552	574
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Continuing Education Registered Provider Permit	Active	945	901	881
	Delinquent	803	810	742
	Cancelled	2,059	2,185	2,304

License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Elective Facial Cosmetic Surgery Permit	Active	29	29	31
	Delinquent	4	5	5
	Cancelled	1	1	1
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Extramural Facility Registration*	Active	182	186	203
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Fictitious Name Permit	Active	6,790	7,099	7,235
	Delinquent	1,695	1,706	1,756
	Cancelled	6,343	6,802	7,177
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
General Anesthesia Permit	Active	881	897	909
	Delinquent	31	22	24
	Cancelled	973	1,008	1,030
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Mobile Dental Clinic Permit	Active	40	45	56
	Delinquent	47	43	30
	Cancelled	43	52	73
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Medical General Anesthesia	Active	86	111	135
	Delinquent	29	27	29
	Cancelled	189	203	207
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Oral Conscious Sedation Certification (Adult Only 1,203; Adult & Minors 1,208)	Active	2,420	2,402	2,411
	Delinquent	661	647	629
	Cancelled	804	930	1,051
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Oral and Maxillofacial Surgery Permit	Active	92	96	97
	Delinquent	5	4	5
	Cancelled	21	22	22
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Referral Service Registration*	Active	156	157	159
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A
				FY 20/21
Special Permit	Active	40	37	38
	Delinquent	11	9	10
	Cancelled	175	184	185
Status Definitions				
Active	Current and can practice without restrictions (BPC §1625)			

Agenda Item 21(a): Review of Dental Licensure and Permit Statistics
Dental Board of California Meeting
May 13-14, 2021

Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) Total number of licenses / permits cancelled to date.



The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2018, 2019, and 2020 as of March 31, 2021.

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Alameda	1,460	1,645,359	1,126	1,458	1,645,359	1,128	1,503	1,670,834	1,111
Alpine	1	1,151	1,151	1	1,151	1,151	1	1,142	1,142
Amador	21	38,382	1,827	22	38,382	1,744	23	37,676	1,638
Butte	141	226,404	1,605	141	226,404	1,605	126	210,291	1,668
Calaveras	16	45,168	2,823	16	45,168	2,823	18	45,023	2,501
Colusa	5	22,043	4,408	5	22,043	4,408	5	21,902	4,380
Contra Costa	1,100	1,139,513	1,035	1,093	1,139,513	1,042	1,117	1,153,561	1,032
Del Norte	13	27,124	2,086	11	27,124	2,465	14	27,298	1,949
El Dorado	157	185,062	1,178	161	185,062	1,149	164	193,227	1,178
Fresno	601	995,975	1,657	597	995,975	1,668	627	1,023,358	1,632
Glenn	12	28,731	2,394	9	28,731	3,192	10	29,400	2,940
Humboldt	71	136,953	1,928	69	136,953	1,984	64	133,302	2,082
Imperial	36	188,334	5,231	39	188,334	4,829	38	188,777	4,967
Inyo	12	18,619	1,551	12	18,619	1,551	9	18,584	2,064
Kern	332	895,112	2,696	336	895,112	2,664	354	917,553	2,591
Kings	67	149,537	2,231	64	149,537	2,336	64	153,608	2,400
Lake	43	64,945	1,510	46	64,945	1,411	44	64,040	1,455
Lassen	22	30,918	1,405	24	30,918	1,288	23	28,833	1,253
Los Angeles	8,382	10,241,278	1,221	8,342	10,241,278	1,227	8,479	10,172,951	1,199
Madera	53	156,492	2,952	53	156,492	2,952	43	158,147	3,677
Marin	313	263,604	842	312	263,604	844	306	260,831	852
Mariposa	8	18,148	2,268	7	18,148	2,592	7	18,067	2,581
Mendocino	56	89,134	1,591	56	89,134	1,591	53	87,946	1,659
Merced	90	274,665	3,051	90	274,665	3,051	91	283,521	3,115
Modoc	4	9,580	2,395	4	9,580	2,395	4	9,570	2,392

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Mono	5	13,713	2,742	3	13,713	4,571	3	13,464	4,488
Monterey	266	442,365	1,663	268	442,365	1,650	262	441,143	1,683
Napa	112	142,408	1,271	112	142,408	1,271	114	139,088	1,220
Nevada	89	98,828	1,110	87	98,828	1,135	79	98,114	1,241
Orange	3,888	3,194,024	821	3,890	3,194,024	821	3,979	3,194,332	802
Placer	458	382,837	835	463	382,837	826	472	403,711	855
Plumas	15	19,819	1,321	14	19,819	1415	15	18,260	1,217
Riverside	1,063	2,384,783	2,243	1,058	2,384,783	2,254	1,122	2,442,304	2,176
Sacramento	1,107	1,514,770	1,368	1,116	1,514,770	1,431	1,156	1,555,365	1,345
San Benito	22	56,854	2,584	21	56,854	2,707	24	62,353	2,598
San Bernardino	1,350	2,160,256	1,600	1,340	2,160,256	1,612	1,368	2,180,537	1,593
San Diego	2,746	3,316,192	1,207	2,748	3,316,192	1,206	2,778	3,343,355	1,203
San Francisco	1,263	874,228	692	1,237	874,228	706	1,229	897,806	730
San Joaquin	371	746,868	2,013	373	746,868	2,002	377	773,632	2,052
San Luis Obispo	225	280,101	1,244	233	280,101	1,202	232	277,259	1,195
San Mateo	882	770,203	873	873	770,203	882	857	773,244	902
Santa Barbara	322	450,663	1,399	320	450,663	1,408	323	451,840	1,398
Santa Clara	2,286	1,938,180	847	2,273	1,938,180	852	2,289	1,961,969	857
Santa Cruz	182	276,603	1,519	180	276,603	1,536	166	271,233	1,633
Shasta	118	178,605	1,513	113	178,605	1,580	112	178,045	1,589
Sierra	1	3,207	3,207	1	3,207	3,207	1	3,201	3,201
Siskiyou	23	44,688	1,942	23	44,688	1,942	24	44,461	1,852
Solano	277	436,023	1,574	278	436,023	1,568	283	440,224	1,555
Sonoma	399	505,120	1,265	397	505,120	1,272	389	492,980	1,267
Stanislaus	282	548,057	1,943	279	548,057	1,964	269	557,709	2,073
Sutter	51	96,956	1,901	52	96,956	1,864	54	100,750	1,865
Tehama	26	63,995	2,461	28	63,995	2,285	28	65,129	2,326
Trinity	4	13,628	3,407	3	13,628	4,542	4	13,548	3,387

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Tulare	212	471,842	2,225	213	471,842	2,215	228	479,977	2,105
Tuolumne	51	54,707	1,072	48	54,707	1,139	46	54,917	1,193
Ventura	658	857,386	1,303	663	857,386	1,293	674	842,886	1,250
Yolo	116	218,896	873	114	218,896	1,920	112	221,705	1,979
Yuba	51	74,577	6,214	11	74,577	6,779	7	78,887	11,269
Out of State/Country	658	N/A	N/A	2,565	N/A	N/A	2,614	N/A	N/A
Total	32,595	39,523,613	110,414	34,365	39,523,613	116,147	34,877	39,782,870	119,557

*Population data obtained from Department of Finance, Demographic Research Unit

*The counties with the highest Population per DDS are:	Yuba County (1:11,269)	*The counties with the lowest Population per DDS are:	San Francisco County (1:730)
	Imperial County (1:4,967)		Orange County (1:802)
	Mono County (1:4,488)		Marin County (1:852)
	Colusa County (1:4,380)		Placer County (1:855)
	Madera County (1:3,677)		Santa Clara County (1:857)

Action Requested:
No action requested



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 21(b): General Anesthesia and Conscious Sedation Permit Evaluations Statistics

Background:

Newly approved general anesthesia and conscious sedation permit holders are subject to an on-site inspection and evaluation. New permit holders must schedule and conduct their on-site inspection and evaluation within one-year issuances of their permit. If the permit holder passes their initial on-site inspection and evaluation, they will not have to schedule another one until five years later which is required for the continual active and good standing of their permit.

Staff reported at the February 26, 2021 quarterly board meeting, that the general anesthesia and conscious sedation evaluations have seen a decline in the total amount of permits holders who have completed the on-site inspection and evaluation. This decline is attributed to the Covid-19 State of Emergency which was declared by the Governor on March 4, 2020. Permit holders and Board staff have experienced issues with scheduling patients and finding evaluators as they are also subjected to the safety concerns during this period. Board staff are continuing to work with permit holders and evaluators to schedule and complete evaluations in a timely manner.

**2020-2021 Fiscal Year Statistical Overviews of the On-Site Inspections and Evaluations
Administered by the Board**

General Anesthesia Evaluations – Fiscal Year 2020/21

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	10	0	0	2	0	2	3
Aug 2020	6	0	0	0	0	2	0
Sept 2020	25	1	1	0	0	1	4
Oct 2020	13	0	0	4	0	1	4
Nov 2020	9	1	0	1	2	4	7
Dec 2020	9	0	0	2	2	4	5
Jan 2021	16	0	0	2	0	3	13
Feb 2021	9	0	0	0	0	7	15
Mar 2021*	9	0	0	1	5	6	4
April 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	106	2	1	12	9	30	55

*Approximate number of evaluations scheduled for March 2021.

General Anesthesia Evaluation Statistics for Fiscal Years 2018/19, and 2019/20.

	18/19	19/20
Passed Evaluation – Permit holder met all required components of the on-site evaluation	154	114
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	2	2
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	1	1
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	23	26
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	13	10
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	15	19
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	33	75

Conscious Sedation Evaluations – Fiscal Year 2020/21

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	2	1	0	0	0	1	5
Aug 2020	4	0	0	0	0	0	0
Sept 2020	9	0	0	0	0	0	2
Oct 2020	9	0	0	0	0	0	2
Nov 2020	3	0	2	3	0	2	3
Dec 2020	3	0	0	3	3	0	0
Jan 2021	1	0	0	3	0	5	3
Feb 2021	1	1	1	0	0	6	2
Mar 2021*	7	0	0	3	1	5	1
April 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	39	2	3	12	4	19	18

* Approximate number of evaluations scheduled for March 2021.

Conscious Sedation Evaluation Statistics for Fiscal Years 2018/19, and 2019/20.

	18/19	19/20
Passed Evaluation – Permit holder met all required components of the on-site evaluation	70	59
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	5	1
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	2	1
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	15	22
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	18	16
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	7	8
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	15	49

Medical General Anesthesia Evaluations – Fiscal Year 2020/21

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	0	0	0	0	0	0	0
Aug 2020	0	0	0	0	0	0	0
Sept 2020	0	0	0	0	0	0	0
Oct 2020	0	0	0	0	0	0	0
Nov 2020	0	0	0	1	0	0	0
Dec 2020	0	0	0	0	0	0	1
Jan 2021	0	0	0	0	0	0	1
Feb 2021	0	0	0	0	0	2	0
Mar 2021*	0	0	0	0	0	2	0
April 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	0	0	0	1	0	4	2

* Approximate number of evaluations scheduled for March 2021.

Medical General Anesthesia Evaluation Statistics for Fiscal Years 2018/19, and 2019/20.

	18/19	19/20
Passed Evaluation – Permit holder met all required components of the on-site evaluation	2	2
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	0	0
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	0	0
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	8	1
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	16	12
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	2	2
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	0	5

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	131	68	18
Southern California	159	93	19

Action Requested:
No action requested.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22(a): 2021 Tentative Legislative Calendar

Background:

The 2021 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:

No action requested.

2021 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK
 Revised 12-21-2020

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
					<u>1</u>	2
3	4	5	6	7	8	9
<u>10</u>	<u>11</u>	12	13	14	15	16
17	<u>18</u>	19	20	21	<u>22</u>	23
24	25	26	27	28	29	30
31						

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- [Jan. 11](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 18](#) Martin Luther King, Jr. Day.
- [Jan. 22](#) Last day to submit **bill requests** to the Office of Legislative Counsel.

FEBRUARY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	<u>15</u>	16	17	18	<u>19</u>	20
21	22	23	24	25	26	27
28						

- [Feb. 15](#) Presidents' Day
- [Feb. 19](#) Last day for bills to be **introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

MARCH						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	<u>25</u>	26	27
28	29	30	<u>31</u>			

- [Mar. 25](#) **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

APRIL						
S	M	T	W	TH	F	S
				1	2	3
4	<u>5</u>	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	<u>30</u>	

- [Apr. 5](#) Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- [Apr. 30](#) Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	<u>7</u>	8
9	10	11	12	13	<u>14</u>	15
16	17	18	19	20	<u>21</u>	22
23	24	25	26	27	28	29
30	<u>31</u>					

- [May 7](#) Last day for **policy committees** to hear and report to the Floor **non-fiscal** bills introduced in their house (J.R. 61(a)(3)).
- [May 14](#) Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- [May 21](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (a)(5)). Last day for **fiscal committees** to meet prior to June 7 (J.R. 61 (a)(6)).
- [May 31](#) Memorial Day.

* Holiday schedule subject to final approval by Rules Committee

2021 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK
 Revised 12-21-2020

JUNE						
S	M	T	W	TH	F	S
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	5
6	<u>7</u>	8	9	10	11	12
13	14	<u>15</u>	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

June 1-4 **Floor Session Only.** No committee, other than Conference or Rules, may meet for any purpose (J.R. 61(a)(7)).

June 4 Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

June 7 Committee meetings may resume (J.R. 61(a)(9)).

June 15 **Budget bill** must be passed by **midnight** (Art. IV, Sec. 12 (c)(3)).

JULY						
S	M	T	W	TH	F	S
				1	<u>2</u>	3
4	5	6	7	8	9	10
11	12	13	<u>14</u>	15	<u>16</u>	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

July 2 Independence Day observed.

July 14 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

July 16 **Summer Recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

Aug. 16 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 27 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(a)(11)).

Aug. 30-Sept. 10 **Floor Session only.** No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)).

AUGUST						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	<u>16</u>	17	18	19	20	21
22	23	24	25	26	<u>27</u>	28
29	<u>30</u>	<u>31</u>				

SEPTEMBER						
S	M	T	W	TH	F	S
			<u>1</u>	<u>2</u>	<u>3</u>	4
5	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Sept. 3 Last day to **amend** bills on the Floor (J.R. 61(a)(13)).

Sept. 6 Labor Day.

Sept. 10 Last day for **each house to pass bills** (J.R. 61(a)(14)).
Interim Study Recess begins at end of this day's session (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2021

Oct. 10 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 10 and in the Governor's possession after Sept. 10 (Art. IV, Sec. 10(b)(1)).

2022

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51 (a)(4)).

** Holiday schedule subject to final approval by Rules Committee

2021 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
 Revised 12-18-20

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30
Wk. 1	31						

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 11** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 18** Martin Luther King, Jr. Day.
- Jan. 22** Last day to submit **bill requests** to the Office of Legislative Counsel.

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28						

- Feb. 15** Presidents' Day.
- Feb. 19** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

MARCH							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Spring Recess	28	29	30	31			

- Mar. 25** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Spring Recess					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	

- Apr. 5** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 30** Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
No Hrgs.	30	31					

- May 7** Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 14** Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- May 21** Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 7 (J.R. 61(a)(6)).
- May 31** Memorial Day.

*Holiday schedule subject to final approval by Rules Committee.

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.			1	2	3	4	5
Wk. 1	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30			

June 1-4 **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

June 4 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 7 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Summer Recess	18	19	20	21	22	23	24
Summer Recess	25	26	27	28	29	30	31

July 2 Independence Day observed.

July 14 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

July 16 **Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess	1	2	3	4	5	6	7
Summer Recess	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
No. Hrgs.	29	30	31				

Aug. 16 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 27 Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

Aug. 30-Sept. 10 **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(13)).

SEPTEMBER							
	S	M	T	W	TH	F	S
No Hrgs.				1	2	3	4
No Hrgs.	5	6	7	8	9	10	11
Interim Recess	12	13	14	15	16	17	18
Interim Recess	19	20	21	22	23	24	25
Interim Recess	26	27	28	29	30		

Sept. 3 Last day to **amend** bills on the floor (J.R. 61(a)(14)).

Sept. 6 Labor Day.

Sept. 10 Last day for any bill to be passed (J.R. 61(a)(15)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2021

Oct. 10 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 10 and in the Governor's possession after Sept. 10 (Art. IV, Sec. 10(b)(1)).

2022

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.



MEMORANDUM

DATE	April 29, 2021
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 22(b): Discussion and Possible Action on Pending Legislation

Background:

The Dental Board of California (Board) has been tracking bills that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and all licensing boards. Staff will be presenting the following seven (7) bills that may have a direct impact on the Board for review and consideration at the May meeting:

1. [AB 526](#) (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
2. [AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
3. [AB 1552](#) (Garcia) Dentistry: foreign dental schools: applications.
4. [SB 534](#) (Jones) Dental hygienists.
5. [SB 607](#) (Roth) Professions and vocations.
6. [SB 652](#) (Bates) Dentistry: use of sedation: training.
7. [SB 772](#) (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the seven (7) bills previously listed and provide information regarding the impact each one has on the Board.

The following nine (9) bills have been identified by staff as being of potential interest to Board but do not require discussion at this time as staff will continue to watch these bills and report on their progression at a future Board meeting. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary has been included in the meeting materials. Please note staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position. Public comment on these bills will be taken as a group.

Agenda Item 22(b): Update on Pending Legislation
 Dental Board of California Meeting
 May 13-14, 2021

1. [AB 2](#) (Fong) Regulations: legislative review: regulatory reform.
2. [AB 29](#) (Cooper; Coauthor: Rubio) State bodies: meetings.
3. [AB 107](#) (Salas) Licensure: veterans and military spouses.
4. [AB 646](#) (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
5. [AB 1026](#) (Smith) Business licenses: veterans.
6. [AB 1236](#) (Ting) Healing arts: licensees: data collection.
7. [AB 1273](#) (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer
8. [AB 1386](#) (Cunningham) License fees: military partners and spouses.
9. [SB 731](#) (Durazo, Bradford, and Coauthors) Criminal records: relief.

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov/>

<https://www.senate.ca.gov/>

<https://www.assembly.ca.gov/>

Action Requested:

The Board may take one of the following actions regarding each bill:

Support

Support if Amended

Oppose

Watch

Neutral

No Action

[AB 2](#) (Fong) Regulations: legislative review: regulatory reform.

Introduced: December 7, 2020

Last Amended: n/a

Disposition: Pending

Location: Assembly

Status: January 11, 2021: Referred to Committee on Accountability and Administrative Review

Summary:

This bill would require the Office of Administrative Law to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2023, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2024.

Board Impact: The Dental Board does not have major regulations, which are defined as regulations having an economic impact on California business enterprises exceeding \$50,000,000.

This bill would however require the Board to identify duplicative, overlapping, inconsistent, or out-of-date regulations, draft revised regulations, and provide a report to the Legislature.

Recommended Board Position: Watch

[AB 29](#) (Cooper; Coauthor: Rubio) State bodies: meetings

Introduced: December 7, 2020

Last Amended: n/a

Disposition: Pending

Location: Assembly

Status: April 21, 2021: In committee: Set, first hearing. **Referred to suspense file.**

Summary:

Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

The bill would require materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier.

Board Impact: The Board currently posts the agenda and meeting materials on our website about two weeks prior to the meeting.

This bill would require the agenda and all meeting materials be provided to the public and posted on our website the same day the materials are provided to board members or at least 72 hours before the meeting and prohibit the board from discussing or taking action on those materials unless these provisions were followed.

Recommended Board Position: Watch

[AB 107](#) (Salas) Licensure: veterans and military spouses

Introduced: December 16, 2020

Last Amended: April 20, 2021

Disposition: Pending

Location: Assembly

Status: April 21, 2021: Re-referred to Committee on Military and Veterans Affairs

Summary: AB 107 would require the Board to issue temporary licenses to military spouses who have a corresponding license in another state. The bill would require a board to issue a temporary license after investigation and within 30 days of receiving the required documentation. The bill would further specify that an applicant seeking a temporary license must submit a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license in the same area and scope of practice for which the applicant holds a license in another state, district, or territory of the United States. The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license. A temporary license shall be expired 12 months after issuance. The bill would require a board to submit to the department for approval draft regulations necessary to administer these provisions by June 15, 2022

The bill would also require an annual report to the Legislature containing specified information relating to the professional licensure of veterans, service members, and their spouses.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. Issuing CA licenses to persons holding out of state licensure will require a state by state analysis to determine whether or not the practitioner is qualified for licensure in CA. There will be instances where applicants will have to accept a lower level licensure than they had in their home state, and there will be cases where states have to be denied outright, creating a patchwork response that does not meet the author's intent. For instance, Florida and Wisconsin do not offer any kind of license for dental assistants. Because applicants from these states will not have a license, they will not benefit from this legislation.

In addition to the uncertainty of implementing this bill across the board, this bill would require creating a new licensure pathway. The new pathway will require implementing new office and online processes. It will require additions to the website and to Breeze. This will include creating 17 new license types, each with at least 11 transaction codes. It will also require staff to create Business Rules that would cancel the temporary license automatically if a new license is not issued within 12 months, or if the applicant does not qualify. It will also require creating an interface with DOJ/FBI in order to receive fingerprint clearance for the initial application transaction; and creating no longer interested (NLI) interface with DOJ/FBI for applicants who do not qualify or pursue an application for licensure.

This bill will also require a rulemaking and accompanying forms be drafted. The Board has received a total of 34 applications from military spouses requesting an expedited processing. The Board has no data on military spouses not licensed in California and licensed in other states who could potentially receive military transfer orders to California.

Recommended Board Position: Watch

[AB 526](#) (Wood) Dentists and podiatrists: clinical laboratories and vaccines.

Introduced: February 10, 2021

Last Amended: April 6, 2021

Disposition: Pending

Location: Assembly

Status: April 14, 2021: Re-referred to Committee on Appropriations

Summary: This bill would authorize a dentist or podiatrist, if the dentist or podiatrist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration (FDA) for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment of a dentist's continuing education requirements, as specified.

This bill would expand the definition of "laboratory director" to include a duly licensed dentist serving as the director of a laboratory that performs only authorized clinical laboratory tests, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Board Impact: AB 526 would allow dentists with the necessary training to administer influenza and COVID-19 vaccines approved by the FDA. This bill would also add dentists to the list of persons qualified to be a laboratory director for purposes of the federal Clinical Laboratory Improvement Amendments (CLIA) program which would authorize dentists to perform waived tests such as rapid point-of-care tests for COVID-19.

The Board would need to draft regulations and a violation code would need to be added in BreZE as a result of this bill.

Recommended Board Position: Support

[AB 646](#) (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.

Introduced: February 12, 2021

Last Amended: April 14, 2021

Disposition: Pending

Location: Assembly

Status: April 21, 2021: In committee: Set, first hearing. **Referred to suspense file.**

Summary: Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked, and information previously posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the person, not to exceed the cost of administering the bill's provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. The DCA License Search tool lists information about licensees which includes information about licenses revoked due to criminal convictions. AB 646 would require the Board to update or remove information about the revoked license and the criminal history if the Board receives an expungement order related to the conviction. If the individual does not currently have a license and does not apply for a license, the Board would need to remove the information about the license revocation within 90 days of receiving an expungement order. If the individual reapplies for a license or has been granted a new license, the Board would need to post notification of the expungement order and the date it was granted within 90 days of receiving an expungement order.

This bill would require changes to the DCA License Search tool as well changes to license modifiers and business rules in BreZE.

Recommended Board Position: Watch

[AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing

Introduced: February 17, 2021

Last Amended: March 24, 2021

Disposition: Pending

Location: Assembly

Status: March 25, 2021: Re-referred to Committee on Governmental Organization

Summary: The Bagley-Keene Open Meeting Act (Bagley-Keene Act), requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. The Bagley-Keene Act, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to make the portion of the meeting that is required to be open to the public audible to the public at the location specified in the notice of the meeting. The Bagley-Keene Act requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and requires each teleconference location to be accessible to the public.

This bill would require a state body that elects to conduct a meeting or proceeding by teleconference to make the portion that is required to be open to the public both audibly and visually observable. The bill would require a state body that elects to conduct a meeting or proceeding by teleconference to post an agenda at the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. The bill would extend the above requirements of meetings of multimember advisory bodies that are held by teleconference to meetings of all multimember state bodies. The bill would require a multimember state body to provide a means by which the public may both audibly and visually remotely observe a meeting if a member of that body participates remotely. The bill would further require any body that is to adjourn and reconvene a meeting on the same day to communicate how a member of the public may both audibly and visually observe the meeting. The bill would also make non-substantive changes to those provisions.

Board Impact: This bill would require the Board to designate one primary physical meeting location when conducting teleconferences and post an agenda at that location. The location must also have the ability for a member of the public to view and listen to the teleconference as well as make public comments if they choose to do so. At least one member of the state body will need to be present at the location specified.

With the requirement of designating one physical meeting location as proposed in AB 885, the Board may still need to rotate this physical location throughout California to accommodate the various geographic regions of the stakeholders.

Recommended Board Position: Support

[AB 1026](#) (Smith) Business licenses: veterans.

Introduced: February 18, 2021

Last Amended: n/a

Disposition: Pending

Location: Assembly

Status: March 20, 2021: Re-referred to Committee on Appropriations.

Summary: This bill would require the department and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. AB 1026 would require the Board to grant a 50% fee reduction for initial licensure to honorably discharged veterans. The Board has received an average of 14 applications per year from honorably discharged veterans.

AB 1026 would require the Board to make changes to BreEZe including the application system, adding a modifier, and adding new fee codes. The Board's website would also need to be updated to inform veteran applicants about the fee reduction. Regulations would need to be drafted and submitted for this bill.

Recommended Board Position: Watch

[AB 1236](#) (Ting) Healing arts: data collection.

Introduced: February 19, 2021

Last Amended: April 15, 2021

Disposition: Pending

Location: Assembly

Status: April 19, 2021: Re-referred to Committee on Business and Professions

Summary: Existing law requires certain Boards to collect and report specific demographic data relating to their licensees in aggregate form to the Office of Statewide Health Planning and Development (OSHPD).

This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to request at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information from its licensees and, if designated by the board, its registrants and to post the information on the internet

websites that they each maintain. The bill would specify that licensees and registrants shall not be required to provide the requested information.

This bill would, commencing July 1, 2022, require each board, or the Department of Consumer Affairs on its behalf, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and registrants and to release information only in deidentified aggregate form, as specified.

Board Impact: This bill affects healing arts boards at the Department of Consumer Affairs. The Board currently requests certain demographic information in a biennial voluntary workforce survey at the time a licensee renews their license. AB 1236 proposes additional demographic information be requested including questions about a licensee's type of employer, titles of positions held, time spent in direct patient care, gender identity, future work intentions, job satisfaction ratings, and sexual orientation. The bill specifies that the demographic information must be requested, but that a licensee shall not be required to provide the information.

This bill would require updates to BreEZe and the board's website. An aggregate report would need to be compiled and published annually.

Recommended Board Position: Watch

[AB 1273](#) (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer

Introduced: February 19, 2021

Last Amended: March 22, 2021

Disposition: Pending

Location: Assembly

Status: April 26, 2021: Re-referred to Committee on Appropriations

Summary: This bill would make the State Public Health Officer and the Director of Consumer Affairs ex officio members of the Interagency Advisory Committee on Apprenticeship.

Existing law requires the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, to identify opportunities for "earn and learn" job training opportunities that meet the industry's workforce demands and that are in high-wage, high-demand jobs. Existing law defines "earn and learn" to include programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

This bill would prohibit the Department of Consumer Affairs and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for

training in a profession licensed or certified by the board. The bill would prohibit the State Department of Public Health from prohibiting earn and learn programs for training of personnel. The bill would require boards of the Department of Consumer Affairs and the State Department of Public Health to use licensing or certification standards that authorize the use of earn and learn trainings.

Board Impact: This bill affects boards at the Department of Consumer Affairs. AB 1273 would not allow the Board to prohibit, or approve an accrediting program that prohibits, “earn and learn programs” for training in a profession licensed or certified by the board. A board shall use licensing or certification standards that authorize the use of earn and learn trainings.

“Earn and learn” programs are defined as programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

Recommended Board Position: Watch

[AB 1386](#) (Cunningham) License fees: military partners and spouses

Introduced: February 19, 2021

Last Amended: April 28, 2021

Disposition: Pending

Location: Assembly

Status: April 28, 2021: From committee chair, with author's amendments: Amend, and re-refer to Com. on APPR. Read second time and amended.

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and provides evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

This bill would prohibit a board from charging an initial application fee or an initial license issuance fee to an applicant who meets these expedited licensing requirements. The bill would also prohibit a board from charging an initial examination fee to an applicant who meets the expedited licensing requirements if the examination is administered by the board.

Board Impact: This bill affects boards at the Department of Consumer Affairs. AB 1386 would prohibit the Board from charging an initial license fee for future applications received from military spouses. The Board has received an average of four applications for initial licensure per year from military spouses.

AB 1386 would also require a change to a license modifier in BreEZe.

Recommended Board Position: Watch

[AB 1552](#) (Garcia) Dentistry: foreign dental schools: applications.

Introduced: February 19, 2021

Last Amended: n/a

Disposition: Pending

Location: Assembly

Status: April 27, 2021: Failed passage in Assembly Committee on Business and Professions

Summary: Existing law, beginning January 1, 2020, prohibits the board from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. Existing law requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

This bill would instead require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2030, to remain approved.

Board Impact: This bill is now dead. The impact to the Board is provided as a reference. Before the passage of AB 1519, the board approved two foreign dental schools. The State University of Medicine and Pharmacy in the Republic of Moldova (Moldova) was Board approved until December 2023 and De La Salle University was board approved until May 2026. Beginning January 1, 2020, the board is prohibited from accepting new applications for approval of foreign dental schools.

AB 1552 proposes an extension of the time period to January 1, 2030 during which previously approved foreign dental schools do not have to submit a renewal application and must also obtain CODA accreditation to remain an approved foreign dental school. The bill's author suggests the international CODA approval is an 8 to 10-year process. If previously approved foreign dental schools were not required to submit a renewal application or become CODA approved until January 2030, it is unclear the extent to which site evaluations would occur or to what level of continued compliance the school would be required to submit.

The board has the statutory authority to withdraw the approval of a foreign dental school after notification of deficiencies and review if it is determined the institution no longer meets the requirements.

Board Position: None Taken

[SB 534](#) (Jones) Dental hygienists.

Introduced: February 17, 2021

Last Amended: March 22, 2021

Disposition: Pending

Location: Senate

Status: April 20, 2021: Read second time. Ordered to third reading.

Summary: Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs.

This bill would set a term limit of 3 years for board members beginning January 1, 2022. A member who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.

Existing law permits a Registered Dental Hygienist (RDH) licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements. This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. This bill would require the applicant for a special permit to submit fingerprints. It would also require an applicant for a special permit to provide evidence of additional courses if teaching during clinical practice sessions.

This bill would require an applicant for an RDH who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

This bill would require a new education program for Registered Dental Hygienists in Alternative Practice (RDHAP) to submit a study and apply for approval from the Dental Hygiene Board before seeking approval from the Commission on Dental Accreditation (CODA).

This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

This bill specifies when a licensee is disciplined and required to complete additional training that the training must be approved by the Dental Hygiene Board.

This bill would authorize a RDHAP to operate a mobile dental hygiene clinic in specified settings, if they register the mobile dental hygiene clinic with the board. The bill would authorize the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic. This bill would define unprofessional conduct related to mobile clinics and authorizes the Board to issue citations that contain fines and orders of abatement for a violation of these provisions.

This bill would impose registration requirements on the physical facilities of a RDHAP. A RDHAP who uses portable equipment would be required to register the physical facility where the equipment is maintained. The bill would authorize the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a RDHAP. This bill would define unprofessional conduct in related to facility registration and authorizes the Board to issue citations that contain fines and orders of abatement for a violation of these provisions.

Board Impact: This bill makes several revisions and changes to the operations of RDHs, RDHAPs, and the Dental Hygiene Board of California (DHB). This bill does not directly impact the Dental Board of California.

Recommended Board Position: Support

[SB 607](#) (Roth) Professions and vocations.

Introduced: February 18, 2021

Last Amended: April 13, 2021

Disposition: Pending

Location: Senate

Status: April 19, 2021: Re-referred to Committee on Appropriations

Summary: This bill would require a board to waive all fees associated with the application and initial license for an applicant who meets expedited licensing requirements for military spouses.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

The Dental Practice Act authorizes a dentist to administer or order the administration of minimal sedation on pediatric patients under 13 years of age if the dentist possesses specified licensing credentials, including holding a pediatric minimal sedation permit, and follows certain procedures. Existing law requires a dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee.

This bill would specify that the application fee for a pediatric minimal sedation permit cannot exceed \$1,000, and the renewal fee cannot exceed \$600.

This bill also makes several changes affecting other boards and bureaus within the DCA.

Board Impact: This an omnibus bill affecting the Dental Board and other boards and bureaus with the DCA. SB 607 would waive application fees for military spouses, eliminate the clinical and practical examination requirement for registered dental assistants in extended functions (RDAEF), and set the maximum applicant and renewal fees for a pediatric minimal sedation permit.

SB 501 created the Pediatric Minimal Sedation Permit. SB 607 specifies the maximum fee for initial issuance cannot exceed \$1,000 and the renewal fee cannot exceed \$600.

SB 607 would require the Board to issue a one-time refund to the applicants who have paid the RDAEF clinical and practical examination fee but have not been able to schedule the examination due to the fact that there are no available testing sites from concerns surrounding COVID-19. There is also a trend that dental licensure examinations are moving away from patient-based assessments due to ethical and practical considerations.

Board Position: Letter of support sent to Senate Committee on Business, Professions, and Economic Development on April 12, 2021.

[SB 652](#) (Bates) Dentistry: use of sedation: training.

Introduced: February 19, 2021

Last Amended: April 12, 2021

Disposition: Pending

Location: Senate

Status: April 19, 2021: Re-referred to Committee on Appropriations

Summary: Existing law, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia, deep sedation, or moderate sedation. Additional requirements are specified if the patient is under 13 years of age.

This bill would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).

Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.

This bill would require a permitholder to maintain current and continuous certification in ACLS and airway management.

Board Impact: SB 652 would extend the current requirements for dental patients under 13 years of age, specifically that an operating dentist and at least two additional personnel

be present throughout a procedure involving deep sedation or general anesthesia, and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS), to all patients regardless of age.

The provisions on deep sedation and general anesthesia for pediatric patients outlined in SB 501 have not become operative, but will on January 1, 2022. The Board is in the process of promulgating regulations to implement that measure.

SB 652 would require the Board to draft minor changes to regulations. It is possible this bill could be applicable to enforcement violations and continuing education audits.

Recommended Board Position: Request amendment of effective date from January 1, 2022 to January 1, 2023 due to impact on current regulation development relating to Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018)

[SB 731](#) (Durazo, Bradford, and Coauthors) Criminal records: relief.

Introduced: February 19, 2021

Last Amended: April 20, 2021

Disposition: Pending

Location: Senate

Status: April 20, 2021: Read second time and amended Re-referred to Committee on Appropriations

Summary: Existing law authorizes a defendant who was sentenced to a county jail for the commission of a felony and who has met specified criteria to petition to withdraw their plea of guilty or nolo contendere and enter a plea of not guilty after the completion of their sentence, as specified. Existing law requires the court to dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the offense, except as specified.

This bill would make this relief available to a defendant who has been convicted of any felony.

Commencing July 1, 2022, existing law requires the Department of Justice, on a monthly basis, to review the records in the statewide criminal justice databases and identify persons who are eligible for specified automatic conviction and records of arrest relief without requiring the filing of a petition or motion. Under existing law, a person is eligible for arrest record relief if they were arrested on or after January 1, 2021, and the arrest was for a misdemeanor and the charge was dismissed or criminal proceedings have not been initiated within one year after the arrest, or the arrest was for a felony punishable in the county jail and criminal proceedings have not been initiated within 3 years after the date of the arrest. Under existing law, a person is eligible for automatic conviction record relief if, on or after January 1, 2021, they were sentenced to probation, and completed it without revocation, or if they were convicted of an infraction or a misdemeanor, and other criteria are met, as specified.

This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, post release supervision, and parole.

Board Impact: This bill affects boards at the Department of Consumer Affairs. SB 731 would allow a person convicted of a felony to petition to withdraw their guilty plea after the completion of their sentence and permit additional relief by way of deleting arrest records for the purpose of most criminal background checks. Some of the records that the Department of Justice (DOJ) would be prohibited from disclosing to the Board may be relevant to professional licensure.

Recommended Board Position: Watch

[SB 772](#) (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

Introduced: February 19, 2021

Last Amended: n/a

Disposition: Pending

Location: Senate

Status: April 19, 2021: April 19 set for second hearing canceled at the request of author.

Summary: Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Board Impact: The Board issues administrative citations and fines for certain violations as outlined in California Code of Regulations 1023 through 1023.7.

The administrative citations are issued to ensure licensees comply with applicable statutes and regulations. Existing regulations allow for factors such as the nature and severity of the violation to be considered in a citation decision. A licensee can also contest a citation and request a hearing within 30 days of the issuance of a citation or assessment.

If administrative fines were prohibited as proposed in SB 772, it would minimize the incentive for licensees to comply with statutes and regulations relating to the practice of dentistry.

Recommended Board Position: Oppose

ASSEMBLY BILL

No. 2

Introduced by Assembly Member Fong

December 7, 2020

An act to amend Sections 11343.4 and 11349.3 of, and to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of, the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 2, as introduced, Fong. Regulations: legislative review: regulatory reform.

The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. That act requires an agency, prior to submitting a proposal to adopt, amend, or repeal an administrative regulation, to determine the economic impact of that regulation, in accordance with certain procedures. The act defines a major regulation as a regulation, as specified, that will have an economic impact on California business enterprises and individuals in an amount exceeding \$50,000,000, as estimated by the agency. The act requires the office to transmit a copy of a regulation to the Secretary of State for filing if the office approves the regulation or fails to act on it within 30 days. The act provides that a regulation or an order of repeal of a regulation becomes effective on a quarterly basis, as prescribed, except in specified instances.

This bill would require the office to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those

currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2023, review that agency’s regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2024.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 11343.4 of the Government Code is
- 2 amended to read:
- 3 11343.4. (a) Except as otherwise provided in subdivision (b),
- 4 a regulation or an order of repeal required to be filed with the
- 5 Secretary of State shall become effective on a quarterly basis as
- 6 follows:
- 7 (1) January 1 if the regulation or order of repeal is filed on
- 8 September 1 to November 30, inclusive.
- 9 (2) April 1 if the regulation or order of repeal is filed on
- 10 December 1 to February 29, inclusive.
- 11 (3) July 1 if the regulation or order of repeal is filed on March
- 12 1 to May 31, inclusive.
- 13 (4) October 1 if the regulation or order of repeal is filed on June
- 14 1 to August 31, inclusive.
- 15 (b) The effective dates in subdivision (a) shall not apply in all
- 16 of the following:
- 17 (1) The effective date is specifically provided by the statute
- 18 pursuant to which the regulation or order of repeal was adopted,
- 19 in which event it becomes effective on the day prescribed by the
- 20 statute.
- 21 (2) A later date is prescribed by the state agency in a written
- 22 instrument filed with, or as part of, the regulation or order of repeal.

1 (3) The agency makes a written request to the office
2 demonstrating good cause for an earlier effective date, in which
3 case the office may prescribe an earlier date.

4 (4) (A) A regulation adopted by the Fish and Game Commission
5 that is governed by Article 2 (commencing with Section 250) of
6 Chapter 2 of Division 1 of the Fish and Game Code.

7 (B) A regulation adopted by the Fish and Game Commission
8 that requires a different effective date in order to conform to a
9 federal regulation.

10 (5) *When the Legislature enacts a statute to override the*
11 *regulation.*

12 SEC. 2. Section 11349.3 of the Government Code is amended
13 to read:

14 11349.3. (a) (1) The office shall either approve a regulation
15 submitted to it for review and transmit it to the Secretary of State
16 for filing or disapprove a regulation within 30 working days after
17 the regulation has been submitted to the office for review. If the
18 office fails to act within 30 days, the regulation shall be deemed
19 to have been approved and the office shall transmit it to the
20 Secretary of State for filing.

21 (2) *The office shall submit a copy of each major regulation*
22 *submitted to the Secretary of State pursuant to paragraph (1) to*
23 *each house of the Legislature for review.*

24 (b) If the office disapproves a regulation, it shall return it to the
25 adopting agency within the 30-day period specified in subdivision
26 (a) accompanied by a notice specifying the reasons for disapproval.
27 Within seven calendar days of the issuance of the notice, the office
28 shall provide the adopting agency with a written decision detailing
29 the reasons for disapproval. A regulation shall not be disapproved
30 except for failure to comply with the standards set forth in Section
31 11349.1 or for failure to comply with this chapter.

32 (c) If an agency determines, on its own initiative, that a
33 regulation submitted pursuant to subdivision (a) should be returned
34 by the office prior to completion of the office's review, it may
35 request the return of the regulation. All requests for the return of
36 a regulation shall be memorialized in writing by the submitting
37 agency no later than one week following the request. Any
38 regulation returned pursuant to this subdivision shall be resubmitted
39 to the office for review within the one-year period specified in

1 subdivision (b) of Section 11346.4 or shall comply with Article 5
2 (commencing with Section 11346) prior to resubmission.

3 (d) The office shall not initiate the return of a regulation pursuant
4 to subdivision (c) as an alternative to disapproval pursuant to
5 subdivision (b).

6 SEC. 3. Chapter 3.6 (commencing with Section 11366) is added
7 to Part 1 of Division 3 of Title 2 of the Government Code, to read:

8

9 CHAPTER 3.6. REGULATORY REFORM

10

11 Article 1. Findings and Declarations

12

13 11366. The Legislature finds and declares all of the following:

14

15 (a) The Administrative Procedure Act (Chapter 3.5 (commencing
16 with Section 11340), Chapter 4 (commencing with Section 11370),
17 Chapter 4.5 (commencing with Section 11400), and Chapter 5
18 (commencing with Section 11500)) requires agencies and the
19 Office of Administrative Law to review regulations to ensure their
20 consistency with law and to consider impacts on the state's
21 economy and businesses, including small businesses.

22

23 (b) However, the act does not require agencies to individually
24 review their regulations to identify overlapping, inconsistent,
25 duplicative, or out-of-date regulations that may exist.

26

27 (c) At a time when the state's economy is slowly recovering,
28 unemployment and underemployment continue to affect all
29 Californians, especially older workers and younger workers who
30 received college degrees in the last seven years but are still awaiting
31 their first great job, and with state government improving but in
32 need of continued fiscal discipline, it is important that state
33 agencies systematically identify, publicly review, and eliminate
34 overlapping, inconsistent, duplicative, or out-of-date regulations,
35 both to ensure laws are more efficiently implemented and enforced
36 and to reduce unnecessary and outdated rules and regulations.

34

35 Article 2. Definitions

36

37 11366.1. For the purposes of this chapter, the following
38 definitions shall apply:

38

1 (a) “State agency” means a state agency, as defined in Section
2 11000, except those state agencies or activities described in Section
3 11340.9.

4 (b) “Regulation” has the same meaning as provided in Section
5 11342.600.

6
7 Article 3. State Agency Duties
8

9 11366.2. On or before January 1, 2023, each state agency shall
10 do all of the following:

11 (a) Review all provisions of the California Code of Regulations
12 adopted by that state agency.

13 (b) Identify any regulations that are duplicative, overlapping,
14 inconsistent, or out of date.

15 (c) Adopt, amend, or repeal regulations to reconcile or eliminate
16 any duplication, overlap, inconsistencies, or out-of-date provisions,
17 and shall comply with the process specified in Article 5
18 (commencing with Section 11346) of Chapter 3.5, unless the
19 addition, revision, or deletion is without regulatory effect and may
20 be done pursuant to Section 100 of Title 1 of the California Code
21 of Regulations.

22 (d) Hold at least one noticed public hearing, which shall be
23 noticed on the internet website of the state agency, for the purposes
24 of accepting public comment on proposed revisions to its
25 regulations.

26 (e) Notify the appropriate policy and fiscal committees of each
27 house of the Legislature of the revisions to regulations that the
28 state agency proposes to make at least 30 days prior to initiating
29 the process under Article 5 (commencing with Section 11346) of
30 Chapter 3.5 or Section 100 of Title 1 of the California Code of
31 Regulations.

32 (g) (1) Report to the Governor and the Legislature on the state
33 agency’s compliance with this chapter, including the number and
34 content of regulations the state agency identifies as duplicative,
35 overlapping, inconsistent, or out of date, and the state agency’s
36 actions to address those regulations.

37 (2) The report shall be submitted in compliance with Section
38 9795 of the Government Code.

39 11366.3. (a) On or before January 1, 2023, each agency listed
40 in Section 12800 shall notify a department, board, or other unit

1 within that agency of any existing regulations adopted by that
2 department, board, or other unit that the agency has determined
3 may be duplicative, overlapping, or inconsistent with a regulation
4 adopted by another department, board, or other unit within that
5 agency.

6 (b) A department, board, or other unit within an agency shall
7 notify that agency of revisions to regulations that it proposes to
8 make at least 90 days prior to a noticed public hearing pursuant to
9 subdivision (d) of Section 11366.2 and at least 90 days prior to
10 adoption, amendment, or repeal of the regulations pursuant to
11 subdivision (c) of Section 11366.2. The agency shall review the
12 proposed regulations and make recommendations to the
13 department, board, or other unit within 30 days of receiving the
14 notification regarding any duplicative, overlapping, or inconsistent
15 regulation of another department, board, or other unit within the
16 agency.

17 11366.4. An agency listed in Section 12800 shall notify a state
18 agency of any existing regulations adopted by that agency that
19 may duplicate, overlap, or be inconsistent with the state agency’s
20 regulations.

21 11366.45. This chapter shall not be construed to weaken or
22 undermine in any manner any human health, public or worker
23 rights, public welfare, environmental, or other protection
24 established under statute. This chapter shall not be construed to
25 affect the authority or requirement for an agency to adopt
26 regulations as provided by statute. Rather, it is the intent of the
27 Legislature to ensure that state agencies focus more efficiently and
28 directly on their duties as prescribed by law so as to use scarce
29 public dollars more efficiently to implement the law, while
30 achieving equal or improved economic and public benefits.

31
32
33

Article 4. Chapter Repeal

34 11366.5. This chapter shall remain in effect only until January
35 1, 2024, and as of that date is repealed.

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ASSEMBLY BILL

No. 29

**Introduced by Assembly Member Cooper
(Coauthor: Assembly Member Blanca Rubio)**

December 7, 2020

An act to amend Section 11125 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 29, as introduced, Cooper. State bodies: meetings.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require those writings or materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which

those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11125 of the Government Code is
 2 amended to read:

3 11125. (a) The state body shall provide notice of its meeting
 4 to any person who requests that notice in writing. Notice shall be
 5 given and also made available on the ~~Internet~~ *state body's internet*
 6 *website* at least 10 days in advance of the ~~meeting~~, *meeting* and
 7 shall include the name, address, and telephone number of any
 8 person who can provide further information ~~prior to~~ *before* the
 9 ~~meeting~~, *meeting* but need not include a list of witnesses expected
 10 to appear at the meeting. The written notice shall additionally
 11 include the address of the ~~Internet site~~ *internet website* where
 12 notices required by this article are made available.

13 (b) The notice of a meeting of a body that is a state body shall
 14 include a specific agenda for the meeting, containing a brief
 15 description of the items of business to be transacted or discussed
 16 in either open or closed session. A brief general description of an
 17 item generally need not exceed 20 words. A description of an item
 18 to be transacted or discussed in closed session shall include a
 19 citation of the specific statutory authority under which a closed
 20 session is being held. No item shall be added to the agenda
 21 subsequent to the provision of this notice, unless otherwise
 22 permitted by this article.

23 (c) (1) *A notice provided pursuant to subdivision (a) shall*
 24 *include all writings or materials provided for the noticed meeting*
 25 *to a member of the state body by the staff of a state agency, board,*
 26 *or commission, or another member of the state body that are in*
 27 *connection with a matter subject to discussion or consideration*
 28 *at the meeting.*

29 (2) *The writings or materials described in paragraph (1) shall*
 30 *be made available on the state body's internet website, and to any*
 31 *person who requests the writings or materials in writing, on the*
 32 *same day as the dissemination of the writings and materials to*

1 *members of the state body or at least 72 hours in advance of the*
2 *meeting, whichever is earlier.*

3 *(3) A state body may not distribute or discuss writings or*
4 *materials described in paragraph (1), or take action on an item*
5 *to which those writings or materials pertain, at a meeting of the*
6 *state body unless the state body has complied with this subdivision.*

7 ~~(e)~~

8 *(d) Notice of a meeting of a state body that complies with this*
9 *section shall also constitute notice of a meeting of an advisory*
10 *body of that state body, provided that the business to be discussed*
11 *by the advisory body is covered by the notice of the meeting of*
12 *the state body, provided that the specific time and place of the*
13 *advisory body's meeting is announced during the open and public*
14 *state body's meeting, and provided that the advisory body's*
15 *meeting is conducted within a reasonable time of, and nearby, the*
16 *meeting of the state body.*

17 ~~(d)~~

18 *(e) A person may request, and shall be provided, notice pursuant*
19 *to subdivision (a) for all meetings of a state body or for a specific*
20 *meeting or meetings. In addition, at the state body's discretion, a*
21 *person may request, and may be provided, notice of only those*
22 *meetings of a state body at which a particular subject or subjects*
23 *specified in the request will be discussed.*

24 ~~(e)~~

25 *(f) A request for notice of more than one meeting of a state body*
26 *shall be subject to the provisions of Section 14911.*

27 ~~(f)~~

28 *(g) The notice shall be made available in appropriate alternative*
29 *formats, as required by Section 202 of the Americans with*
30 *Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal*
31 *rules and regulations adopted in implementation thereof, upon*
32 *request by any person with a disability. The notice shall include*
33 *information regarding how, to whom, and by when a request for*
34 *any disability-related modification or accommodation, including*
35 *auxiliary aids or services may be made by a person with a disability*
36 *who requires these aids or services in order to participate in the*
37 *public meeting.*

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AMENDED IN ASSEMBLY APRIL 20, 2021
AMENDED IN ASSEMBLY MARCH 24, 2021
AMENDED IN ASSEMBLY FEBRUARY 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 107

Introduced by Assembly Member Salas

December 16, 2020

An act to amend Sections 115.6 and 5132 ~~of of, and to add Section 115.8 to, the Business and Professions Code, and to add Section 95 to the Military and Veterans Code~~, relating to licensure, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 107, as amended, Salas. Licensure: veterans and military spouses.
(1) ~~Under~~

Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an

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application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. The bill would require, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions by June 15, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one ~~year~~ *year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above.* The bill would make conforming changes. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue temporary licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation.

~~(2) Existing law requires the Department of Veterans Affairs to develop a transition assistance program for veterans who have been discharged from the Armed Forces of the United States designed to assist them in successfully transitioning from military to civilian life in California. Existing law requires the program to include, among other topics, higher education benefits, vocational training assistance, small business resources and information, and housing information. Existing~~

~~law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency to, among other things, ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated. Existing law establishes the Commission on Teacher Credentialing to establish professional standards, assessments, and examinations for entry and advancement in the education profession. Existing law makes it unlawful for a person to engage in the business of, act in the capacity of, advertise as, or assume to act as a real estate broker or real estate salesperson without first obtaining a real estate license from the Department of Real Estate. Under existing law, the State Department of Public Health is responsible for issuing licenses for the operation of health facilities, clinics, and other facilities, as specified.~~

Existing law provides that these temporary licenses shall expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

This bill would instead provide that these temporary licenses shall expire 12 months after issuance, upon issuance of a standard license, upon issuance of a license by endorsement, or upon issuance of an expedited license, whichever occurs first.

~~This bill would require the Department of Consumer Affairs, the Commission on Teacher Credentialing, the Department of Real Estate, and the State Department of Public Health to each place a prominently displayed military licensure icon or hyperlink on the home page of its internet website that is linked to information about each occupational board or program for licensure or certification that it administers along with additional information relating to the professional licensure of veterans, service members, and their spouses, as specified. The bill requires the Department of Veterans Affairs to have a prominently displayed military licensure icon or hyperlink at an appropriate location on its internet website that links to those websites. The bill would also require an annual report to the Legislature containing specified information relating to the professional licensure of veterans, service members, and their spouses.~~

~~(3) The~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 ~~SECTION 1. The Legislature finds and declares the following:~~
2 ~~(a) If active duty military personnel, veterans, service members~~
3 ~~separating from military service, and their spouses are able to~~
4 ~~maintain careers through frequent moves and key transitions, they~~
5 ~~are able to help support their families while providing critical~~
6 ~~services to their communities. Yet, if a military spouse is~~
7 ~~transferred to California, or a service member leaves the Armed~~
8 ~~Forces of the United States and returns to or remains in California,~~
9 ~~these professionals may face difficulty transporting their~~
10 ~~professional licenses obtained in another state.~~
11 ~~(b) The process for transferring licenses for professional careers~~
12 ~~can be long, burdensome, redundant, and expensive and can prevent~~
13 ~~some military spouses, veterans, and separating service members~~
14 ~~from obtaining employment in their field.~~
15 ~~(c) Removing barriers to license transfers for spouses of active~~
16 ~~duty service members, separating service members, and veterans~~
17 ~~would ease the burden of relocation and transition and provide~~
18 ~~vital stability to military families and the communities they serve.~~
19 ~~(d) Prioritizing military spouses as part of state economic~~
20 ~~recovery efforts must be viewed proactively in a way that~~
21 ~~recognizes their preexisting challenge of substantially higher~~
22 ~~unemployment and underemployment than their civilian~~
23 ~~counterparts and with broader goals, such as bridging gender gaps~~
24 ~~in wage earning, reducing military and veteran financial insecurity,~~
25 ~~ensuring successful transitions into veteran life, and fostering~~
26 ~~successful community participation and sense of belonging.~~
27 ~~SEC. 2.~~
28 ~~SECTION 1. Section 115.6 of the Business and Professions~~
29 ~~Code is amended to read:~~
30 ~~115.6. (a) (1) Except as provided in subdivision (i), a board~~
31 ~~within the department shall, after appropriate investigation, issue~~
32 ~~a temporary license to practice a profession or vocation to an~~
33 ~~applicant who meets the requirements set forth in subdivision (c).~~

1 (2) Revenues from fees for temporary licenses issued by the
2 California Board of Accountancy shall be credited to the
3 Accountancy Fund in accordance with Section 5132.

4 (b) The board may conduct an investigation of an applicant for
5 purposes of denying or revoking a temporary license issued
6 pursuant to this section. This investigation may include a criminal
7 background check.

8 (c) An applicant seeking a temporary license pursuant to this
9 section shall meet the following requirements:

10 (1) The applicant shall supply evidence satisfactory to the board
11 that the applicant is married to, or in a domestic partnership or
12 other legal union with, an active duty member of the Armed Forces
13 of the United States who is assigned to a duty station in this state
14 under official active duty military orders.

15 (2) The applicant shall hold a current, active, and unrestricted
16 license that confers upon the applicant the authority to practice,
17 in another state, district, or territory of the United States, the
18 profession or vocation for which the applicant seeks a temporary
19 license from the board.

20 (3) The applicant shall submit an application to the board that
21 shall include a signed affidavit attesting to the fact that the
22 applicant meets all of the requirements for the temporary license,
23 and that the information submitted in the application is accurate,
24 to the best of the applicant's knowledge. The application shall also
25 include written verification from the applicant's original licensing
26 jurisdiction stating that the applicant's license is in good standing
27 in that jurisdiction.

28 (4) The applicant shall not have committed an act in any
29 jurisdiction that would have constituted grounds for denial,
30 suspension, or revocation of the license under this code at the time
31 the act was committed. A violation of this paragraph may be
32 grounds for the denial or revocation of a temporary license issued
33 by the board.

34 (5) The applicant shall not have been disciplined by a licensing
35 entity in another jurisdiction and shall not be the subject of an
36 unresolved complaint, review procedure, or disciplinary proceeding
37 conducted by a licensing entity in another jurisdiction.

38 (6) The applicant shall, upon request by a board, furnish a full
39 set of fingerprints for purposes of conducting a criminal
40 background check.

1 (d) A board shall issue a temporary license pursuant to this
 2 section within 30 days following receipt of the documentation
 3 specified in subdivision (c) if the results of the criminal background
 4 check do not show grounds for denial.

5 (e) A temporary license issued pursuant to this section may be
 6 immediately terminated upon a finding that the temporary
 7 licenseholder failed to meet any of the requirements described in
 8 subdivision (c) or provided substantively inaccurate information
 9 that would affect the person’s eligibility for temporary licensure.
 10 Upon termination of the temporary license, the board shall issue
 11 a notice of termination that shall require the temporary
 12 licenseholder to immediately cease the practice of the licensed
 13 profession upon receipt.

14 (f) An applicant seeking a temporary license as a civil engineer,
 15 geotechnical engineer, structural engineer, land surveyor,
 16 professional geologist, professional geophysicist, certified
 17 engineering geologist, or certified hydrogeologist pursuant to this
 18 section shall successfully pass the appropriate California-specific
 19 examination or examinations required for licensure in those
 20 respective professions by the Board for Professional Engineers,
 21 Land Surveyors, and Geologists.

22 (g) A temporary license issued pursuant to this section shall
 23 expire 12 months after issuance, upon issuance of *a standard*
 24 *license, upon issuance of a license by endorsement, or upon*
 25 *issuance of an expedited license pursuant to Section 115.5, a license*
 26 ~~by endorsement, or upon denial of the application for expedited~~
 27 ~~licensure by the board,~~ whichever occurs first.

28 (h) A board shall submit to the department for approval, if
 29 necessary to implement this section, draft regulations necessary
 30 to administer this section by June 15, 2022. These regulations shall
 31 be adopted pursuant to the Administrative Procedure Act (Chapter
 32 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
 33 Title 2 of the Government Code).

34 (i) (A) This section shall not apply to a board that has a process
 35 in place by which an out-of-state licensed applicant in good
 36 standing who is married to, or in a domestic partnership or other
 37 legal union with, an active duty member of the Armed Forces of
 38 the United States is able to receive expedited, temporary
 39 authorization to practice while meeting state-specific requirements
 40 for a period of at least one ~~year~~. *year or is able to receive an*

1 *expedited license by endorsement with no additional requirements*
2 *superseding those described in subdivision (c).*

3 (B) This section shall apply only to the extent that it does not
4 amend an initiative or violate constitutional requirements.

5 SEC. 2. *Section 115.8 is added to the Business and Professions*
6 *Code, to read:*

7 *115.8. The Department of Consumer Affairs, the Commission*
8 *on Teacher Credentialing, the Department of Real Estate, and the*
9 *State Department of Public Health shall compile information on*
10 *military, veteran, and spouse licensure into an annual report for*
11 *the Legislature, which shall be submitted in conformance with*
12 *Section 9795 of the Government Code. The report shall include*
13 *all of the following:*

14 (a) *The number of applications for a temporary license*
15 *submitted by active duty service members, veterans, or military*
16 *spouses per calendar year, pursuant to Section 115.6.*

17 (b) *The number of applications for expedited licenses submitted*
18 *by veterans and active duty spouses pursuant to Sections 115.4*
19 *and 115.5.*

20 (c) *The number of licenses issued and denied per calendar year*
21 *pursuant to Sections 115.4, 115.5, and 115.6.*

22 (d) *The number of licenses issued pursuant to Section 115.6*
23 *that were suspended or revoked per calendar year.*

24 (e) *The number of applications for waived renewal fees received*
25 *and granted pursuant to Section 114.3 per calendar year.*

26 (f) *The average length of time between application and issuance*
27 *of licenses pursuant to Sections 115.4, 115.5, and 115.6 per board*
28 *and occupation.*

29 SEC. 3. *Section 5132 of the Business and Professions Code is*
30 *amended to read:*

31 5132. (a) *All moneys received by the board under this chapter*
32 *from any source and for any purpose and from a temporary license*
33 *issued under Section 115.6 shall be accounted for and reported*
34 *monthly by the board to the Controller and at the same time the*
35 *moneys shall be remitted to the State Treasury to the credit of the*
36 *Accountancy Fund.*

37 (b) *The secretary-treasurer of the board shall, from time to time,*
38 *but not less than once each fiscal year, prepare or have prepared*
39 *on their behalf, a financial report of the Accountancy Fund that*

1 contains information that the board determines is necessary for
2 the purposes for which the board was established.

3 (c) The report of the Accountancy Fund, which shall be
4 published pursuant to Section 5008, shall include the revenues and
5 the related costs from examination, initial licensing, license
6 renewal, citation and fine authority, and cost recovery from
7 enforcement actions and case settlements.

8 ~~SEC. 4. Section 95 is added to the Military and Veterans Code,~~
9 ~~to read:~~

10 ~~95. (a) The Department of Veterans Affairs shall place a~~
11 ~~prominently displayed military licensure icon or hyperlink on its~~
12 ~~internet website, in an appropriate location pertaining to licensure~~
13 ~~and employment opportunities for veterans, service members, and~~
14 ~~spouses, that links to the internet websites identified in this section.~~

15 ~~(b) The Department of Consumer Affairs, the Commission on~~
16 ~~Teacher Credentialing, the Department of Real Estate, and the~~
17 ~~State Department of Public Health shall place a prominently~~
18 ~~displayed military licensure icon or hyperlink on the home page~~
19 ~~of their internet websites, linked to information for each~~
20 ~~occupational board or program for licensure or certification that~~
21 ~~it administers. In addition to general licensure or certificate~~
22 ~~information, the following information shall be displayed:~~

23 ~~(1) Each licensing agency's process for expediting applications~~
24 ~~for service members, veterans, and spouses, including the average~~
25 ~~processing times for expedited applications and the number of~~
26 ~~expedited applications requested in the calendar year.~~

27 ~~(2) The availability of temporary or provisional licensure,~~
28 ~~specific requirements needed to obtain a temporary or provisional~~
29 ~~license, and how long the provisional or temporary license is valid.~~

30 ~~(c) (1) The Department of Consumer Affairs shall establish a~~
31 ~~specific gateway aligned with the existing "Board and Bureau~~
32 ~~Military Contact Information," "Expedited Licensure," and~~
33 ~~"Renewal Fee Waivers" gateways on their Military Member~~
34 ~~Resources page, including a list of all boards that provide~~
35 ~~temporary or provisional licensure, with hyperlinks linking to each~~
36 ~~board's military licensure data.~~

37 ~~(2) The Department of Consumer Affairs shall establish a~~
38 ~~"Licensure by Endorsement" section on its internet website listing~~
39 ~~all boards that offer an option for licensure by endorsement,~~

1 accompanied by a hyperlink to each board's military licensure
2 data.

3 ~~(d) The Department of Consumer Affairs, the Commission on
4 Teacher Credentialing, the Department of Real Estate, and the
5 State Department of Public Health shall compile information on
6 military, veteran, and spouse licensure into an annual report for
7 the Legislature, which shall be submitted in conformance with
8 Section 9795 of the Government Code. The report shall include
9 all of the following:~~

10 ~~(1) The number of applications for a license submitted by active
11 duty service members, separating service members, veterans, or
12 military spouses per calendar year.~~

13 ~~(2) The number of licenses issued and denied, including reason
14 for denial, to active duty service members, separating service
15 members, veterans, and military spouses per calendar year.~~

16 ~~(3) The number of licenses of active duty service members,
17 separating service members, veterans, or military spouses that
18 were suspended or revoked per calendar year.~~

19 ~~(4) The number of applications for waived renewal fees received
20 from active duty service members and military spouses per calendar
21 year.~~

22 ~~(5) The number of fee waivers issued to active duty service
23 members and military spouses per calendar year.~~

24 ~~(6) The average length of time between application and issuance
25 of licenses for active duty service members, separating service
26 members, veterans, or military spouses per board and occupation.~~

27 ~~SEC. 5.~~

28 *SEC. 4.* No reimbursement is required by this act pursuant to
29 Section 6 of Article XIII B of the California Constitution because
30 the only costs that may be incurred by a local agency or school
31 district will be incurred because this act creates a new crime or
32 infraction, eliminates a crime or infraction, or changes the penalty
33 for a crime or infraction, within the meaning of Section 17556 of
34 the Government Code, or changes the definition of a crime within
35 the meaning of Section 6 of Article XIII B of the California
36 Constitution.

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AMENDED IN ASSEMBLY APRIL 6, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 526

Introduced by Assembly Member Wood

February 10, 2021

An act to amend Section 1209 of, and to add Sections ~~1625.6 and 1645.2~~ 1625.6, 1645.2, 2473, and 2496.5 to, the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 526, as amended, Wood. ~~Dentists—~~*Dentists and podiatrists: clinical laboratories: laboratories and vaccines.*

Existing law provides for the certification and regulation of podiatrists by the Podiatric Medical Board of California within the Department of Consumer Affairs. Under existing law, the certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine and defines “podiatric medicine” to mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

Existing law, the Dental Practice Act, provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California. Existing law defines dentistry as the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures, and provides that diagnosis or treatment may include all necessary related procedures as well as the use of drugs,

anesthetic agents, and physical evaluation. Existing law provides that a person practices dentistry if the person performs various specified acts. *Existing law also provides for the registration and regulation of registered dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs.*

This bill would additionally authorize a ~~dentist~~, *dentist or podiatrist*, if the *dentist or podiatrist* complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment of a ~~dentist's~~ *dentist's, dental hygienist's, or podiatrist's* continuing education requirements, as specified.

Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Existing law requires a clinical laboratory test or examination classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 to be performed under the overall operation and administration of a laboratory director, which is defined to include certain licensees.

This bill would expand the definition of “laboratory director” to include a duly licensed dentist serving as the director of a laboratory that performs only authorized clinical laboratory tests, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1209 of the Business and Professions
- 2 Code is amended to read:
- 3 1209. (a) As used in this chapter, “laboratory director” means
- 4 any person who is any of the following:
- 5 (1) A duly licensed physician and surgeon.
- 6 (2) Only for purposes of a clinical laboratory test or examination
- 7 classified as waived, is any of the following:
- 8 (A) A duly licensed clinical laboratory scientist.

- 1 (B) A duly licensed limited clinical laboratory scientist.
- 2 (C) A duly licensed naturopathic doctor.
- 3 (D) A duly licensed optometrist serving as the director of a
- 4 laboratory that only performs clinical laboratory tests authorized
- 5 in paragraph (10) of subdivision (d) of Section 3041.
- 6 (E) A duly licensed dentist serving as the director of a laboratory
- 7 that performs only clinical laboratory tests authorized *within the*
- 8 *scope of practice of dentistry as delineated* under Section 1625.
- 9 (3) Licensed to direct a clinical laboratory under this chapter.
- 10 (b) (1) A person defined in paragraph (1) or (3) of subdivision
- 11 (a) who is identified as the CLIA laboratory director of a laboratory
- 12 that performs clinical laboratory tests classified as moderate or
- 13 high complexity shall also meet the laboratory director
- 14 qualifications under CLIA for the type and complexity of tests
- 15 being offered by the laboratory.
- 16 (2) As used in this subdivision, “CLIA laboratory director”
- 17 means the person identified as the laboratory director on the CLIA
- 18 certificate issued to the laboratory by the federal Centers for
- 19 Medicare and Medicaid Services (CMS).
- 20 (c) The laboratory director, if qualified under CLIA, may
- 21 perform the duties of the technical consultant, technical supervisor,
- 22 clinical consultant, general supervisor, and testing personnel, or
- 23 delegate these responsibilities to persons qualified under CLIA.
- 24 If the laboratory director reapportions performance of those
- 25 responsibilities or duties, they shall remain responsible for ensuring
- 26 that all those duties and responsibilities are properly performed.
- 27 (d) (1) The laboratory director is responsible for the overall
- 28 operation and administration of the clinical laboratory, including
- 29 administering the technical and scientific operation of a clinical
- 30 laboratory, the selection and supervision of procedures, the
- 31 reporting of results, and active participation in its operations to
- 32 the extent necessary to ensure compliance with this act and CLIA.
- 33 They shall be responsible for the proper performance of all
- 34 laboratory work of all subordinates and shall employ a sufficient
- 35 number of laboratory personnel with the appropriate education
- 36 and either experience or training to provide appropriate
- 37 consultation, properly supervise and accurately perform tests, and
- 38 report test results in accordance with the personnel qualifications,
- 39 duties, and responsibilities described in CLIA and this chapter.

1 (2) Where a point-of-care laboratory testing device is utilized
2 and provides results for more than one analyte, the testing
3 personnel may perform and report the results of all tests ordered
4 for each analyte for which they have been found by the laboratory
5 director to be competent to perform and report.

6 (e) As part of the overall operation and administration, the
7 laboratory director of a registered laboratory shall document the
8 adequacy of the qualifications (educational background, training,
9 and experience) of the personnel directing and supervising the
10 laboratory and performing the laboratory test procedures and
11 examinations. In determining the adequacy of qualifications, the
12 laboratory director shall comply with any regulations adopted by
13 the department that specify the minimum qualifications for
14 personnel, in addition to any CLIA requirements relative to the
15 education or training of personnel.

16 (f) As part of the overall operation and administration, the
17 laboratory director of a licensed laboratory shall do all of the
18 following:

19 (1) Ensure that all personnel, prior to testing biological
20 specimens, have the appropriate education and experience, receive
21 the appropriate training for the type and complexity of the services
22 offered, and have demonstrated that they can perform all testing
23 operations reliably to provide and report accurate results. In
24 determining the adequacy of qualifications, the laboratory director
25 shall comply with any regulations adopted by the department that
26 specify the minimum qualifications for, and the type of procedures
27 that may be performed by, personnel in addition to any CLIA
28 requirements relative to the education or training of personnel.
29 Any regulations adopted pursuant to this section that specify the
30 type of procedure that may be performed by testing personnel shall
31 be based on the skills, knowledge, and tasks required to perform
32 the type of procedure in question.

33 (2) Ensure that policies and procedures are established for
34 monitoring individuals who conduct preanalytical, analytical, and
35 postanalytical phases of testing to ensure that they are competent
36 and maintain their competency to process biological specimens,
37 perform test procedures, and report test results promptly and
38 proficiently, and, whenever necessary, identify needs for remedial
39 training or continuing education to improve skills.

1 (3) Specify in writing the responsibilities and duties of each
2 individual engaged in the performance of the preanalytic, analytic,
3 and postanalytic phases of clinical laboratory tests or examinations,
4 including which clinical laboratory tests or examinations the
5 individual is authorized to perform, whether supervision is required
6 for the individual to perform specimen processing, test
7 performance, or results reporting, and whether consultant,
8 supervisor, or director review is required prior to the individual
9 reporting patient test results.

10 (g) The competency and performance of staff of a licensed
11 laboratory shall be evaluated and documented by the laboratory
12 director, or by a person who qualifies as a technical consultant or
13 a technical supervisor under CLIA depending on the type and
14 complexity of tests being offered by the laboratory.

15 (1) The procedures for evaluating the competency of the staff
16 shall include, but are not limited to, all of the following:

17 (A) Direct observations of routine patient test performance,
18 including patient preparation, if applicable, and specimen handling,
19 processing, and testing.

20 (B) Monitoring the recording and reporting of test results.

21 (C) Review of intermediate test results or worksheets, quality
22 control records, proficiency testing results, and preventive
23 maintenance records.

24 (D) Direct observation of performance of instrument
25 maintenance and function checks.

26 (E) Assessment of test performance through testing previously
27 analyzed specimens, internal blind testing samples, or external
28 proficiency testing samples.

29 (F) Assessment of problem solving skills.

30 (2) Evaluation and documentation of staff competency and
31 performance shall occur at least semiannually during the first year
32 an individual tests biological specimens. Thereafter, evaluations
33 shall be performed at least annually unless test methodology or
34 instrumentation changes, in which case, prior to reporting patient
35 test results, the individual's performance shall be reevaluated to
36 include the use of the new test methodology or instrumentation.

37 (h) The laboratory director of each clinical laboratory of an
38 acute care hospital shall be a physician and surgeon who is a
39 qualified pathologist, except as follows:

1 (1) If a qualified pathologist is not available, a physician and
2 surgeon or a clinical laboratory bioanalyst qualified as a laboratory
3 director under subdivision (a) may direct the laboratory. However,
4 a qualified pathologist shall be available for consultation at suitable
5 intervals to ensure high-quality service.

6 (2) If there are two or more clinical laboratories of an acute care
7 hospital, those additional clinical laboratories that are limited to
8 the performance of blood gas analysis, blood electrolyte analysis,
9 or both, may be directed by a physician and surgeon qualified as
10 a laboratory director under subdivision (a), irrespective of whether
11 a pathologist is available.

12 As used in this subdivision, a qualified pathologist is a physician
13 and surgeon certified or eligible for certification in clinical or
14 anatomical pathology by the American Board of Pathology or the
15 American Osteopathic Board of Pathology.

16 (i) Subdivision (h) does not apply to any director of a clinical
17 laboratory of an acute care hospital acting in that capacity on or
18 before January 1, 1988.

19 (j) A laboratory director may serve as the director of up to the
20 maximum number of laboratories stipulated by CLIA, as defined
21 under Section 1202.5.

22 SEC. 2. Section 1625.6 is added to the Business and Professions
23 Code, to read:

24 1625.6. (a) In addition to the actions authorized under Section
25 1625, a dentist may independently prescribe and administer
26 influenza and COVID-19 vaccines approved or authorized by the
27 United States Food and Drug Administration in compliance with
28 the individual federal Advisory Committee on Immunization
29 Practices (ACIP) influenza and COVID-19 vaccine
30 recommendations, and published by the federal Centers for Disease
31 Control and Prevention (CDC) to persons 3 years of age or older.

32 (b) In order to prescribe and administer a vaccine described in
33 subdivision (a), a dentist shall do all of the following:

34 (1) Complete an immunization training program ~~biannually~~
35 *biennially* that is either offered by the federal Centers for Disease
36 ~~Control and Prevention~~ CDC or taken through a registered provider
37 approved by the board that, at a minimum, includes vaccine
38 administration, prevention and management of adverse reactions,
39 and maintenance of vaccine records.

1 (2) Comply with all state and federal recordkeeping and
 2 reporting requirements, including providing documentation to the
 3 patient’s primary care provider, if applicable, and entering in the
 4 information in the appropriate immunization registry designated
 5 by the Immunization Branch of the State Department of Public
 6 Health.

7 ~~(3) If a patient does not have a physician, the dentist shall advise~~
 8 ~~the patient to consult with an appropriate health care provider.~~

9 (c) The board may adopt regulations to implement this section.
 10 The adoption, amendment, repeal, or readoption of a regulation
 11 authorized by this section is deemed to address an emergency, for
 12 purposes of Sections 11346.1 and 11349.6 of the Government
 13 Code, and the board is hereby exempted for this purpose from the
 14 requirements of subdivision (b) of Section 11346.1 of the
 15 Government Code. For purposes of subdivision (e) of Section
 16 11346.1 of the Government Code, the 180-day period, as applicable
 17 to the effective period of an emergency regulatory action and
 18 submission of specified materials to the Office of Administrative
 19 Law, is hereby extended to 240 days.

20 SEC. 3. Section 1645.2 is added to the Business and Professions
 21 Code, to read:

22 1645.2. Any vaccine training program provided through the
 23 federal Centers for Disease Control and ~~Prevention that was~~
 24 *Prevention, including courses that were* completed by a licensed
 25 dentist or a registered dental hygienist on or after January 4, 2021,
 26 pursuant to the Department of Consumer Affairs public health
 27 emergency order ~~DCA-20-104~~ *DCA-20-104, DCA-21-111,*
 28 *DCA-21-113, or any subsequent waivers that supersede these*
 29 *waivers, and Section 1625.6 shall count toward the fulfillment of*
 30 *the continuing education requirements governed by* ~~Section 1645.~~
 31 *Sections 1645 and 1936.1.*

32 SEC. 4. Section 2473 is added to the Business and Professions
 33 Code, to read:

34 2473. (a) A doctor of podiatric medicine may independently
 35 *prescribe and administer influenza and COVID-19 vaccines*
 36 *approved or authorized by the United States Food and Drug*
 37 *Administration in compliance with the individual federal Advisory*
 38 *Committee on Immunization Practices (ACIP) influenza and*
 39 *COVID-19 vaccine recommendations, and published by the federal*

1 Centers for Disease Control and Prevention (CDC) to persons
2 three years of age or older.

3 (b) In order to prescribe and administer a vaccine described in
4 subdivision (a), a doctor of podiatric medicine shall do all of the
5 following:

6 (1) Complete an immunization training program biennially that
7 is either offered by the CDC or taken through a registered provider
8 approved by the board that, at a minimum, includes vaccine
9 administration, prevention and management of adverse reactions,
10 and maintenance of vaccine records.

11 (2) Comply with all state and federal recordkeeping and
12 reporting requirements, including providing documentation to the
13 patient's primary care provider, if applicable, and entering in the
14 information in the appropriate immunization registry designated
15 by the Immunization Branch of the State Department of Public
16 Health.

17 (c) The board may adopt regulations to implement this section.
18 The adoption, amendment, repeal, or readoption of a regulation
19 authorized by this section is deemed to address an emergency, for
20 purposes of Sections 11346.1 and 11349.6 of the Government
21 Code, and the board is hereby exempted for this purpose from the
22 requirements of subdivision (b) of Section 11346.1 of the
23 Government Code. For purposes of subdivision (e) of Section
24 11346.1 of the Government Code, the 180-day period, as applicable
25 to the effective period of an emergency regulatory action and
26 submission of specified materials to the Office of Administrative
27 Law, is hereby extended to 240 days.

28 SEC. 5. Section 2496.5 is added to the Business and Professions
29 Code, to read:

30 2496.5. Any vaccine training program provided through the
31 federal Centers for Disease Control and Prevention, including
32 courses that were completed by a licensed doctor of podiatric
33 medicine on or after January 4, 2021, pursuant to the Department
34 of Consumer Affairs public health emergency order DCA-21-115,
35 or any subsequent waivers that supersede this waiver, and Section
36 2473 shall count toward the fulfillment of the continuing education
37 requirements governed by Section 2496.

38 ~~SEC. 4.~~

39 SEC. 6. This act is an urgency statute necessary for the
40 immediate preservation of the public peace, health, or safety within

1 the meaning of Article IV of the California Constitution and shall
2 go into immediate effect. The facts constituting the necessity are:
3 In order to address the public health need to provide as many
4 points of care for the administration of testing and vaccines for
5 influenza and COVID-19 in order to test and vaccinate the greatest
6 amount of people at the fastest rate possible and as soon as
7 possible, it is necessary that this act take effect immediately.

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AMENDED IN ASSEMBLY APRIL 14, 2021

AMENDED IN ASSEMBLY APRIL 12, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 646

Introduced by Assembly Members Low, Cunningham, and Gipson
(Coauthor: Senator Roth)

February 12, 2021

An act to add Section 493.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 646, as amended, Low. Department of Consumer Affairs: boards: expunged convictions.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the

person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board’s internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person’s license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the ~~person in an amount up to \$50;~~ *person*, not to exceed the cost of administering the bill’s provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 493.5 is added to the Business and
- 2 Professions Code, to read:
- 3 493.5. (a) A board within the department that has posted on
- 4 its internet website that a person’s license was revoked because
- 5 the person was convicted of a crime, upon receiving from the
- 6 person a certified copy of an expungement order granted pursuant
- 7 to Section 1203.4 of the Penal Code for the underlying offense,
- 8 shall, within 90 days of receiving the expungement order, unless
- 9 it is otherwise prohibited by law, or by other terms or conditions,
- 10 do either of the following:
- 11 (1) If the person reapplies for licensure or has been relicensed,
- 12 post notification of the expungement order and the date thereof on
- 13 its internet website.
- 14 (2) If the person is not currently licensed and does not reapply
- 15 for licensure, remove the initial posting on its internet website that
- 16 the person’s license was revoked and information previously posted
- 17 regarding arrests, charges, and convictions.
- 18 (b) A board within the department may charge a fee to a person
- 19 described in subdivision ~~(a) in an amount up to fifty dollars (\$50);~~
- 20 *(a)*, not to exceed the reasonable cost of administering this section.

- 1 The fee shall be deposited by the board into the appropriate fund
- 2 and shall be available only upon appropriation by the Legislature.
- 3 (c) For purposes of this section, “board” means an entity listed
- 4 in Section 101.
- 5 (d) If any provision in this section conflicts with Section 2027,
- 6 Section 2027 shall prevail.

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AMENDED IN ASSEMBLY MARCH 24, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 885

Introduced by Assembly Member Quirk

February 17, 2021

An act to amend Sections 11123 and 11123.5 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 885, as amended, Quirk. Bagley-Keene Open Meeting Act: teleconferencing.

The Bagley-Keene Open Meeting Act (Bagley-Keene Act), requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. The Bagley-Keene Act, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to make the portion of the meeting that is required to be open to the public audible to the public at the location specified in the notice of the meeting. *The Bagley-Keene Act requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and requires each teleconference location to be accessible to the public.* That law authorizes any meeting of a state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to hold an open meeting by teleconference if the meeting complies with the requirements of the act, except as provided. Existing law requires that when a member of a multimember state advisory body

participates remotely the body provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting. Existing law requires a multimember state advisory body to end or adjourn a meeting if it discovers that a required means of remote access has failed during the meeting, and, if the meeting is to adjourn and reconvene on the same day, that law requires the body to communicate, among other things, how a member of the public may hear audio of the meeting or observe the meeting.

This bill would require a state body that elects to conduct a meeting or proceeding by teleconference to make the portion that is required to be open to the public both audibly and visually observable. *The bill would require a state body that elects to conduct a meeting or proceeding by teleconference to post an agenda at the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.* The bill would extend the above requirements of meetings of multimember advisory bodies that are held by teleconference to meetings of all multimember state bodies. The bill would require a multimember state body to provide a means by which the public may both audibly and visually remotely observe a meeting if a member of that body participates remotely. The bill would further require any body that is to adjourn and reconvene a meeting on the same day to communicate how a member of the public may both audibly and visually observe the meeting. The bill would also make nonsubstantive changes to those provisions.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11123 of the Government Code is
 2 amended to read:

1 11123. (a) All meetings of a state body shall be open and
2 public and all persons shall be permitted to attend any meeting of
3 a state body except as otherwise provided in this article.

4 (b) (1) This article does not prohibit a state body from holding
5 an open or closed meeting by teleconference for the benefit of the
6 public and state body. The meeting or proceeding held by
7 teleconference shall otherwise comply with all applicable
8 requirements or laws relating to a specific type of meeting or
9 proceeding, including the following:

10 (A) The teleconferencing meeting shall comply with all
11 requirements of this article applicable to other meetings.

12 (B) The portion of the teleconferenced meeting that is required
13 to be open to the public shall be both audibly and visually
14 observable to the public at the location specified in the notice of
15 the meeting.

16 (C) If the state body elects to conduct a meeting or proceeding
17 by teleconference, it shall ~~post agendas~~ *an agenda* at ~~all~~
18 ~~teleconference locations~~ *the designated primary physical meeting*
19 *location in the notice of the meeting where members of the public*
20 *may physically attend the meeting and participate*, and conduct
21 teleconference meetings in a manner that protects the rights of any
22 party or member of the public appearing before the state body.
23 ~~Each teleconference location shall be identified in the notice and~~
24 ~~agenda of the meeting or proceeding, and each teleconference~~
25 ~~location shall be accessible to the public.~~ The agenda shall provide
26 an opportunity for members of the public to address the state body
27 *via teleconference* directly pursuant to Section 11125.7 at each
28 teleconference location.

29 (D) All votes taken during a teleconferenced meeting shall be
30 by rollcall.

31 (E) The portion of the teleconferenced meeting that is closed
32 to the public may not include the consideration of any agenda item
33 being heard pursuant to Section 11125.5.

34 (F) At least one member of the state body shall be physically
35 present at the location specified in the notice of the meeting.

36 (2) For the purposes of this subdivision, “teleconference” means
37 a meeting of a state body, the members of which are at different
38 locations, connected by electronic means, through both audio and
39 video. This section does not prohibit a state body from providing
40 members of the public with additional locations in which the public

1 may observe or address the state body by electronic means, through
2 either audio or both audio and video.

3 (c) The state body shall publicly report any action taken and the
4 vote or abstention on that action of each member present for the
5 action.

6 SEC. 2. Section 11123.5 of the Government Code is amended
7 to read:

8 11123.5. (a) In addition to the authorization to hold a meeting
9 by teleconference pursuant to subdivision (b) of Section 11123,
10 any state body that is a board, commission, committee,
11 subcommittee, or similar multimember body may hold an open
12 meeting by teleconference as described in this section, provided
13 the meeting complies with all of the section's requirements and,
14 except as set forth in this section, it also complies with all other
15 applicable requirements of this article.

16 (b) A member of a state body as described in subdivision (a)
17 who participates in a teleconference meeting from a remote location
18 subject to this section's requirements shall be listed in the minutes
19 of the meeting.

20 (c) The state body shall provide notice to the public at least 24
21 hours before the meeting that identifies any member who will
22 participate remotely by posting the notice on its internet website
23 and by emailing notice to any person who has requested notice of
24 meetings of the state body under this article. The location of a
25 member of a state body who will participate remotely is not
26 required to be disclosed in the public notice or email and need not
27 be accessible to the public. The notice of the meeting shall also
28 identify the primary physical meeting location designated pursuant
29 to subdivision (e).

30 (d) This section does not affect the requirement prescribed by
31 this article that the state body post an agenda of a meeting at least
32 10 days in advance of the meeting. The agenda shall include
33 information regarding the physical meeting location designated
34 pursuant to subdivision (e), but is not required to disclose
35 information regarding any remote location.

36 (e) A state body described in subdivision (a) shall designate the
37 primary physical meeting location in the notice of the meeting
38 where members of the public may physically attend the meeting
39 and participate. A quorum of the members of the state body shall
40 be in attendance *via teleconference or in person physically* at the

1 primary physical meeting location, and members of the state body
2 participating remotely shall ~~not~~ count towards establishing a
3 quorum. All decisions taken during a meeting by teleconference
4 shall be by rollcall vote. The state body shall post the agenda at
5 the primary physical meeting location, but need not post the agenda
6 at a remote location.

7 (f) When a member of a state body described in subdivision (a)
8 participates remotely in a meeting subject to this section's
9 requirements, the state body shall provide a means by which the
10 public may remotely observe the meeting's proceedings, both
11 audibly and visually, including the members of the state body
12 participating remotely. The applicable teleconference phone
13 number or internet website, or other information indicating how
14 the public can access the meeting remotely, shall be in the 24-hour
15 notice described in subdivision (a) that is available to the public.

16 (g) Upon discovering that a means of remote access required
17 by subdivision (f) has failed during a meeting, the state body
18 described in subdivision (a) shall end or adjourn the meeting in
19 accordance with Section 11128.5. In addition to any other
20 requirements that may apply, the state body shall provide notice
21 of the meeting's end or adjournment on its internet website and
22 by email to any person who has requested notice of meetings of
23 the state body under this article. If the meeting will be adjourned
24 and reconvened on the same day, further notice shall be provided
25 by an automated message on a telephone line posted on the state
26 body's agenda, or by a similar means, that will communicate when
27 the state body intends to reconvene the meeting and how a member
28 of the public may observe the meeting, both audibly and visually.

29 (h) For purposes of this section:

30 (1) "Participate remotely" means participation in a meeting at
31 a location other than the physical location designated in the agenda
32 of the meeting.

33 (2) "Remote location" means a location other than the primary
34 physical location designated in the agenda of a meeting.

35 (3) "Teleconference" has the same meaning as in Section 11123.

36 (i) This section does not limit or affect the ability of a state body
37 to hold a teleconference meeting under another provision of this
38 article.

39 *SEC. 3. The Legislature finds and declares that Section 1 of*
40 *this act, which amends Section 11123 of the Government Code,*

1 *imposes a limitation on the public's right of access to the meetings*
2 *of public bodies or the writings of public officials and agencies*
3 *within the meaning of Section 3 of Article I of the California*
4 *Constitution. Pursuant to that constitutional provision, the*
5 *Legislature makes the following findings to demonstrate the interest*
6 *protected by this limitation and the need for protecting that*
7 *interest:*

8 *By removing the requirement for agendas to be placed at the*
9 *location of each public official participating in a public meeting*
10 *remotely, including from the member's private home or hotel room,*
11 *this act protects the personal, private information of public officials*
12 *and their families while preserving the public's right to access*
13 *information concerning the conduct of the people's business.*

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ASSEMBLY BILL

No. 1026

Introduced by Assembly Member Smith

February 18, 2021

An act to amend Section 115.4 of the Business and Professions Code, relating to business licenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 1026, as introduced, Smith. Business licenses: veterans.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations.

Existing law requires an applicant seeking a license from a board to meet specified requirements and to pay certain licensing fees. Existing law requires a board to expedite, and authorizes a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. Existing law authorizes a board to adopt regulations necessary to administer those provisions.

This bill would require the department and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence, as defined, the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 115.4 of the Business and Professions
2 Code is amended to read:
3 115.4. (a) Notwithstanding any other law, on and after July 1,
4 2016, a board within the department shall expedite, and may assist,
5 the initial licensure process for an applicant who supplies
6 satisfactory evidence to the board that the applicant has served as
7 an active duty member of the Armed Forces of the United States
8 and was honorably discharged.
9 (b) *The department and any board within the department shall*
10 *grant a 50-percent fee reduction for an initial license to an*
11 *applicant who provides satisfactory evidence the applicant has*
12 *served as an active duty member of the United States Armed Forces*
13 *or the California National Guard and was honorably discharged.*
14 (c) *Satisfactory evidence, as referenced in this section, shall be*
15 *a copy of a current and valid driver’s license or identification card*
16 *with the word “Veteran” printed on its face.*
17 ~~(b)~~
18 (d) A board may adopt regulations necessary to administer this
19 section.

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AMENDED IN ASSEMBLY APRIL 15, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 1236

Introduced by Assembly Member Ting

February 19, 2021

An act to add Section 502 to, and to repeal Sections 2717, 2852.5, 3518.1, 3770.1, and 4506 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1236, as amended, Ting. Healing arts: licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions and to, among other things, collect and report specific demographic data relating to their licensees, subject to a licensee's discretion to report their race or ethnicity, to the Office of Statewide Health Planning and Development. Existing law requires these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license. Existing law also authorizes the Board of Registered Nursing to expend \$145,000 to implement these provisions.

This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to *collect request* at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information *from its licensees and, if designated by the board, its registrants* and to post the information on the internet websites that they each maintain. *The bill*

would specify that licensees and registrants shall not be required to provide the requested information.

This bill would, commencing July 1, 2022, require each board, or the Department of Consumer Affairs on its behalf, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and registrants and to ~~only~~ release information *only* in *deidentified* aggregate form, as specified.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 502 is added to the Business and
2 Professions Code, to read:

3 502. (a) A board that supervises healing arts licensees under
4 this division shall ~~collect~~ *request* workforce data from its licensees
5 and, if designated by the board, its registrants, as specified in
6 subdivision (b) for future workforce planning. The data may be
7 ~~collected~~ *requested* at the time of electronic application for a
8 license and license renewal, or at least biennially from a
9 scientifically selected random sample of ~~licensees~~: *licensees and*
10 *registrants*.

11 (b) ~~(1)~~—The workforce data collected by each board about its
12 licensees and, if applicable, registrants shall include, at a
13 minimum, information concerning all of the following:

- 14 (A) City, county, and ZIP Code of practice.
- 15 (B) Type of employer or classification of primary practice site
- 16 among the types of practice sites specified by the board, including,
- 17 but not limited to, clinic, hospital, managed care organization, or
- 18 private practice.
- 19 (C) Work hours.
- 20 (D) Titles of positions held.

- 1 (E) Time spent in direct patient care.
- 2 (F) Clinical practice area.
- 3 (G) Race or ethnicity, subject to paragraph (2).
- 4 (H) Gender ~~or gender~~ identity.
- 5 (I) Languages spoken.
- 6 (J) Educational background.
- 7 (K) Future work intentions.
- 8 (L) Job satisfaction ratings.
- 9 (M) *Sexual orientation*.

10 ~~(2) A licensee may, but is not required to, report their race or~~
11 ~~ethnicity to the board.~~

12 (c) Each board shall maintain the confidentiality of the
13 information it receives from licensees *and registrants* under this
14 section and shall ~~only~~ release information *only* in an aggregate
15 form that cannot be used to identify an individual.

16 (d) Each board shall produce reports containing the workforce
17 data it collects pursuant to this section, at a minimum, on a biennial
18 basis. Aggregate information collected pursuant to this section
19 shall be posted on each board's internet website.

20 (e) Each board, or the Department of Consumer Affairs on its
21 behalf, shall, beginning on July 1, 2022, and annually thereafter,
22 provide the data it collects pursuant to this section to the Office
23 of Statewide Health Planning and Development in a manner
24 directed by the office that allows for inclusion of the data into the
25 annual report it produces pursuant to Section 128052 of the Health
26 and Safety Code.

27 (f) *A licensee or registrant shall not be required to provide any*
28 *of the information listed in subdivision (b).*

29 SEC. 2. Section 2717 of the Business and Professions Code is
30 repealed.

31 SEC. 3. Section 2852.5 of the Business and Professions Code
32 is repealed.

33 SEC. 4. Section 3518.1 of the Business and Professions Code
34 is repealed.

35 SEC. 5. Section 3770.1 of the Business and Professions Code
36 is repealed.

37 SEC. 6. Section 4506 of the Business and Professions Code is
38 repealed.

39 SEC. 7. The Legislature finds and declares that Section 1 of
40 this act, which adds Section 502 of the Business and Professions

1 Code, imposes a limitation on the public’s right of access to the
2 meetings of public bodies or the writings of public officials and
3 agencies within the meaning of Section 3 of Article I of the
4 California Constitution. Pursuant to that constitutional provision,
5 the Legislature makes the following findings to demonstrate the
6 interest protected by this limitation and the need for protecting
7 that interest:

8 In order to protect the privacy of ~~licensees~~, *licensees and*
9 *registrants*, while also gathering useful workforce data, it is
10 necessary that some information collected from licensees *and*
11 *registrants* only be released in aggregate form.

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AMENDED IN ASSEMBLY MARCH 22, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 1273

Introduced by Assembly Member Rodriguez

February 19, 2021

An act to amend Section 3071.5 of the Labor Code, *to add Section 314 to the Business and Professions Code, and to add Section 131088 to the Health and Safety Code*, relating to job training.

LEGISLATIVE COUNSEL'S DIGEST

AB 1273, as amended, Rodriguez. Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer.

Existing law provides for apprenticeship programs within the Division of Apprenticeship Standards within the Department of Industrial Relations, sponsored by specific entities and employers, and requires the Chief of the Division of Apprenticeship Standards to perform various functions with respect to apprenticeship programs and the welfare of apprentices. Under existing law, the Director of Industrial Relations is the Administrator of Apprenticeship and is authorized to appoint assistants necessary to effectuate the purposes of state law governing apprenticeships.

Existing law establishes the Interagency Advisory Committee on Apprenticeship within the Division of Apprenticeship Standards. Existing law requires the committee to provide advice and guidance to the Administrator of Apprenticeship and the Chief of the Division of Apprenticeship Standards on apprenticeship programs, standards, and agreements, as well as preapprenticeship, certification, and on-the-job training and retraining programs, in nonbuilding trades industries.

Existing law prescribes the composition of the committee, which includes specified officials or their designees, serving as ex officio members, and 6 persons appointed by the Secretary of Labor and Workforce Development who are familiar with certain apprenticeable occupations, as specified.

Existing law establishes within the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, and is composed of various boards that license and regulate various professions and vocations. Existing law, the Consumer Affairs Act, establishes the powers and duties of the director.

Existing law establishes within the California Health and Human Services Agency the State Department of Public Health, which is under the control of the State Public Health Officer, with powers and responsibilities relating to public health, the licensing and certification of health facilities, and certain other functions.

This bill would additionally make the State Public Health Officer and the Director of Consumer Affairs ex officio members of the Interagency Advisory Committee on Apprenticeship.

Existing law requires the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, to identify opportunities for “earn and learn” job training opportunities that meet the industry’s workforce demands and that are in high-wage, high-demand jobs. Existing law defines “earn and learn” to include programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

This bill would prohibit the Department of Consumer Affairs and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would prohibit the State Department of Public Health from prohibiting earn and learn programs for training of personnel. The bill would require boards of the Department of Consumer Affairs and the State Department of Public Health to use licensing or certification standards that authorize the use of earn and learn trainings.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. The Legislature finds and declares the following:*

2 *(a) It is the intent of the Legislature and in the interest of the*
3 *state and its communities, employers, employees, and consumers*
4 *to ensure a robust and diversified workforce.*

5 *(b) It is in the interest of the state’s economic recovery to remove*
6 *barriers to ensure California’s diverse workforce have equal access*
7 *to educational opportunities that result in family sustaining careers*
8 *in all industry and public health sectors.*

9 *SEC. 2. Section 314 is added to the Business and Professions*
10 *Code, to read:*

11 314. *(a) The department or board shall not prohibit, or*
12 *approve an accrediting program that prohibits, earn and learn*
13 *programs for training in a profession licensed or certified by the*
14 *board. A board shall use licensing or certification standards that*
15 *authorize the use of earn and learn trainings.*

16 *(b) As used in this section, “earn and learn” has the same*
17 *meaning as defined in subdivision (q) of Section 14005 of the*
18 *Unemployment Insurance Code.*

19 *SEC. 3. Section 131088 is added to the Health and Safety Code,*
20 *to read:*

21 131088. *(a) The department, in the licensing and certification*
22 *of health facilities in accordance with this chapter, shall not*
23 *prohibit earn and learn programs for training of personnel. The*
24 *department shall use licensing and certification standards that*
25 *authorize the use of earn and learn trainings.*

26 *(b) As used in this section, “earn and learn” has the same*
27 *meaning as defined in subdivision (q) of Section 14005 of the*
28 *Unemployment Insurance Code.*

29 ~~SECTION 4.~~

30 *SEC. 4. Section 3071.5 of the Labor Code is amended to read:*

31 3071.5. *There is also in the Division of Apprenticeship*
32 *Standards the Interagency Advisory Committee on Apprenticeship.*
33 *The membership and duties of this committee shall be as follows:*

34 *(a) The following officials or their designees shall serve as ex*
35 *officio members of this committee:*

- 1 (1) The Secretary of Labor and Workforce Development.
- 2 (2) The executive director of the California Workforce
- 3 Development Board.
- 4 (3) The Director of Industrial Relations.
- 5 (4) The executive director of the Employment Training Panel,
- 6 Superintendent of Public Instruction.
- 7 (5) The Chancellor of the California Community Colleges.
- 8 (6) The Director of Rehabilitation.
- 9 (7) The executive director of the State Council on
- 10 Developmental Disabilities.
- 11 (8) The State Public Health Officer.
- 12 (9) The Director of Consumer Affairs.
- 13 (b) The membership of this committee shall also include six
- 14 persons appointed by the Secretary of Labor and Workforce
- 15 Development who are familiar with apprenticeable occupations
- 16 not within the jurisdiction of the council established pursuant to
- 17 Section 3070. Two persons shall be representatives of employers
- 18 or employer organizations, two persons shall be representatives
- 19 of employee organizations, and two persons shall be public
- 20 representatives who are neither employers nor affiliated with any
- 21 employer or employee organization. Upon the operative date of
- 22 this section, the secretary shall appoint one representative of each
- 23 group appointed to two-year terms and one representative of each
- 24 group to four-year terms. Thereafter, members appointed by the
- 25 secretary pursuant to this subdivision shall serve for a term of four
- 26 years, and any member appointed to fill a vacancy occurring before
- 27 the expiration of the term of their predecessor shall be appointed
- 28 for the remainder of that term. Members appointed by the secretary
- 29 pursuant to this subdivision shall receive the sum of one hundred
- 30 dollars (\$100) for each day of actual attendance at meetings of the
- 31 committee and for each day of actual attendance at hearings by
- 32 the committee or a subcommittee thereof, together with actual and
- 33 necessary traveling expenses incurred in connection therewith.
- 34 (c) The Secretary of Labor and Workforce Development shall
- 35 designate one of the members as the committee's chair. The
- 36 committee shall meet quarterly at a designated date, and special
- 37 meetings may be held at the call of the chair. The committee shall
- 38 provide advice and guidance to the Administrator of Apprenticeship
- 39 and Chief of the Division of Apprenticeship Standards on
- 40 apprenticeship programs, standards, and agreements that are not

1 within the jurisdiction of the council established pursuant to Section
2 3070, and on the development and administration of standards
3 governing preapprenticeship, certification, and on-the-job training
4 and retraining programs outside the building and construction
5 trades and firefighters.

6 (d) The committee may create subcommittees as needed to
7 address specific industry sectors or projects and shall create a
8 subcommittee to address apprenticeship for the disabled
9 community.

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AMENDED IN ASSEMBLY APRIL 28, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 1386

Introduced by Assembly Member Cunningham

February 19, 2021

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1386, as amended, Cunningham. License fees: military partners and spouses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and provides evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

This bill would prohibit a board from charging an initial ~~or original~~ *license application fee or an initial license issuance fee* to an applicant who meets these expedited licensing requirements. *The bill would also prohibit a board from charging an initial examination fee to an applicant who meets the expedited licensing requirements if the examination is administered by the board.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 115.5 of the Business and Professions
- 2 Code is amended to read:
- 3 115.5. (a) A board within the department shall expedite the
- 4 licensure process for an applicant who meets both of the following
- 5 requirements:
- 6 (1) Supplies evidence satisfactory to the board that the applicant
- 7 is married to, or in a domestic partnership or other legal union
- 8 with, an active duty member of the Armed Forces of the United
- 9 States who is assigned to a duty station in this state under official
- 10 active duty military orders.
- 11 (2) Holds a current license in another state, district, or territory
- 12 of the United States in the profession or vocation for which the
- 13 applicant seeks a license from the board.
- 14 (b) (1) A board shall not charge an applicant who meets the
- 15 requirements in subdivision (a) an initial ~~or original~~ license fee.
- 16 *application fee or an initial license issuance fee.*
- 17 (2) *The board shall not charge an applicant who meets the*
- 18 *requirements in subdivision (a) an initial examination fee if the*
- 19 *examination is administered by the board.*
- 20 (c) A board may adopt regulations necessary to administer this
- 21 section.

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ASSEMBLY BILL

No. 1552

Introduced by Assembly Member Eduardo Garcia

February 19, 2021

An act to amend Section 1636.4 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1552, as introduced, Eduardo Garcia. Dentistry: foreign dental schools: applications.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act, prior to January 1, 2020, required the board to approve foreign dental schools based on specified standards, and required a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law required the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law also required an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee.

Existing law, beginning January 1, 2020, prohibits the board from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by

the board. Existing law requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

This bill would instead require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2030, to remain approved.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1636.4 of the Business and Professions
2 Code, as amended by Section 35 of Chapter 865 of the Statutes of
3 2019, is amended to read:

4 1636.4. (a) The Legislature recognizes the need to ensure that
5 graduates of foreign dental schools who have received an education
6 that is equivalent to that of accredited institutions in the United
7 States and that adequately prepares their students for the practice
8 of dentistry shall be subject to the same licensure requirements as
9 graduates of approved dental schools or colleges. It is the purpose
10 of this section to provide for the evaluation of foreign dental
11 schools and the approval of those foreign dental schools that
12 provide an education that is equivalent to that of similar accredited
13 institutions in the United States and that adequately prepare their
14 students for the practice of dentistry.

15 (b) The board shall be responsible for the approval of foreign
16 dental schools based on standards established pursuant to
17 subdivision (d). The board may contract with outside consultants
18 or a national professional organization to survey and evaluate
19 foreign dental schools. The consultant or organization shall report
20 to the board regarding its findings in the survey and evaluation.

21 (c) (1) The board shall establish a technical advisory group to
22 review and comment upon the survey and evaluation of a foreign
23 dental school contracted for pursuant to subdivision (b), prior to
24 any final action by the board regarding certification of the foreign
25 dental school. The technical advisory group shall be selected by
26 the board and shall consist of four dentists, two of whom shall be
27 selected from a list of five recognized United States dental
28 educators recommended by the foreign school seeking approval.

1 None of the members of the technical advisory group shall be
2 affiliated with the school seeking certification.

3 (2) If the board does not contract for the evaluation pursuant to
4 subdivision (b), no technical advisory group shall be established
5 and the evaluation team for the schoolsite shall provide its report
6 directly to the board.

7 (d) Any foreign dental school that wishes to be approved
8 pursuant to this section shall make application to the board for this
9 approval, which shall be based upon a finding that the educational
10 program of the foreign dental school is equivalent to that of similar
11 accredited institutions in the United States and adequately prepares
12 its students for the practice of dentistry. Curriculum, faculty
13 qualifications, student attendance, plant and facilities, and other
14 relevant factors shall be reviewed and evaluated. The board, with
15 the cooperation of the technical advisory group, shall identify by
16 rule the standards and review procedures and methodology to be
17 used in the approval process consistent with this subdivision. The
18 board shall not grant approval if deficiencies found are of such
19 magnitude as to prevent the students in the school from receiving
20 an educational base suitable for the practice of dentistry.

21 (e) Periodic surveys and evaluations of all approved schools
22 shall be made to ensure continued compliance with this section.
23 Approval shall include provisional and full approval. The
24 provisional form of approval shall be for a period determined by
25 the board, not to exceed three years, and shall be granted to an
26 institution, in accordance with rules established by the board, to
27 provide reasonable time for the school seeking permanent approval
28 to overcome deficiencies found by the board. Prior to the expiration
29 of a provisional approval and before the full approval is granted,
30 the school shall be required to submit evidence that deficiencies
31 noted at the time of initial application have been remedied. A
32 school granted full approval shall provide evidence of continued
33 compliance with this section. In the event that the board denies
34 approval or reapproval, the board shall give the school a specific
35 listing of the deficiencies that caused the denial and the
36 requirements for remedying the deficiencies, and shall permit the
37 school, upon request, to demonstrate by satisfactory evidence,
38 within 90 days, that it has remedied the deficiencies listed by the
39 board.

1 (f) A school shall pay a registration fee established by rule of
2 the board, not to exceed one thousand dollars (\$1,000), at the time
3 of application for approval and shall pay all reasonable costs and
4 expenses the board incurs for the conduct of the approval survey.

5 (g) The board shall renew approval upon receipt of a renewal
6 application, accompanied by a fee not to exceed five hundred
7 dollars (\$500). Each fully approved institution shall submit a
8 renewal application every seven years. Any approval that is not
9 renewed shall automatically expire.

10 (h) (1) Beginning January 1, 2020, the board shall not accept
11 new applications for schools seeking approval as a foreign dental
12 school and shall instead require the applicant to successfully
13 complete the international consultative and accreditation process
14 with the Commission on Dental Accreditation of the American
15 Dental Association or a comparable accrediting body approved by
16 the board.

17 (2) An application submitted under this section must be deemed
18 a complete application pursuant to the rules promulgated by the
19 board prior to January 1, 2020, in order to be accepted.

20 (3) Notwithstanding any other law, a school required to submit
21 a renewal application after January 1, 2020, shall not submit that
22 application and shall be deemed approved until January 1, ~~2024,~~
23 ~~2030,~~ subject to the continued compliance of the school as
24 described in subdivision (e).

25 (i) By January 1, ~~2024,~~ 2030, in order to remain an approved
26 foreign dental school in the state, all schools previously approved
27 by the board as a foreign dental school shall have successfully
28 completed the international consultative and accreditation process
29 with the Commission on Dental Accreditation of the American
30 Dental Association or a comparable accrediting body approved by
31 the board. Graduates of a foreign dental school whose programs
32 were approved at the time of graduation shall be eligible for
33 licensure pursuant to Section 1628.

34 (j) This section shall remain in effect only until January 1, ~~2024,~~
35 ~~2030,~~ and as of that date is repealed.

36 SEC. 2. Section 1636.4 of the Business and Professions Code,
37 as added by Section 36 of Chapter 865 of the Statutes of 2019, is
38 amended to read:

39 1636.4. (a) The Legislature recognizes the need to ensure that
40 graduates of foreign dental schools who have received an education

1 that is equivalent to that of accredited institutions in the United
2 States and that adequately prepares the students for the practice
3 of dentistry shall be subject to the same licensure requirements as
4 graduates of approved dental schools or colleges. It is the purpose
5 of this section to provide for the evaluation of foreign dental
6 schools and the approval of those foreign dental schools that
7 provide an education that is equivalent to that of similar accredited
8 institutions in the United States and that adequately prepare their
9 students for the practice of dentistry.

10 (b) Beginning January 1, ~~2024~~, *2030*, a school seeking approval
11 as a foreign dental school shall be required to have successfully
12 completed the international consultative and accreditation process
13 with the Commission on Dental Accreditation of the American
14 Dental Association or a comparable accrediting body approved by
15 the board. Graduates of a foreign dental school whose programs
16 were approved at the time of graduation shall be eligible for
17 licensure pursuant to Section 1628.

18 (c) This section shall become operative on January 1, ~~2024~~.
19 *2030*.

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AMENDED IN SENATE MARCH 22, 2021

AMENDED IN SENATE MARCH 4, 2021

SENATE BILL

No. 534

Introduced by Senator Jones

February 17, 2021

An act to amend Sections 1902.3, 1903, 1917.1, 1926.1, 1926.3, 1941, 1950.5, and 1951 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 534, as amended, Jones. Dental hygienists.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law requires the board to consist of 9 members and requires the Governor to appoint 7 members, as specified. Under existing law, members are appointed for a term of 4 years, except as otherwise specified for the term commencing on January 1, 2012. Existing law prohibits a person from serving as a member of the board for more than 2 consecutive terms and requires a vacancy to be filled by appointment to the unexpired term.

This bill, for the term commencing on January 1, 2022, would require specified members appointed by the Governor to each serve a term of 3 years, expiring January 1, 2025. The bill would delete the provision relating to the term commencing on January 1, 2012. The bill would provide that, notwithstanding the 2 consecutive term limit, a member who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.

(2) Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant.

Existing law permits a registered dental hygienist licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements, including furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the board, and is issued a special permit. Existing law requires an applicant for a special permit to pay an application fee, subject to a biennial renewal fee, as provided.

This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.

(3) Existing law requires the board to grant initial licensure as a registered dental hygienist to a person who satisfies specified requirements and authorizes the board to grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the board if the applicant submits specified documentation, including proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

(4) Existing law requires a new educational program for registered dental hygienists, as defined, to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.

This bill would require a new or existing educational program for registered dental hygienists, registered dental hygienists in alternative

practice, or registered dental hygienists in extended functions to comply with the above-described requirements.

(5) Existing law authorizes the board to discipline, as specified, a licensee for unprofessional conduct and provides a nonexhaustive list of acts that constitute unprofessional conduct, including the willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

(6) Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass an examination upon completion of training, or both.

This bill would require the training to be in a remedial education course approved by the board.

(7) Existing law provides for the licensure and regulation of registered dental hygienists in alternative practice by the board. Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, in specified clinics, or in a professional corporation. Existing law further authorizes a registered dental hygienist in alternative practice to perform certain additional duties and functions in residences of the homebound, schools, residential facilities, dental health professional shortage areas, and dental offices.

Existing law authorizes a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic provided by the licensee's property and casualty insurer as a temporary substitute site if the registered place of practice has been rendered and remains unusable due to loss or calamity and the licensee's insurer registers the mobile dental hygiene clinic with the board, as specified.

This bill would authorize a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in specified settings, if the registered dental hygienist in alternative practice registers mobile dental hygiene clinic with the board, as specified. In this regard, the bill would remove the requirement that a mobile dental hygiene clinic

be provided by the property and casualty insurer as a temporary substitute site because the registered place of practice has been rendered and remains unusable due to loss or calamity. The bill would authorize the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

(8) Existing law requires a registered dental hygienist in alternative practice to register with the executive officer of the dental hygiene board the person's place of practice, as specified. Existing law requires a person licensed by the dental hygiene board to register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.

This bill would instead impose these registration requirements on the physical facilities of the registered dental hygienist in alternative practice. The bill would require a registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene to register the physical facility where the portable equipment is maintained with the executive officer of the dental hygiene board. The bill would authorize the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a registered dental hygienist in alternative practice, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to maintain a physical facility or equipment in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1902.3 of the Business and Professions
- 2 Code is amended to read:

1 1902.3. A registered dental hygienist licensed in another state
2 may teach in a dental hygiene college without being licensed in
3 this state if the person has a special permit. A special permit shall
4 remain valid for a period of four years, subject to subdivision (g),
5 after which time the permit shall not be renewed. The dental
6 hygiene board may issue a special permit to practice dental hygiene
7 in a discipline at a dental hygiene college in this state to any person
8 who submits an application and satisfies all of the following
9 eligibility requirements:

10 (a) Furnishing satisfactory evidence of having a pending contract
11 with a California dental hygiene college approved by the dental
12 hygiene board as a full-time or part-time professor, associate
13 professor, assistant professor, faculty member, or instructor.

14 (b) Furnishing satisfactory evidence of having graduated from
15 a dental hygiene college approved by the dental hygiene board.

16 (c) Furnishing satisfactory evidence of having been certified as
17 a diplomate of a specialty committee or, in lieu thereof, establishing
18 qualifications to take a specialty committee examination or
19 furnishing satisfactory evidence of having completed an advanced
20 educational program in a discipline from a dental hygiene college
21 approved by the dental hygiene board.

22 (d) Furnishing satisfactory evidence of having successfully
23 completed an examination in California law and ethics developed
24 and administered by the dental hygiene board.

25 (e) If teaching during clinical practice sessions, furnishing
26 satisfactory evidence of having successfully completed a course
27 in periodontal soft-tissue curettage, local anesthesia, and nitrous
28 oxide-oxygen analgesia approved by the dental hygiene board.

29 (f) Complying with the fingerprint submission requirements as
30 provided by Section 1916.

31 (g) Paying an application fee, subject to a biennial renewal fee,
32 as provided by subdivision (k) of Section 1944.

33 SEC. 2. Section 1903 of the Business and Professions Code is
34 amended to read:

35 1903. (a) (1) The dental hygiene board shall consist of nine
36 members as follows:

37 (A) Seven members appointed by the Governor as follows:

38 (i) Two members shall be public members.

39 (ii) One member shall be a practicing general or public health
40 dentist who holds a current license in California.

1 (iii) Four members shall be registered dental hygienists who
2 hold current licenses in California. Of the registered dental
3 hygienist members, one shall be licensed either in alternative
4 practice or in extended functions, one shall be a dental hygiene
5 educator, and two shall be registered dental hygienists. No public
6 member shall have been licensed under this chapter within five
7 years of the date of their appointment or have any current financial
8 interest in a dental-related business.

9 (B) One public member appointed by the Senate Committee on
10 Rules.

11 (C) One public member appointed by the Speaker of the
12 Assembly.

13 (2) (A) The first appointment by the Senate Committee on
14 Rules or the Speaker of the Assembly pursuant to this subdivision
15 shall be made upon the expiration of the term of a public member
16 that is scheduled to occur, or otherwise occurs, on or after January
17 1, 2019.

18 (B) It is the intent of the Legislature that committee members
19 appointed prior to January 1, 2019, remain as hygiene board
20 members until their term expires or except as otherwise provided
21 in law, whichever occurs first.

22 (3) For purposes of this subdivision, a public health dentist is
23 a dentist whose primary employer or place of employment is in
24 any of the following:

25 (A) A primary care clinic licensed under subdivision (a) of
26 Section 1204 of the Health and Safety Code.

27 (B) A primary care clinic exempt from licensure pursuant to
28 subdivision (c) of Section 1206 of the Health and Safety Code.

29 (C) A clinic owned or operated by a public hospital or health
30 system.

31 (D) A clinic owned and operated by a hospital that maintains
32 the primary contract with a county government to fill the county's
33 role under Section 17000 of the Welfare and Institutions Code.

34 (b) (1) Except as specified in paragraph (2), members of the
35 dental hygiene board shall be appointed for a term of four years.
36 Each member shall hold office until the appointment and
37 qualification of the member's successor or until one year shall
38 have lapsed since the expiration of the term for which the member
39 was appointed, whichever comes first.

1 (2) For the term commencing on January 1, 2022, the general
2 or public health dentist member and one of the registered dental
3 hygienist members, other than the dental hygiene educator member
4 or the registered dental hygienist member licensed in alternative
5 practice or in extended functions, shall each serve a term of three
6 years, expiring January 1, 2025.

7 (3) No more than three members' terms shall expire in any given
8 calendar year.

9 (c) Notwithstanding any other provision of law and subject to
10 subdivision (e), the Governor may appoint to the dental hygiene
11 board a person who previously served as a member of the former
12 committee or hygiene board even if the person's previous term
13 expired.

14 (d) The dental hygiene board shall elect a president, a vice
15 president, and a secretary from its membership.

16 (e) No person shall serve as a member of the dental hygiene
17 board for more than two consecutive terms.

18 (f) A vacancy in the dental hygiene board shall be filled by
19 appointment to the unexpired term. Notwithstanding subdivision
20 (e), a member who is appointed to fill an unexpired term shall be
21 eligible to serve two complete consecutive terms.

22 (g) Each member of the dental hygiene board shall receive a
23 per diem and expenses as provided in Section 103.

24 (h) The Governor shall have the power to remove any member
25 from the dental hygiene board for neglect of a duty required by
26 law, for incompetence, or for unprofessional or dishonorable
27 conduct.

28 (i) The dental hygiene board, with the approval of the director,
29 may appoint a person exempt from civil service who shall be
30 designated as an executive officer and who shall exercise the
31 powers and perform the duties delegated by the dental hygiene
32 board and vested in the executive officer by this article.

33 (j) This section shall remain in effect only until January 1, 2023,
34 and as of that date is repealed.

35 SEC. 3. Section 1917.1 of the Business and Professions Code
36 is amended to read:

37 1917.1. (a) The dental hygiene board may grant a license as
38 a registered dental hygienist to an applicant who has not taken a
39 clinical examination before the dental hygiene board, if the
40 applicant submits all of the following to the dental hygiene board:

- 1 (1) A completed application form and all fees required by the
2 dental hygiene board.
- 3 (2) Proof of a current license as a registered dental hygienist
4 issued by another state that is not revoked, suspended, or otherwise
5 restricted.
- 6 (3) Proof that the applicant has been in clinical practice as a
7 registered dental hygienist or has been a full-time faculty member
8 in an accredited dental hygiene education program for a minimum
9 of 750 hours per year for at least five years immediately preceding
10 the date of application under this section. The clinical practice
11 requirement shall be deemed met if the applicant provides proof
12 of at least three years of clinical practice and commits to
13 completing the remaining two years of clinical practice by filing
14 with the dental hygiene board a copy of a pending contract to
15 practice dental hygiene in any of the following facilities:
- 16 (A) A primary care clinic licensed under subdivision (a) of
17 Section 1204 of the Health and Safety Code.
- 18 (B) A primary care clinic exempt from licensure pursuant to
19 subdivision (c) of Section 1206 of the Health and Safety Code.
- 20 (C) A clinic owned or operated by a public hospital or health
21 system.
- 22 (D) A clinic owned and operated by a hospital that maintains
23 the primary contract with a county government to fill the county's
24 role under Section 17000 of the Welfare and Institutions Code.
- 25 (4) Satisfactory performance on a California law and ethics
26 examination and any examination that may be required by the
27 dental hygiene board.
- 28 (5) Proof that the applicant has not been subject to disciplinary
29 action by any state in which the applicant is or has been previously
30 issued any professional or vocational license. If the applicant has
31 been subject to disciplinary action, the dental hygiene board shall
32 review that action to determine if it warrants refusal to issue a
33 license to the applicant.
- 34 (6) Proof of graduation from a school of dental hygiene
35 accredited by the Commission on Dental Accreditation.
- 36 (7) Proof of satisfactory completion of the National Board
37 Dental Hygiene Examination and of a state clinical examination,
38 regional clinical licensure examination, or any other clinical dental
39 hygiene examination approved by the dental hygiene board.

1 (8) Proof that the applicant has not failed the state clinical
2 examination, the examination given by the Western Regional
3 Examining Board, or any other clinical dental hygiene examination
4 approved by the dental hygiene board for licensure to practice
5 dental hygiene under this chapter more than once or once within
6 five years prior to the date of application for a license under this
7 section.

8 (9) Documentation of completion of a minimum of 25 units of
9 continuing education earned in the two years preceding application,
10 including completion of any continuing education requirements
11 imposed by the dental hygiene board on registered dental hygienists
12 licensed in this state at the time of application.

13 (10) Satisfactory evidence of having successfully completed a
14 course or education and training in local anesthesia, nitrous
15 oxide-oxygen analgesia, and periodontal soft-tissue curettage
16 approved by the dental hygiene board.

17 (11) Any other information as specified by the dental hygiene
18 board to the extent that it is required of applicants for licensure by
19 examination under this article.

20 (b) The dental hygiene board may periodically request
21 verification of compliance with the requirements of paragraph (3)
22 of subdivision (a) and may revoke the license upon a finding that
23 the employment requirement or any other requirement of paragraph
24 (3) of subdivision (a) has not been met.

25 (c) The dental hygiene board shall provide in the application
26 packet to each out-of-state dental hygienist pursuant to this section
27 the following information:

28 (1) The location of dental manpower shortage areas in the state.

29 (2) Any nonprofit clinics, public hospitals, and accredited dental
30 hygiene education programs seeking to contract with licensees for
31 dental hygiene service delivery or training purposes.

32 *SEC. 4. Section 1926.1 of the Business and Professions Code*
33 *is amended to read:*

34 1926.1. (a) Notwithstanding any other provision of law, a
35 registered dental hygienist in alternative practice may operate a
36 mobile dental hygiene clinic ~~provided by the licensee's property~~
37 ~~and casualty insurer as a temporary substitute site for the practice~~
38 ~~registered by the licensee pursuant to Section 1926.3, if both of~~
39 ~~the following requirements are met: in the settings listed in Section~~
40 *1926.*

1 (a) ~~The licensee’s registered place of practice has been rendered~~
2 ~~and remains unusable due to loss or calamity.~~

3 (b) ~~The licensee’s insurer registers~~ *registered dental hygienist*
4 *in alternative practice shall register* the mobile dental hygiene
5 clinic with the dental hygiene board in compliance with ~~Section~~
6 *Sections 1926.2 and 1926.3.*

7 (c) *The dental hygiene board may conduct announced and*
8 *unannounced reviews and inspections of a mobile dental hygiene*
9 *clinic to ensure continued compliance with the requirements for*
10 *continued approval under this article.*

11 (d) *It shall constitute unprofessional conduct if the mobile dental*
12 *hygiene clinic is found to be noncompliant with any requirements*
13 *necessary for licensure, and the registered dental hygienist in*
14 *alternative practice may be placed on probation with terms, issued*
15 *a citation and fine, or have the mobile dental hygiene clinic*
16 *registration withdrawn if compliance is not demonstrated within*
17 *reasonable timelines, as established by the dental hygiene board.*

18 (e) *The dental hygiene board, by itself or through an authorized*
19 *representative, may issue a citation containing fines and orders*
20 *of abatement to the registered dental hygienist in alternative*
21 *practice for any violation of this section, Section 1926.2, Section*
22 *1926.3, or any regulations adopted thereunder. Any fine collected*
23 *pursuant to this section shall be deposited into the State Dental*
24 *Hygiene Fund established pursuant to Section 1944.*

25 SEC. 5. *Section 1926.3 of the Business and Professions Code*
26 *is amended to read:*

27 1926.3. (a) Every person who is now or hereafter licensed as
28 a registered dental hygienist in alternative practice in this state
29 shall register with the executive officer, on forms prescribed by
30 the dental hygiene board, ~~the person’s place of practice, physical~~
31 ~~facility of registered dental hygienist in alternative practice~~ or, if
32 ~~the person registered dental hygienist in alternative practice~~ has
33 more than one ~~place of practice pursuant~~ *physical facility pursuant*
34 to Section 1926.4, all of the ~~places of practice. physical facilities.~~
35 ~~If the person has no place of practice, the person registered dental~~
36 ~~hygienist in alternative practice does not have a physical facility,~~
37 ~~the registered dental hygienist in alternative practice shall notify~~
38 ~~the executive officer. A person licensed by the dental hygiene~~
39 ~~board shall register with the executive officer within 30 days after~~

1 the date of the issuance of the person’s license as a registered dental
2 hygienist in alternative practice.

3 *(b) (1) A registered dental hygienist in alternative practice who*
4 *utilizes portable equipment to practice dental hygiene shall register*
5 *with the executive officer, on forms prescribed by the dental*
6 *hygiene board, the registered dental hygienist in alternative*
7 *practice’s physical facility where the portable equipment is*
8 *maintained.*

9 *(2) The dental hygiene board may conduct announced and*
10 *unannounced reviews and inspections of a registered dental*
11 *hygienist in alternative practice’s physical facilities and equipment*
12 *described in paragraph (1) to ensure continued compliance with*
13 *the requirements for continued approval under this article.*

14 *(c) It shall constitute unprofessional conduct if the registered*
15 *dental hygienist in alternative practice’s physical facility or*
16 *equipment is found to be noncompliant with any requirements*
17 *necessary for licensure and a registered dental hygienist in*
18 *alternative practice may be placed on probation with terms, issued*
19 *a citation and fine, or have the owned physical facility registration*
20 *withdrawn if compliance is not demonstrated within reasonable*
21 *timelines, as established by the dental hygiene board.*

22 *(d) The dental hygiene board, by itself or through an authorized*
23 *representative, may issue a citation containing fines and orders*
24 *of abatement to the registered dental hygienist in alternative*
25 *practice for any violation of this section, Section 1925, Section*
26 *1926.4, or any regulations adopted thereunder. Any fine collected*
27 *pursuant to this section shall be deposited into the State Dental*
28 *Hygiene Fund established pursuant to Section 1944.*

29 ~~SEC. 4.~~

30 *SEC. 6.* Section 1941 of the Business and Professions Code is
31 amended to read:

32 1941. (a) The dental hygiene board shall grant or renew
33 approval of only those educational programs for RDHs that
34 continuously maintain a high-quality standard of instruction and,
35 where appropriate, meet the minimum standards set by the
36 Commission on Dental Accreditation of the American Dental
37 Association or an equivalent body, as determined by the dental
38 hygiene board.

39 (b) A new or existing educational program for RDHs shall
40 submit a feasibility study demonstrating a need for a new or

1 existing educational program and shall apply for approval from
 2 the dental hygiene board before seeking any required approval for
 3 initial accreditation from the Commission on Dental Accreditation
 4 of the American Dental Association or an equivalent body, as
 5 determined by the dental hygiene board. The dental hygiene board
 6 may approve, provisionally approve, or deny approval of a new
 7 educational program for RDHs.

8 (c) For purposes of this section, a new or existing educational
 9 program for RDHs means a program provided by a college or
 10 institution of higher education that is accredited by a regional
 11 accrediting agency recognized by the United States Department
 12 of Education and that has as its primary purpose providing college
 13 level courses leading to an associate or higher degree, that is either
 14 affiliated with or conducted by a dental school approved by the
 15 dental board, or that is accredited to offer college level or college
 16 parallel programs by the Commission on Dental Accreditation of
 17 the American Dental Association or an equivalent body, as
 18 determined by the dental hygiene board.

19 (d) For purposes of this section, “RDHs” means registered dental
 20 hygienists, registered dental hygienists in alternative practice, or
 21 registered dental hygienists in extended functions.

22 ~~SEC. 5.~~

23 *SEC. 7.* Section 1950.5 of the Business and Professions Code
 24 is amended to read:

25 1950.5. Unprofessional conduct by a person licensed under
 26 this article is defined as, but is not limited to, any one of the
 27 following:

- 28 (a) The obtaining of any fee by fraud or misrepresentation.
- 29 (b) The aiding or abetting of any unlicensed person to practice
 30 dentistry or dental hygiene.
- 31 (c) The aiding or abetting of a licensed person to practice
 32 dentistry or dental hygiene unlawfully.
- 33 (d) The committing of any act or acts of sexual abuse,
 34 misconduct, or relations with a patient that are substantially related
 35 to the practice of dental hygiene.
- 36 (e) The use of any false, assumed, or fictitious name, either as
 37 an individual, firm, corporation, or otherwise, or any name other
 38 than the name under which the person is licensed to practice, in
 39 advertising or in any other manner indicating that the person is

1 practicing or will practice dentistry, except the name specified in
2 a valid permit issued pursuant to Section 1962.

3 (f) The practice of accepting or receiving any commission or
4 the rebating in any form or manner of fees for professional services,
5 radiographs, prescriptions, or other services or articles supplied to
6 patients.

7 (g) The making use by the licensee or any agent of the licensee
8 of any advertising statements of a character tending to deceive or
9 mislead the public.

10 (h) The advertising of either professional superiority or the
11 advertising of performance of professional services in a superior
12 manner. This subdivision shall not prohibit advertising permitted
13 by subdivision (h) of Section 651.

14 (i) The employing or the making use of solicitors.

15 (j) Advertising in violation of Section 651.

16 (k) Advertising to guarantee any dental hygiene service, or to
17 perform any dental hygiene procedure painlessly. This subdivision
18 shall not prohibit advertising permitted by Section 651.

19 (l) The violation of any of the provisions of this division.

20 (m) The permitting of any person to operate dental radiographic
21 equipment who has not met the requirements to do so, as
22 determined by the dental hygiene board.

23 (n) The clearly excessive administering of drugs or treatment,
24 or the clearly excessive use of treatment procedures, or the clearly
25 excessive use of treatment facilities, as determined by the
26 customary practice and standards of the dental hygiene profession.

27 Any person who violates this subdivision is guilty of a
28 misdemeanor and shall be punished by a fine of not less than one
29 hundred dollars (\$100) or more than six hundred dollars (\$600),
30 or by imprisonment for a term of not less than 60 days or more
31 than 180 days, or by both a fine and imprisonment.

32 (o) The use of threats or harassment against any patient or
33 licensee for providing evidence in any possible or actual
34 disciplinary action, or other legal action; or the discharge of an
35 employee primarily based on the employee's attempt to comply
36 with the provisions of this chapter or to aid in the compliance.

37 (p) Suspension or revocation of a license issued, or discipline
38 imposed, by another state or territory on grounds that would be
39 the basis of discipline in this state.

40 (q) The alteration of a patient's record with intent to deceive.

- 1 (r) Unsanitary or unsafe office conditions, as determined by the
2 customary practice and standards of the dental hygiene profession.
- 3 (s) The abandonment of the patient by the licensee, without
4 written notice to the patient that treatment is to be discontinued
5 and before the patient has ample opportunity to secure the services
6 of another registered dental hygienist, registered dental hygienist
7 in alternative practice, or registered dental hygienist in extended
8 functions and provided the health of the patient is not jeopardized.
- 9 (t) The willful misrepresentation of facts relating to a
10 disciplinary action to the patients of a disciplined licensee.
- 11 (u) Use of fraud in the procurement of any license issued
12 pursuant to this article.
- 13 (v) Any action or conduct that would have warranted the denial
14 of the license.
- 15 (w) The aiding or abetting of a registered dental hygienist,
16 registered dental hygienist in alternative practice, or registered
17 dental hygienist in extended functions to practice dental hygiene
18 in a negligent or incompetent manner.
- 19 (x) The failure to report to the dental hygiene board in writing
20 within seven days any of the following: (1) the death of the
21 licensee’s patient during the performance of any dental hygiene
22 procedure; (2) the discovery of the death of a patient whose death
23 is related to a dental hygiene procedure performed by the licensee;
24 or (3) except for a scheduled hospitalization, the removal to a
25 hospital or emergency center for medical treatment for a period
26 exceeding 24 hours of any patient as a result of dental or dental
27 hygiene treatment. Upon receipt of a report pursuant to this
28 subdivision, the dental hygiene board may conduct an inspection
29 of the dental hygiene practice office if the dental hygiene board
30 finds that it is necessary.
- 31 (y) A registered dental hygienist, registered dental hygienist in
32 alternative practice, or registered dental hygienist in extended
33 functions shall report to the dental hygiene board all deaths
34 occurring in their practice with a copy sent to the dental board if
35 the death occurred while working as an employee in a dental office.
36 A dentist shall report to the dental board all deaths occurring in
37 their practice with a copy sent to the dental hygiene board if the
38 death was the result of treatment by a registered dental hygienist,
39 registered dental hygienist in alternative practice, or registered
40 dental hygienist in extended functions.

1 (z) Knowingly making a statement or signing a certificate or
2 other document that falsely represents the existence or nonexistence
3 of a fact directly or indirectly related to the practice of dental
4 hygiene.

5 ~~SEC. 6.~~

6 *SEC. 8.* Section 1951 of the Business and Professions Code is
7 amended to read:

8 1951. The dental hygiene board may discipline a licensee by
9 placing the licensee on probation under various terms and
10 conditions that may include, but are not limited to, the following:

11 (a) Requiring the licensee to obtain additional training in a
12 remedial education course approved by the dental hygiene board
13 or pass an examination upon completion of training in a remedial
14 education course approved by the dental hygiene board, or both.
15 The examination may be a written or oral examination, or both,
16 and may be a practical or clinical examination, or both, at the
17 option of the dental hygiene board.

18 (b) Requiring the licensee to submit to a complete diagnostic
19 examination by one or more physicians appointed by the dental
20 hygiene board, if warranted by the physical or mental condition
21 of the licensee. If the dental hygiene board requires the licensee
22 to submit to an examination, the dental hygiene board shall receive
23 and consider any other report of a complete diagnostic examination
24 given by one or more physicians of the licensee's choice.

25 (c) Restricting or limiting the extent, scope, or type of practice
26 of the licensee.

27 (d) Requiring restitution of fees to the licensee's patients or
28 payers of services, unless restitution has already been made.

29 (e) Providing the option of alternative community service in
30 lieu of all or part of a period of suspension in cases other than
31 violations relating to quality of care.

O

AMENDED IN SENATE APRIL 13, 2021

SENATE BILL

No. 607

Introduced by Senator Roth

February 18, 2021

An act to amend Sections 115.5, 1724, 1753, 1753.55, 1753.6 of, to amend, repeal, and add Sections 7071.6, 7071.8, and 7071.9 of, to add Section 5650.5 to, and to repeal Section 1753.4 of, the Business and Professions Code, and to amend Section 17973 of the Health and Safety Code, relating to ~~healing arts~~: professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 607, as amended, Roth. ~~Dentistry: registered dental assistants in extended practice: clinical or practical examination.~~ Professions and vocations.

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of temporary licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would require a board to waive all fees associated with the application and initial license for an applicant who meets these expedited licensing requirements.

Existing

(2) *Existing* law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

The Dental Practice Act authorizes a dentist to administer or order the administration of minimal sedation on pediatric patients under 13 years of age if the dentist possesses specified licensing credentials, including holding a pediatric minimal sedation permit, and follows certain procedures. Existing law requires a dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee.

This bill would specify that the application fee for a pediatric minimal sedation permit cannot exceed \$1,000, and the renewal fee cannot exceed \$600.

(3) *Existing* law provides for the licensure and regulation of landscape architects by the California Architects Board and the Landscape Architects Technical Committee of the California Architects Board.

This bill would authorize the board to obtain and review criminal offender record information and would require an applicant, as a condition of licensure, to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and criminal offender record information search. The bill would require the Department of Justice to transmit fingerprint images and related information to the Federal Bureau of Investigation for the purposes of the background check, and would require the Department of Justice to provide a state or federal response to the board. The bill would require the applicant to pay the reasonable regulatory costs for furnishing the fingerprints and conducting the searches, and would require the applicant to certify, under penalty of perjury, whether the

applicant's fingerprints have been furnished to the Department of Justice. By expanding the crime of perjury, the bill would impose a state-mandated local program.

(4) Existing law, the Contractors' State License Law, provides for the licensure and regulation of contractors by the Contractors' State License Board within the Department of Consumer Affairs. Existing law authorizes the issuance of contractors' licenses to individual owners, partnerships, corporations, and limited liability companies, and authorizes those persons and entities to qualify for a license if specified conditions are met. Existing law requires an applicant or licensee to file or have on file with the board a contractor's bond in the sum of \$15,000, as provided. Existing law requires an applicant or licensee who is not a proprietor, a general partner, or a joint licensee to additionally file or have on file with the board a qualifying individual's bond in the sum of \$12,500, unless an exception is met.

This bill, beginning January 1, 2023, would instead require an applicant or licensee to file or have on file with the board a contractor's bond in the sum of \$25,000, and would, if applicable, require a qualifying individual's bond in the sum of \$25,000.

(5) Existing law provides authority for an enforcement agency to enter and inspect any buildings or premises whenever necessary to secure compliance with or prevent a violation of the building standards published in the California Building Standards Code and other rules and regulations that the enforcement agency has the power to enforce. Existing law requires an inspection of exterior elevated elements and associated waterproofing elements, as defined, including decks and balconies, for buildings with 3 or more multifamily dwelling units by a licensed architect, licensed civil or structural engineer, a building contractor holding specified licenses, or an individual certified as a building inspector or building official, as specified. Existing law prohibits a contractor performing the inspection from bidding on the repair work.

This bill would eliminate the prohibition against a contractor performing the inspection from bidding on the repair work. By altering the enforcement duties for local enforcement entities, the bill would impose a state-mandated local program.

(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 115.5 of the Business and Professions
 2 Code is amended to read:

3 115.5. (a) A board within the department shall expedite the
 4 licensure process *and waive all fees charged by the board*
 5 *associated with the application and initial license* for an applicant
 6 who meets both of the following requirements:

7 (1) Supplies evidence satisfactory to the board that the applicant
 8 is married to, or in a domestic partnership or other legal union
 9 with, an active duty member of the Armed Forces of the United
 10 States who is assigned to a duty station in this state under official
 11 active duty military orders.

12 (2) Holds a current license in another state, district, or territory
 13 of the United States in the profession or vocation for which the
 14 applicant seeks a license from the board.

15 (b) A board may adopt regulations necessary to administer this
 16 section.

17 SEC. 2. Section 1724 of the Business and Professions Code,
 18 as added by Section 13 of Chapter 929 of the Statutes of 2018, is
 19 amended to read:

20 1724. The amount of charges and fees for dentists licensed
 21 pursuant to this chapter shall be established by the board as is
 22 necessary for the purpose of carrying out the responsibilities
 23 required by this chapter as it relates to dentists, subject to the
 24 following limitations:

25 (a) The fee for an application for licensure qualifying pursuant
 26 to paragraph (1) of subdivision (c) of Section 1632 shall not exceed
 27 one thousand five hundred dollars (\$1,500). The fee for an
 28 application for licensure qualifying pursuant to paragraph (2) of

1 subdivision (c) of Section 1632 shall not exceed one thousand
2 dollars (\$1,000).

3 (b) The fee for an application for licensure qualifying pursuant
4 to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

5 (c) The fee for an application for licensure qualifying pursuant
6 to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

7 (d) The fee for an initial license and for the renewal of a license
8 is five hundred twenty-five dollars (\$525). On and after January
9 1, 2016, the fee for an initial license shall not exceed six hundred
10 fifty dollars (\$650), and the fee for the renewal of a license shall
11 not exceed six hundred fifty dollars (\$650). On and after January
12 1, 2018, the fee for an initial license shall not exceed eight hundred
13 dollars (\$800), and the fee for the renewal of a license shall not
14 exceed eight hundred dollars (\$800).

15 (e) The fee for an application for a special permit shall not
16 exceed one thousand dollars (\$1,000), and the renewal fee for a
17 special permit shall not exceed six hundred dollars (\$600).

18 (f) The delinquency fee shall be 50 percent of the renewal fee
19 for such a license or permit in effect on the date of the renewal of
20 the license or permit.

21 (g) The penalty for late registration of change of place of
22 practice shall not exceed seventy-five dollars (\$75).

23 (h) The fee for an application for an additional office permit
24 shall not exceed seven hundred fifty dollars (\$750), and the fee
25 for the renewal of an additional office permit shall not exceed three
26 hundred seventy-five dollars (\$375).

27 (i) The fee for issuance of a replacement pocket license,
28 replacement wall certificate, or replacement engraved certificate
29 shall not exceed one hundred twenty-five dollars (\$125).

30 (j) The fee for a provider of continuing education shall not
31 exceed five hundred dollars (\$500) per year.

32 (k) The fee for application for a referral service permit and for
33 renewal of that permit shall not exceed twenty-five dollars (\$25).

34 (l) The fee for application for an extramural facility permit and
35 for the renewal of a permit shall not exceed twenty-five dollars
36 (\$25).

37 (m) The fee for an application for an elective facial cosmetic
38 surgery permit shall not exceed four thousand dollars (\$4,000),
39 and the fee for the renewal of an elective facial cosmetic surgery
40 permit shall not exceed eight hundred dollars (\$800).

1 (n) The fee for an application for an oral and maxillofacial
 2 surgery permit shall not exceed one thousand dollars (\$1,000), and
 3 the fee for the renewal of an oral and maxillofacial surgery permit
 4 shall not exceed one thousand two hundred dollars (\$1,200).

5 (o) The fee for an application for a general anesthesia permit
 6 shall not exceed one thousand dollars (\$1,000), and the fee for the
 7 renewal of a general anesthesia permit shall not exceed six hundred
 8 dollars (\$600).

9 (p) The fee for an onsite inspection and evaluation related to a
 10 general anesthesia or moderate sedation permit shall not exceed
 11 four thousand five hundred dollars (\$4,500).

12 (q) The fee for an application for a moderate sedation permit
 13 shall not exceed one thousand dollars (\$1,000), and the fee for the
 14 renewal of a conscious sedation permit shall not exceed six hundred
 15 dollars (\$600).

16 (r) The fee for an application for an oral conscious sedation
 17 permit shall not exceed one thousand dollars (\$1,000), and the fee
 18 for the renewal of an oral conscious sedation permit shall not
 19 exceed six hundred dollars (\$600).

20 *(s) The fee for an application for a pediatric minimal sedation*
 21 *permit shall not exceed one thousand dollars (\$1,000), and the fee*
 22 *for the renewal of a pediatric minimal sedation permit shall not*
 23 *exceed six hundred dollars (\$600).*

24 ~~(s)~~
 25 (t) The fee for a certification of licensure shall not exceed one
 26 hundred twenty-five dollars (\$125).

27 ~~(t)~~
 28 (u) The fee for an application for the law and ethics examination
 29 shall not exceed two hundred fifty dollars (\$250).

30 ~~(u)~~
 31 (v) This section shall become operative on January 1, 2022.

32 **SECTION 1.**

33 *SEC. 3.* Section 1753 of the Business and Professions Code is
 34 amended to read:

35 1753. (a) On and after January 1, 2010, the board may license
 36 as a registered dental assistant in extended functions a person who
 37 submits written evidence, satisfactory to the board, of all of the
 38 following eligibility requirements:

1 (1) Current licensure as a registered dental assistant or
2 completion of the requirements for licensure as a registered dental
3 assistant.

4 (2) Successful completion of a board-approved course in the
5 application of pit and fissure sealants.

6 (3) Successful completion of either of the following:

7 (A) An extended functions postsecondary program approved
8 by the board in all of the procedures specified in Section 1753.5.

9 (B) An extended functions postsecondary program approved
10 by the board to teach the duties that registered dental assistants in
11 extended functions were allowed to perform pursuant to board
12 regulations prior to January 1, 2010, and a course approved by the
13 board in the procedures specified in paragraphs (1), (2), (5), and
14 (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

15 (4) Passage of a written examination administered by the board.
16 The board shall designate whether the written examination shall
17 be administered by the board or by the board-approved extended
18 functions program.

19 (b) A registered dental assistant in extended functions may apply
20 for an orthodontic assistant permit or a dental sedation assistant
21 permit, or both, by providing written evidence of the following:

22 (1) Successful completion of a board-approved orthodontic
23 assistant or dental sedation assistant course, as applicable.

24 (2) Passage of a written examination administered by the board
25 that shall encompass the knowledge, skills, and abilities necessary
26 to competently perform the duties of the particular permit.

27 (c) A registered dental assistant in extended functions with
28 permits in either orthodontic assisting or dental sedation assisting
29 shall be referred to as an “RDAEF with orthodontic assistant
30 permit,” or “RDAEF with dental sedation assistant permit,” as
31 applicable. These terms shall be used for reference purposes only
32 and do not create additional categories of licensure.

33 (d) Completion of the continuing education requirements
34 established by the board pursuant to Section 1645 by a registered
35 dental assistant in extended functions who also holds a permit as
36 an orthodontic assistant or dental sedation assistant shall fulfill the
37 continuing education requirement for such permit or permits.

38 ~~SEC. 2.~~

39 ~~SEC. 4.~~ Section 1753.4 of the Business and Professions Code
40 is repealed.

1 ~~SEC. 3.~~

2 *SEC. 5.* Section 1753.55 of the Business and Professions Code
3 is amended to read:

4 1753.55. (a) A registered dental assistant in extended functions
5 is authorized to perform the additional duties as set forth in
6 subdivision (b) pursuant to the order, control, and full professional
7 responsibility of a supervising dentist, if the licensee meets one of
8 the following requirements:

9 (1) Is licensed on or after January 1, 2010.

10 (2) Is licensed prior to January 1, 2010, and has successfully
11 completed a board-approved course in the additional procedures
12 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of
13 subdivision (b) of Section 1753.5.

14 (b) (1) Determine which radiographs to perform on a patient
15 who has not received an initial examination by the supervising
16 dentist for the specific purpose of the dentist making a diagnosis
17 and treatment plan for the patient. In these circumstances, the
18 dental assistant in extended functions shall follow protocols
19 established by the supervising dentist. This paragraph only applies
20 in the following settings:

21 (A) In a dental office setting.

22 (B) In public health settings, using telehealth, as defined by
23 Section 2290.5, for the purpose of communication with the
24 supervising dentist, including, but not limited to, schools, head
25 start and preschool programs, and community clinics, under the
26 general supervision of a dentist.

27 (2) Place protective restorations, which for this purpose are
28 identified as interim therapeutic restorations, and defined as a
29 direct provisional restoration placed to stabilize the tooth until a
30 licensed dentist diagnoses the need for further definitive treatment.
31 An interim therapeutic restoration consists of the removal of soft
32 material from the tooth using only hand instrumentation, without
33 the use of rotary instrumentation, and subsequent placement of an
34 adhesive restorative material. Local anesthesia shall not be
35 necessary for interim therapeutic restoration placement. Interim
36 therapeutic restorations shall be placed only in accordance with
37 both of the following:

38 (A) In either of the following settings:

39 (i) In a dental office setting, under the direct or general
40 supervision of a dentist as determined by the dentist.

1 (ii) In public health settings, using telehealth, as defined by
2 Section 2290.5, for the purpose of communication with the
3 supervising dentist, including, but not limited to, schools, head
4 start and preschool programs, and community clinics, under the
5 general supervision of a dentist.

6 (B) After the diagnosis, treatment plan, and instruction to
7 perform the procedure provided by a dentist.

8 (c) The functions described in subdivision (b) may be performed
9 by a registered dental assistant in extended functions only after
10 completion of a program that includes training in performing those
11 functions, or after providing evidence, satisfactory to the board,
12 of having completed a board-approved course in those functions.

13 (d) No later than January 1, 2018, the board shall adopt
14 regulations to establish requirements for courses of instruction for
15 the procedures authorized to be performed by a registered dental
16 assistant in extended functions pursuant to this section using the
17 competency-based training protocols established by the Health
18 Workforce Pilot Project (HWPP) No. 172 through the Office of
19 Health Planning and Development. The board shall submit to the
20 committee proposed regulatory language for the curriculum for
21 the Interim Therapeutic Restoration to the committee for the
22 purpose of promulgating regulations for registered dental hygienists
23 and registered dental hygienists in alternative practice as described
24 in Section 1910.5. The language submitted by the board shall
25 mirror the instructional curriculum for the registered dental
26 assistant in extended functions. Any subsequent amendments to
27 the regulations that are promulgated by the board for the Interim
28 Therapeutic Restoration curriculum shall be submitted to the
29 committee.

30 (e) The board may issue a permit to a registered dental assistant
31 in extended functions who files a completed application, including
32 the fee, to provide the duties specified in this section after the board
33 has determined the registered dental assistant in extended functions
34 has completed the coursework required in subdivision (c).

35 (f) This section shall become operative on January 1, 2018.

36 ~~SEC. 4.~~

37 *SEC. 6.* Section 1753.6 of the Business and Professions Code
38 is amended to read:

39 1753.6. (a) Each person who holds a license as a registered
40 dental assistant in extended functions on the operative date of this

1 section may only perform those procedures that a registered dental
 2 assistant is allowed to perform as specified in and limited by
 3 Section 1752.4, and the procedures specified in paragraphs (1) to
 4 (6), inclusive, until the person provides evidence of having
 5 completed a board-approved course in the additional procedures
 6 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of
 7 subdivision (b) of Section 1753.5:

- 8 (1) Cord retraction of gingiva for impression procedures.
- 9 (2) Take final impressions for permanent indirect restorations.
- 10 (3) Formulate indirect patterns for endodontic post and core
- 11 castings.
- 12 (4) Fit trial endodontic filling points.
- 13 (5) Apply pit and fissure sealants.
- 14 (6) Remove excess cement from subgingival tooth surfaces with
- 15 a hand instrument.

16 (b) This section shall become operative on January 1, 2010.

17 *SEC. 7. Section 5650.5 is added to the Business and Professions*
 18 *Code, to read:*

19 *5650.5. (a) Pursuant to Section 144, the board has the*
 20 *authority to obtain and review criminal offender record*
 21 *information. The information obtained as a result of the*
 22 *fingerprinting shall be used in accordance with Section 11105 of*
 23 *the Penal Code to determine whether the applicant is subject to*
 24 *denial, suspension, or revocation of a license pursuant to Division*
 25 *1.5 (commencing with Section 475) or Section 5660, 5675, or 5676.*

26 *(b) As a condition of application for a license, each applicant*
 27 *shall furnish to the Department of Justice a full set of fingerprints*
 28 *for the purpose of conducting a criminal history record check and*
 29 *to undergo a state- and federal- level criminal offender record*
 30 *information search conducted through the Department of Justice,*
 31 *as follows:*

- 32 *(1) The board shall electronically submit to the Department of*
 33 *Justice fingerprint images and related information required by the*
 34 *Department of Justice of all landscape architect license applicants*
 35 *for the purpose of obtaining information as to the existence and*
 36 *content of a record of state or federal arrests and state or federal*
 37 *convictions and also information as to the existence and content*
 38 *of a record of state or federal arrests for which the Department*
 39 *of Justice establishes that the person is free on bail or on their*
 40 *recognizance pending trial or appeal.*

1 (2) When received, the Department of Justice shall transmit
2 fingerprint images and related information received pursuant to
3 this section, to the Federal Bureau of Investigation for the purpose
4 of obtaining a federal criminal history records check. The
5 Department of Justice shall review the information returned from
6 the Federal Bureau of Investigation and compile and disseminate
7 a response to the board.

8 (3) The Department of Justice shall provide a state or federal
9 response to the board pursuant to subdivision (p) of Section 11105
10 of the Penal Code.

11 (4) The board shall request from the Department of Justice
12 subsequent notification service, as provided pursuant to Section
13 11105.2 of the Penal Code, for persons described in paragraph
14 (1).

15 (5) The Department of Justice shall charge the applicant a fee
16 sufficient to cover the cost of processing the request described in
17 this subdivision.

18 (c) The applicant shall certify, under penalty of perjury, when
19 applying for a license whether the applicant's fingerprints have
20 been furnished to the Department of Justice in compliance with
21 this section.

22 (d) Failure to comply with the requirements of this section
23 renders the application for a license incomplete, and the
24 application shall not be considered until the applicant demonstrates
25 compliance with all requirements of this section.

26 (e) Notwithstanding any other law, the results of any criminal
27 offender record information request by either state or federal law
28 enforcement authorities shall not be released by the board except
29 in accordance with state and federal requirements.

30 (f) As used in this section, the term "applicant" shall be limited
31 to an initial applicant who has never been registered or licensed
32 by the board or to an applicant for a new licensure or registration
33 category.

34 (g) As a condition of petitioning the board for reinstatement of
35 a revoked or surrendered license, an applicant shall comply with
36 subdivision (a).

37 SEC. 8. Section 7071.6 of the Business and Professions Code
38 is amended to read:

39 7071.6. (a) The board shall require as a condition precedent
40 to the issuance, reinstatement, reactivation, renewal, or continued

1 maintenance of a license, that the applicant or licensee file or have
2 on file a contractor's bond in the sum of fifteen thousand dollars
3 (\$15,000).

4 (b) Excluding the claims brought by the beneficiaries specified
5 in subdivision (a) of Section 7071.5, the aggregate liability of a
6 surety on claims brought against a bond required by this section
7 shall not exceed the sum of seven thousand five hundred dollars
8 (\$7,500). The bond proceeds in excess of seven thousand five
9 hundred dollars (\$7,500) shall be reserved exclusively for the
10 claims of the beneficiaries specified in subdivision (a) of Section
11 7071.5. However, nothing in this section shall be construed so as
12 to prevent any beneficiary specified in subdivision (a) of Section
13 7071.5 from claiming or recovering the full measure of the bond
14 required by this section.

15 (c) ~~No~~A bond shall *not* be required of a holder of a license that
16 has been inactivated on the official records of the board during the
17 period the license is inactive.

18 (d) Notwithstanding any other law, as a condition precedent to
19 licensure, the board may require an applicant to post a contractor's
20 bond in twice the amount required pursuant to subdivision (a) until
21 the time that the license is renewed, under the following conditions:

22 (1) The applicant has either been convicted of a violation of
23 Section 7028 or has been cited pursuant to Section 7028.7.

24 (2) If the applicant has been cited pursuant to Section 7028.7,
25 the citation has been reduced to a final order of the registrar.

26 (3) The violation of Section 7028, or the basis for the citation
27 issued pursuant to Section 7028.7, constituted a substantial injury
28 to the public.

29 (e) (1) The board shall conduct a study to obtain information
30 to evaluate whether the current fifteen-thousand-dollar (\$15,000)
31 amount of the contractor bond is sufficient, or whether an increase
32 may be necessary.

33 (2) The board shall report its findings and recommendations to
34 the appropriate policy committees of the Legislature, in accordance
35 with Section 9795 of the Government Code, by January 1, 2021.

36 (f) *This section shall remain in effect only until January 1, 2023,*
37 *and as of that date is repealed.*

38 *SEC. 9. Section 7071.6 is added to the Business and Professions*
39 *Code, to read:*

1 7071.6. (a) *The board shall require as a condition precedent*
2 *to the issuance, reinstatement, reactivation, renewal, or continued*
3 *maintenance of a license, that the applicant or licensee file or have*
4 *on file a contractor's bond in the sum of twenty-five thousand*
5 *dollars (\$25,000).*

6 (b) *Excluding the claims brought by the beneficiaries specified*
7 *in subdivision (a) of Section 7071.5, the aggregate liability of a*
8 *surety on claims brought against a bond required by this section*
9 *shall not exceed the sum of seven thousand five hundred dollars*
10 *(\$7,500). The bond proceeds in excess of seven thousand five*
11 *hundred dollars (\$7,500) shall be reserved exclusively for the*
12 *claims of the beneficiaries specified in subdivision (a) of Section*
13 *7071.5. However, nothing in this section shall be construed so as*
14 *to prevent any beneficiary specified in subdivision (a) of Section*
15 *7071.5 from claiming or recovering the full measure of the bond*
16 *required by this section.*

17 (c) *A bond shall not be required of a holder of a license that*
18 *has been inactivated on the official records of the board during*
19 *the period the license is inactive.*

20 (d) *Notwithstanding any other law, as a condition precedent to*
21 *licensure, the board may require an applicant to post a*
22 *contractor's bond in twice the amount required pursuant to*
23 *subdivision (a) until the time that the license is renewed, under*
24 *the following conditions:*

25 (1) *The applicant has either been convicted of a violation of*
26 *Section 7028 or has been cited pursuant to Section 7028.7.*

27 (2) *If the applicant has been cited pursuant to Section 7028.7,*
28 *the citation has been reduced to a final order of the registrar.*

29 (3) *The violation of Section 7028, or the basis for the citation*
30 *issued pursuant to Section 7028.7, constituted a substantial injury*
31 *to the public.*

32 (e) *This section shall become operative on January 1, 2023.*

33 *SEC. 10. Section 7071.8 of the Business and Professions Code*
34 *is amended to read:*

35 7071.8. (a) *This section applies to an application for a license,*
36 *for renewal or restoration of a license, an application to change*
37 *officers or members of a corporation or a limited liability company,*
38 *or for continued valid use of a license which has been disciplined,*
39 *whether or not the disciplinary action has been stayed, made by*
40 *any of the following persons or firms:*

1 (1) A person whose license has been suspended or revoked as
2 a result of disciplinary action, or a person who was a qualifying
3 individual for a licensee at any time during which cause for
4 disciplinary action occurred resulting in suspension or revocation
5 of the licensee's license, whether or not the qualifying individual
6 had knowledge or participated in the prohibited act or omission.

7 (2) A person who was an officer, director, manager, partner, or
8 member of the personnel of record of a licensee at any time during
9 which cause for disciplinary action occurred resulting in suspension
10 or revocation of the licensee's license and who had knowledge of
11 or participated in the act or omission which was the cause for the
12 disciplinary action.

13 (3) A partnership, corporation, limited liability company, firm,
14 or association of which an existing or new officer, director,
15 manager, partner, qualifying person, or member of the personnel
16 of record has had a license suspended or revoked as a result of
17 disciplinary action.

18 (4) A partnership, corporation, limited liability company, firm,
19 or association of which a member of the personnel of record,
20 including, but not limited to, an officer, director, manager, partner,
21 or qualifying person was, likewise, a manager, officer, director,
22 or partner of a licensee at any time during which cause for
23 disciplinary action occurred resulting in suspension or revocation
24 of the license, and who had knowledge of or participated in the
25 act or omission which was the cause for the disciplinary action.

26 (b) The board shall require as a condition precedent to the
27 issuance, reissuance, renewal, or restoration of a license to the
28 applicant, or to the approval of an application to change officers
29 of a corporation or a limited liability company, or removal of
30 suspension, or to the continued valid use of a license which has
31 been suspended or revoked, but which suspension or revocation
32 has been stayed, that the applicant or licensee file or have on file
33 a contractor's bond in a sum to be fixed by the registrar based upon
34 the seriousness of the violation, but which sum shall not be less
35 than fifteen thousand dollars (\$15,000) nor more than 10 times
36 that amount required by Section 7071.6.

37 (c) The bond is in addition to, may not be combined with, and
38 does not replace any other type of bond required by this chapter.
39 The bond shall remain on file with the registrar for a period of at
40 least two years and for any additional time that the registrar

1 determines. The bond period shall run only while the license is
2 current, active, and in good standing, and shall be extended until
3 the license has been current, active, and in good standing for the
4 required period. Each applicant or licensee shall be required to file
5 only one disciplinary contractor's bond of the type described in
6 this section for each application or license subject to this bond
7 requirement.

8 *(d) This section shall remain in effect only until January 1, 2023,*
9 *and as of that date is repealed.*

10 *SEC. 11. Section 7071.8 is added to the Business and*
11 *Professions Code, to read:*

12 *7071.8. (a) This section applies to an application for a license,*
13 *for renewal or restoration of a license, an application to change*
14 *officers or members of a corporation or a limited liability company,*
15 *or for continued valid use of a license which has been disciplined,*
16 *whether or not the disciplinary action has been stayed, made by*
17 *any of the following persons or firms:*

18 *(1) A person whose license has been suspended or revoked as*
19 *a result of disciplinary action, or a person who was a qualifying*
20 *individual for a licensee at any time during which cause for*
21 *disciplinary action occurred resulting in suspension or revocation*
22 *of the licensee's license, whether or not the qualifying individual*
23 *had knowledge or participated in the prohibited act or omission.*

24 *(2) A person who was an officer, director, manager, partner,*
25 *or member of the personnel of record of a licensee at any time*
26 *during which cause for disciplinary action occurred resulting in*
27 *suspension or revocation of the licensee's license and who had*
28 *knowledge of or participated in the act or omission which was the*
29 *cause for the disciplinary action.*

30 *(3) A partnership, corporation, limited liability company, firm,*
31 *or association of which an existing or new officer, director,*
32 *manager, partner, qualifying person, or member of the personnel*
33 *of record has had a license suspended or revoked as a result of*
34 *disciplinary action.*

35 *(4) A partnership, corporation, limited liability company, firm,*
36 *or association of which a member of the personnel of record,*
37 *including, but not limited to, an officer, director, manager, partner,*
38 *or qualifying person was, likewise, a manager, officer, director,*
39 *or partner of a licensee at any time during which cause for*
40 *disciplinary action occurred resulting in suspension or revocation*

1 of the license, and who had knowledge of or participated in the
2 act or omission which was the cause for the disciplinary action.

3 (b) The board shall require as a condition precedent to the
4 issuance, reissuance, renewal, or restoration of a license to the
5 applicant, or to the approval of an application to change officers
6 of a corporation or a limited liability company, or removal of
7 suspension, or to the continued valid use of a license which has
8 been suspended or revoked, but which suspension or revocation
9 has been stayed, that the applicant or licensee file or have on file
10 a contractor's bond in a sum to be fixed by the registrar based
11 upon the seriousness of the violation, but which sum shall not be
12 less than twenty-five thousand dollars (\$25,000) nor more than
13 10 times that amount required by Section 7071.6.

14 (c) The bond is in addition to, may not be combined with, and
15 does not replace any other type of bond required by this chapter.
16 The bond shall remain on file with the registrar for a period of at
17 least two years and for any additional time that the registrar
18 determines. The bond period shall run only while the license is
19 current, active, and in good standing, and shall be extended until
20 the license has been current, active, and in good standing for the
21 required period. Each applicant or licensee shall be required to
22 file only one disciplinary contractor's bond of the type described
23 in this section for each application or license subject to this bond
24 requirement.

25 (d) This section shall become operative on January 1, 2023.

26 SEC. 12. Section 7071.9 of the Business and Professions Code
27 is amended to read:

28 7071.9. (a) If the qualifying individual, as referred to in
29 Sections 7068 and 7068.1, is neither the proprietor, a general
30 partner, nor a joint licensee, ~~he or she~~ the qualifying individual
31 shall file or have on file a qualifying individual's bond as provided
32 in Section 7071.10 in the sum of twelve thousand five hundred
33 dollars (\$12,500). This bond is in addition to, and ~~may~~ shall not
34 be combined with, any contractor's bond required by Sections
35 7071.5 to 7071.8, inclusive, and is required for the issuance,
36 reinstatement, reactivation, or continued valid use of a license.

37 (b) Excluding the claims brought by the beneficiaries specified
38 in paragraph (1) of subdivision (a) of Section 7071.10, the
39 aggregate liability of a surety on claims brought against the bond
40 required by this section shall not exceed the sum of seven thousand

1 five hundred dollars (\$7,500). The bond proceeds in excess of
2 seven thousand five hundred dollars (\$7,500) shall be reserved
3 exclusively for the claims of the beneficiaries specified in
4 paragraph (1) of subdivision (a) of Section 7071.10. However,
5 nothing in this section shall be construed to prevent any beneficiary
6 specified in paragraph (1) of subdivision (a) of Section 7071.10
7 from claiming or recovering the full measure of the bond required
8 by this section. This bond is in addition to, and ~~may~~ shall not be
9 combined with, any contractor's bond required by Sections 7071.5
10 to 7071.8, inclusive, and is required for the issuance, reinstatement,
11 reactivation, or continued valid use of a license.

12 (c) The responsible managing officer of a corporation shall not
13 be required to file or have on file a qualifying individual's bond,
14 if ~~he or she~~ the responsible managing officer owns 10 percent or
15 more of the voting stock of the corporation and certifies to that
16 fact on a form prescribed by the registrar.

17 (d) The qualifying individual for a limited liability company
18 shall not be required to file or have on file a qualifying individual's
19 bond if ~~he or she~~ the qualifying individual owns at least a
20 10-percent membership interest in the limited liability company
21 and certifies to that fact on a form prescribed by the registrar.

22 (e) *This section shall remain in effect only until January 1, 2023,*
23 *and as of that date is repealed.*

24 SEC. 13. *Section 7071.9 is added to the Business and*
25 *Professions Code, to read:*

26 7071.9. (a) *If the qualifying individual, as referred to in*
27 *Sections 7068 and 7068.1, is neither the proprietor, a general*
28 *partner, nor a joint licensee, the qualifying individual shall file or*
29 *have on file a qualifying individual's bond as provided in Section*
30 *7071.10 in the sum of twenty-five thousand dollars (\$25,000). This*
31 *bond is in addition to, and shall not be combined with, any*
32 *contractor's bond required by Sections 7071.5 to 7071.8, inclusive,*
33 *and is required for the issuance, reinstatement, reactivation, or*
34 *continued valid use of a license.*

35 (b) *Excluding the claims brought by the beneficiaries specified*
36 *in paragraph (1) of subdivision (a) of Section 7071.10, the*
37 *aggregate liability of a surety on claims brought against the bond*
38 *required by this section shall not exceed the sum of seven thousand*
39 *five hundred dollars (\$7,500). The bond proceeds in excess of*
40 *seven thousand five hundred dollars (\$7,500) shall be reserved*

1 exclusively for the claims of the beneficiaries specified in
2 paragraph (1) of subdivision (a) of Section 7071.10. However,
3 nothing in this section shall be construed to prevent any beneficiary
4 specified in paragraph (1) of subdivision (a) of Section 7071.10
5 from claiming or recovering the full measure of the bond required
6 by this section. This bond is in addition to, and shall not be
7 combined with, any contractor's bond required by Sections 7071.5
8 to 7071.8, inclusive, and is required for the issuance, reinstatement,
9 reactivation, or continued valid use of a license.

10 (c) The responsible managing officer of a corporation shall not
11 be required to file or have on file a qualifying individual's bond,
12 if the responsible managing officer owns 10 percent or more of
13 the voting stock of the corporation and certifies to that fact on a
14 form prescribed by the registrar.

15 (d) The qualifying individual for a limited liability company
16 shall not be required to file or have on file a qualifying individual's
17 bond if the qualifying individual owns at least a 10-percent
18 membership interest in the limited liability company and certifies
19 to that fact on a form prescribed by the registrar.

20 (e) This section shall become operative on January 1, 2023.

21 SEC. 14. Section 17973 of the Health and Safety Code is
22 amended to read:

23 17973. (a) Exterior elevated elements that include load-bearing
24 components in all buildings containing three or more multifamily
25 dwelling units shall be inspected. The inspection shall be performed
26 by a licensed architect; licensed civil or structural engineer; a
27 building contractor holding any or all of the "A," "B," or "C-5"
28 license classifications issued by the Contractors' State License
29 Board, with a minimum of five years' experience, as a holder of
30 the aforementioned classifications or licenses, in constructing
31 multistory wood frame buildings; or an individual certified as a
32 building inspector or building official from a recognized state,
33 national, or international association, as determined by the local
34 jurisdiction. These individuals shall not be employed by the local
35 jurisdiction while performing these inspections. The purpose of
36 the inspection is to determine that exterior elevated elements and
37 their associated waterproofing elements are in a generally safe
38 condition, adequate working order, and free from any hazardous
39 condition caused by fungus, deterioration, decay, or improper
40 alteration to the extent that the life, limb, health, property, safety,

1 or welfare of the public or the occupants is not endangered. The
2 person or business performing the inspection shall be hired by the
3 owner of the building.

4 (b) For purposes of this section, the following terms have the
5 following definitions:

6 (1) “Associated waterproofing elements” include flashings,
7 membranes, coatings, and sealants that protect the load-bearing
8 components of exterior elevated elements from exposure to water
9 and the elements.

10 (2) “Exterior elevated element” means the following types of
11 structures, including their supports and railings: balconies, decks,
12 porches, stairways, walkways, and entry structures that extend
13 beyond exterior walls of the building and which have a walking
14 surface that is elevated more than six feet above ground level, are
15 designed for human occupancy or use, and rely in whole or in
16 substantial part on wood or wood-based products for structural
17 support or stability of the exterior elevated element.

18 (3) “Load-bearing components” are those components that
19 extend beyond the exterior walls of the building to deliver structural
20 loads from the exterior elevated element to the building.

21 (c) The inspection required by this section shall at a minimum
22 include:

23 (1) Identification of each type of exterior elevated element that,
24 if found to be defective, decayed, or deteriorated to the extent that
25 it does not meet its load requirements, would, in the opinion of the
26 inspector, constitute a threat to the health or safety of the occupants.

27 (2) Assessment of the load-bearing components and associated
28 waterproofing elements of the exterior elevated elements identified
29 in paragraph (1) using methods allowing for evaluation of their
30 performance by direct visual examination or comparable means
31 of evaluating their performance. For purposes of this section, a
32 sample of at least 15 percent of each type of exterior elevated
33 element shall be inspected.

34 (3) The evaluation and assessment shall address each of the
35 following as of the date of the evaluation:

36 (A) The current condition of the exterior elevated elements.

37 (B) Expectations of future performance and projected service
38 life.

39 (C) Recommendations of any further inspection necessary.

1 (4) A written report of the evaluation stamped or signed by the
 2 inspector presented to the owner of the building or the owner’s
 3 designated agent within 45 days of completion of the inspection.
 4 The report shall include photographs, any test results, and narrative
 5 sufficient to establish a baseline of the condition of the components
 6 inspected that can be compared to the results of subsequent
 7 inspections. In addition to the evaluation required by this section,
 8 the report shall advise which, if any, exterior elevated element
 9 poses an immediate threat to the safety of the occupants, and
 10 whether preventing occupant access or conducting emergency
 11 repairs, including shoring, are necessary.

12 (d) The inspection shall be completed by January 1, 2025, and
 13 by January 1 every six years thereafter. The inspector conducting
 14 the inspection shall produce an initial report pursuant to paragraph
 15 (4) of subdivision (c) and, if requested by the owner, a final report
 16 indicating that any required repairs have been completed. A copy
 17 of any report that recommends immediate repairs, advises that any
 18 building assembly poses an immediate threat to the safety of the
 19 occupants, or that preventing occupant access or emergency repairs,
 20 including shoring, are necessary, shall be provided by the inspector
 21 to the owner of the building and to the local enforcement agency
 22 within 15 days of completion of the report. Subsequent inspection
 23 reports shall incorporate copies of prior inspection reports,
 24 including the locations of the exterior elevated elements inspected.
 25 Local enforcement agencies may determine whether any additional
 26 information is to be provided in the report and may require a copy
 27 of the initial or final reports, or both, be submitted to the local
 28 jurisdiction. Copies of all inspection reports shall be maintained
 29 in the building owner’s permanent records for not less than two
 30 inspection cycles, and shall be disclosed and delivered to the buyer
 31 at the time of any subsequent sale of the building.

32 (e) The inspection of buildings for which a building permit
 33 application has been submitted on or after January 1, 2019, shall
 34 occur no later than six years following issuance of a certificate of
 35 occupancy from the local jurisdiction and shall otherwise comply
 36 with the provisions of this section.

37 (f) If the property was inspected within three years prior to
 38 January 1, 2019, by an inspector as described in subdivision (a)
 39 and a report of that inspector was issued stating that the exterior
 40 elevated elements and associated waterproofing elements are in

1 proper working condition and do not pose a threat to the health
2 and safety of the public, no new inspection pursuant to this section
3 shall be required until January 1, 2025.

4 (g) An exterior elevated element found by the inspector that is
5 in need of repair or replacement shall be corrected by the owner
6 of the building. ~~No recommended repair shall be performed by a~~
7 ~~licensed contractor serving as the inspector.~~ All necessary permits
8 for repair or replacement shall be obtained from the local
9 jurisdiction. All repair and replacement work shall be performed
10 by a qualified and licensed contractor in compliance with all of
11 the following:

12 (1) The recommendations of a licensed professional described
13 in subdivision (a).

14 (2) Any applicable manufacturer's specifications.

15 (3) The California Building Standards Code, consistent with
16 subdivision (d) of Section 17922 of the Health and Safety Code.

17 (4) All local jurisdictional requirements.

18 (h) (1) An exterior elevated element that the inspector advises
19 poses an immediate threat to the safety of the occupants, or finds
20 preventing occupant access or emergency repairs, including
21 shoring, or both, are necessary, shall be considered an emergency
22 condition and the owner of the building shall perform required
23 preventive measures immediately. Immediately preventing
24 occupant access to the exterior elevated element until emergency
25 repairs can be completed constitutes compliance with this
26 paragraph. Repairs of emergency conditions shall comply with the
27 requirements of subdivision (g), be inspected by the inspector, and
28 reported to the local enforcement agency.

29 (2) The owner of the building requiring corrective work to an
30 exterior elevated element that, in the opinion of the inspector, does
31 not pose an immediate threat to the safety of the occupants, shall
32 apply for a permit within 120 days of receipt of the inspection
33 report. Once the permit is approved, the owner of the building
34 shall have 120 days to make the repairs unless an extension of time
35 is granted by the local enforcement agency.

36 (i) (1) The owner of the building shall be responsible for
37 complying with the requirements of this section.

38 (2) If the owner of the building does not comply with the repair
39 requirements within 180 days, the inspector shall notify the local
40 enforcement agency and the owner of the building. If within 30

1 days of the date of the notice the repairs are not completed, the
2 owner of the building shall be assessed a civil penalty based on
3 the fee schedule set by the local authority of not less than one
4 hundred dollars (\$100) nor more than five hundred dollars (\$500)
5 per day until the repairs are completed, unless an extension of time
6 is granted by the local enforcement agency.

7 (3) In the event that a civil penalty is assessed pursuant to this
8 section, a building safety lien may be recorded in the county
9 recorder's office by the local jurisdiction in the county in which
10 the parcel of land is located and from the date of recording shall
11 have the force, effect, and priority of a judgment lien.

12 (j) (1) A building safety lien authorized by this section shall
13 specify the amount of the lien, the name of the agency on whose
14 behalf the lien is imposed, the street address, the legal description
15 and assessor's parcel number of the parcel on which the lien is
16 imposed, and the name and address of the recorded owner of the
17 building.

18 (2) In the event that the lien is discharged, released, or satisfied,
19 either through payment or foreclosure, notice of the discharge
20 containing the information specified in paragraph (1) shall be
21 recorded by the governmental agency. A safety lien and the release
22 of the lien shall be indexed in the grantor-grantee index.

23 (3) A building safety lien may be foreclosed by an action
24 brought by the appropriate local jurisdiction for a money judgment.

25 (4) Notwithstanding any other law, the county recorder may
26 impose a fee on the city to reimburse the costs of processing and
27 recording the lien and providing notice to the owner of the building.
28 A city may recover from the owner of the building any costs
29 incurred regarding the processing and recording of the lien and
30 providing notice to the owner of the building as part of its
31 foreclosure action to enforce the lien.

32 (k) The continued and ongoing maintenance of exterior elevated
33 elements in a safe and functional condition in compliance with
34 these provisions shall be the responsibility of the owner of the
35 building.

36 (l) Local enforcement agencies shall have the ability to recover
37 enforcement costs associated with the requirements of this section.

38 (m) For any building subject to the provisions of this section
39 that is proposed for conversion to condominiums to be sold to the
40 public after January 1, 2019, the inspection required by this section

1 shall be conducted prior to the first close of escrow of a separate
2 interest in the project and shall include the inspector's
3 recommendations for repair or replacement of any exterior elevated
4 element found to be defective, decayed, or deteriorated to the extent
5 that it does not meet its load requirements, and would, in the
6 opinion of the inspector, constitute a threat to the health or safety
7 of the occupants. The inspection report and written confirmation
8 by the inspector that any repairs or replacements recommended
9 by the inspector have been completed shall be submitted to the
10 Department of Real Estate by the proponent of the conversion and
11 shall be a condition to the issuance of the final public report. A
12 complete copy of the inspection report and written confirmation
13 by the inspector that any repairs or replacements recommended
14 by the inspector have been completed shall be included with the
15 written statement of defects required by Section 1134 of the Civil
16 Code, and provided to the local jurisdiction in which the project
17 is located. The inspection, report, and confirmation of completed
18 repairs shall be a condition of the issuance of a final inspection or
19 certificate of occupancy by the local jurisdiction.

20 (n) This section shall not apply to a common interest
21 development, as defined in Section 4100 of the Civil Code.

22 (o) The governing body of any city, county, or city and county,
23 may enact ordinances or laws imposing requirements greater than
24 those imposed by this section.

25 *SEC. 15. No reimbursement is required by this act pursuant*
26 *to Section 6 of Article XIII B of the California Constitution for*
27 *certain costs that may be incurred by a local agency or school*
28 *district because, in that regard, this act creates a new crime or*
29 *infraction, eliminates a crime or infraction, or changes the penalty*
30 *for a crime or infraction, within the meaning of Section 17556 of*
31 *the Government Code, or changes the definition of a crime within*
32 *the meaning of Section 6 of Article XIII B of the California*
33 *Constitution.*

34 *However, if the Commission on State Mandates determines that*
35 *this act contains other costs mandated by the state, reimbursement*
36 *to local agencies and school districts for those costs shall be made*
37 *pursuant to Part 7 (commencing with Section 17500) of Division*
38 *4 of Title 2 of the Government Code.*

O

AMENDED IN SENATE APRIL 12, 2021

SENATE BILL

No. 652

Introduced by Senator Bates

February 19, 2021

An act to amend Sections 1646.1, 1647.2, and 1647.3 of, and to add Section 1601.9 to, of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 652, as amended, Bates. Dentistry: use of sedation: training.

Existing law, the Dental Practice Act, establishes the Dental Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of dentists. A violation of these provisions is a crime. Existing law, among other things, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia and deep sedation.

Existing law, commencing on January 1, 2022, requires a dentist to possess either a current license in good standing and a general anesthesia permit issued by the board, or another specified permit and a general anesthesia permit issued by the board, in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

Existing law specifies additional requirements if the patient is under 13 years of age, including that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training, as specified. Existing law authorizes the

board to approve training standards for general anesthesia and deep sedation, in lieu of PALS certification, if the training standard is an equivalent or higher level of training for dental anesthesia-related emergencies as compared to PALS.

This bill would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS) or other board-approved training, as specified. ~~The bill would authorize the board to approve training standards for general anesthesia and deep sedation, in lieu of ACLS certification, if the training standard is an equivalent or higher level of training for dental anesthesia-related emergencies as compared to ACLS. (ACLS).~~

Existing law, commencing on January 1, 2022, authorizes a dentist to administer or order the administration of moderate sedation on an outpatient basis for a dental patient if specified conditions are met. Existing law specifies additional requirements if the patient is under 13 years of age, including that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in PALS and airway management or other board-approved training.

This bill would also require, if the patient is 13 years of age or older, that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in ACLS and airway ~~management or other board-approved training.~~ *management.*

Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.

This bill would require a permit holder to maintain current and continuous certification in ACLS and airway ~~management or other board-approved training.~~ *management.*

Because a violation of these provisions would be a crime, this bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

The people of the State of California do enact as follows:

1 ~~SECTION 1. Section 1601.9 is added to the Business and~~
2 ~~Professions Code, to read:~~

3 ~~1601.9. For purposes of training standards for general~~
4 ~~anesthesia and deep sedation, the board may approve a training~~
5 ~~standard in lieu of Advanced Cardiac Life Support (ACLS)~~
6 ~~certification if the training standard is an equivalent or higher level~~
7 ~~of training for dental anesthesia-related emergencies as compared~~
8 ~~to ACLS that includes, but is not limited to, life support and airway~~
9 ~~management.~~

10 ~~SEC. 2.~~

11 ~~SECTION 1.~~ Section 1646.1 of the Business and Professions
12 Code, as added by Section 4 of Chapter 929 of the Statutes of
13 2018, is amended to read:

14 1646.1. (a) A dentist shall possess either a current license in
15 good standing and a general anesthesia permit issued by the board
16 or a permit under Section 1638 or 1640 and a general anesthesia
17 permit issued by the board in order to administer or order the
18 administration of deep sedation or general anesthesia on an
19 outpatient basis for dental patients.

20 (b) A dentist shall possess a pediatric endorsement of their
21 general anesthesia permit to administer or order the administration
22 of deep sedation or general anesthesia to patients under seven years
23 of age.

24 (c) A dentist shall be physically within the dental office at the
25 time of ordering, and during the administration of, general
26 anesthesia or deep sedation.

27 (d) The operating dentist and at least two additional personnel
28 shall be present throughout the procedure involving deep sedation
29 or general anesthesia.

1 (e) If the operating dentist is the permitted anesthesia provider,
2 then both of the following shall apply:

3 (1) The operating dentist and at least one of the additional
4 personnel shall maintain certification in one of the following:

5 (A) If the patient is under 13 years of age, certification in
6 Pediatric Advanced Life Support (PALS) or other board-approved
7 training in pediatric life support and airway management, adopted
8 pursuant to Section 1601.8. The additional personnel who is
9 certified in Pediatric Advanced Life Support (PALS) and airway
10 management or other board-approved training in pediatric life
11 support and airway management shall be solely dedicated to
12 monitoring the patient and shall be trained to read and respond to
13 monitoring equipment including, but not limited to, pulse oximeter,
14 cardiac monitor, blood pressure, pulse, capnograph, and respiration
15 monitoring devices.

16 (B) If the patient is 13 years of age or older, certification in
17 Advanced Cardiac Life Support (ACLS) or other board-approved
18 ~~training in life support and airway management, adopted pursuant~~
19 ~~to Section 1601.9. (ACLS).~~ The additional personnel who is
20 certified in ACLS and airway management or other board-approved
21 ~~training in life support~~ shall be solely dedicated to monitoring the
22 patient and shall be trained to read and respond to monitoring
23 equipment including, but not limited to, pulse oximeter, cardiac
24 monitor, blood pressure, pulse, capnograph, and respiration
25 monitoring devices.

26 (2) The operating dentist shall be responsible for initiating and
27 administering any necessary emergency response.

28 (f) If a dedicated permitted anesthesia provider is monitoring
29 the patient and administering deep sedation or general anesthesia,
30 both of the following shall apply:

31 (1) The anesthesia provider and the operating dentist, or one
32 other trained personnel, shall be present throughout the procedure
33 and shall maintain current certification in one of the following:

34 (A) If the patient is under 13 years of age, Pediatric Advanced
35 Life Support (PALS) and airway management or other
36 board-approved training in pediatric life support and airway
37 management, adopted pursuant to Section 1601.8.

38 (B) If the patient is 13 years of age or older, Advanced Cardiac
39 Life Support (ACLS) or other board-approved training in life

1 ~~support and airway management, adopted pursuant to Section~~
2 ~~1601.9: (ACLS).~~

3 (2) The anesthesia provider shall be responsible for initiating
4 and administering any necessary emergency response and the
5 operating dentist, or other trained and designated personnel, shall
6 assist the anesthesia provider in emergency response.

7 (g) This article does not apply to the administration of local
8 anesthesia, minimal sedation, or moderate sedation.

9 ~~SEC. 3.~~

10 *SEC. 2.* Section 1647.2 of the Business and Professions Code,
11 as added by Section 6 of Chapter 929 of the Statutes of 2018, is
12 amended to read:

13 1647.2. (a) A dentist may administer or order the
14 administration of moderate sedation on an outpatient basis for a
15 dental patient if one of the following conditions is met:

16 (1) The dentist possesses a current license in good standing and
17 either holds a valid general anesthesia permit or obtains a moderate
18 sedation permit.

19 (2) The dentist possesses a current permit under Section 1638
20 or 1640 and either holds a valid general anesthesia permit or
21 obtains a moderate sedation permit.

22 (b) A dentist shall obtain a pediatric endorsement on the
23 moderate sedation permit prior to administering moderate sedation
24 to a patient under 13 years of age.

25 (c) (1) A dentist who orders the administration of moderate
26 sedation shall be physically present in the treatment facility while
27 the patient is sedated.

28 (2) There shall be at least two support personnel in addition to
29 the operating dentist present at all times during the procedure
30 involving moderate sedation.

31 (3) For patients under 13 years of age, the operating dentist and
32 one personnel member shall maintain current certification in
33 Pediatric Advanced Life Support (PALS) and airway management
34 or other board-approved training in pediatric life support and
35 airway management, adopted pursuant to Section 1601.8. The
36 personnel member with current certification in Pediatric Advanced
37 Life Support (PALS) and airway management or other
38 board-approved training in pediatric life support and airway
39 management shall be dedicated to monitoring the patient during
40 the procedure involving moderate sedation and may assist with

1 interruptible patient-related tasks of short duration, such as holding
2 an instrument.

3 (4) For patients 13 years of age or older, the operating dentist
4 and one personnel member shall maintain current certification in
5 Advanced Cardiac Life Support (ACLS) and airway management,
6 ~~adopted pursuant to Section 1601.9. (ACLS).~~ The personnel
7 member with current certification in ACLS and airway
8 management ~~or other board-approved training in pediatric life~~
9 ~~support and airway management~~ shall be dedicated to monitoring
10 the patient during the procedure involving moderate sedation and
11 may assist with interruptible patient-related tasks of short duration,
12 such as holding an instrument.

13 (d) A dentist with a moderate sedation permit or a moderate
14 sedation permit with a pediatric endorsement shall possess the
15 training, equipment, and supplies to rescue a patient from an
16 unintended deeper level of sedation.

17 (e) This article shall not apply to the administration of local
18 anesthesia, minimal sedation, deep sedation, or general anesthesia.

19 ~~SEC. 4.~~

20 *SEC. 3.* Section 1647.3 of the Business and Professions Code,
21 as added by Section 6 of Chapter 929 of the Statutes of 2018, is
22 amended to read:

23 1647.3. (a) A dentist who desires to administer or to order the
24 administration of moderate sedation shall apply to the board on
25 an application form prescribed by the board. The dentist shall
26 submit an application fee and produce evidence showing that they
27 have successfully completed training in moderate sedation that
28 meets the requirements of subdivision (c).

29 (b) The application for a permit shall include documentation
30 that equipment and drugs required by the board are on the premises.

31 (c) Training in the administration of moderate sedation shall be
32 acceptable if it meets all of the following as approved by the board:

33 (1) Consists of at least 60 hours of instruction.

34 (2) Requires satisfactory completion of at least 20 cases of
35 administration of moderate sedation for a variety of dental
36 procedures.

37 (3) Complies with the requirements of the Guidelines for
38 Teaching Pain Control and Sedation to Dentists and Dental
39 Students of the American Dental Association, including, but not
40 limited to, certification of competence in rescuing patients from a

1 deeper level of sedation than intended, and managing the airway,
2 intravascular or intraosseous access, and reversal medications.

3 (d) A dentist may apply for a pediatric endorsement for a
4 moderate sedation permit by confirming all of the following:

5 (1) Successful completion of residency in pediatric dentistry
6 accredited by the Commission on Dental Accreditation (CODA)
7 or the equivalent training in pediatric moderate sedation, as
8 determined by the board.

9 (2) Successful completion of at least 20 cases of moderate
10 sedation to patients under 13 years of age to establish competency
11 in pediatric moderate sedation, both at the time of the initial
12 application and at renewal. The applicant or permitholder shall
13 maintain and shall provide proof of these cases upon request by
14 the board for up to three permit renewal periods.

15 (3) In order to provide moderate sedation to children under
16 seven years of age, a dentist shall establish and maintain current
17 competency for this pediatric population by completing 20 cases
18 of moderate sedation for children under seven years of age in the
19 24-month period immediately preceding application for the
20 pediatric endorsement and for each permit renewal period.

21 (4) Current certification in Pediatric Advanced Life Support
22 (PALS) and airway management or other board-approved training
23 in pediatric life support and airway management, adopted pursuant
24 to Section 1601.8.

25 (e) A permitholder shall maintain current and continuous
26 certification in Pediatric Advanced Life Support (PALS) and
27 airway management or other board-approved training in pediatric
28 life support and airway management, adopted pursuant to Section
29 1601.8, for the duration of the permit.

30 (f) A permitholder shall maintain current and continuous
31 certification in Advanced Cardiac Life Support (ACLS) and airway
32 management ~~or other board-approved training in life support and~~
33 ~~airway management, adopted pursuant to Section 1601.9,~~ for the
34 duration of the permit.

35 (g) Applicants for a pediatric endorsement who otherwise qualify
36 for the pediatric endorsement but lack sufficient cases of moderate
37 sedation to patients under 13 years of age may administer moderate
38 sedation to patients under 13 years of age under the direct
39 supervision of a general anesthesia or moderate sedation
40 permitholder with a pediatric endorsement. The applicant may

1 count these cases toward the 20 required in order to qualify for the
2 applicant’s pediatric endorsement.

3 (h) Moderate sedation permit holders with a pediatric
4 endorsement seeking to provide moderate sedation to children
5 under seven years of age, but who lack sufficient cases of moderate
6 sedation to patients under seven years of age pursuant to paragraph
7 (3) of subdivision (d), may administer moderate sedation to patients
8 under seven years of age under the direct supervision of a
9 permitholder who meets those qualifications.

10 ~~SEC. 5.~~

11 *SEC. 4.* No reimbursement is required by this act pursuant to
12 Section 6 of Article XIII B of the California Constitution because
13 the only costs that may be incurred by a local agency or school
14 district will be incurred because this act creates a new crime or
15 infraction, eliminates a crime or infraction, or changes the penalty
16 for a crime or infraction, within the meaning of Section 17556 of
17 the Government Code, or changes the definition of a crime within
18 the meaning of Section 6 of Article XIII B of the California
19 Constitution.

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AMENDED IN SENATE APRIL 20, 2021

AMENDED IN SENATE APRIL 5, 2021

AMENDED IN SENATE MARCH 3, 2021

SENATE BILL

No. 731

**Introduced by Senators Durazo and Bradford
(Coauthors: Senators Skinner and Wiener)**

(Coauthors: Assembly Members Carrillo, Cristina Garcia, Gipson,
Kalra, Lee, Medina, and Stone)

February 19, 2021

An act to amend Sections 851.93, 1203.41, 1203.425, and 11105 of the Penal Code, relating to criminal records.

LEGISLATIVE COUNSEL'S DIGEST

SB 731, as amended, Durazo. Criminal records: relief.

Existing law authorizes a defendant who was sentenced to a county jail for the commission of a felony and who has met specified criteria to petition to withdraw their plea of guilty or nolo contendere and enter a plea of not guilty after the completion of their sentence, as specified. Existing law requires the court to dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the offense, except as specified.

This bill would make this relief available to a defendant who has been convicted of any felony.

Commencing July 1, 2022, existing law requires the Department of Justice, on a monthly basis, to review the records in the statewide criminal justice databases and identify persons who are eligible for specified automatic conviction and records of arrest relief without requiring the filing of a petition or motion. Under existing law, a person

is eligible for arrest record relief if they were arrested on or after January 1, 2021, and the arrest was for a misdemeanor and the charge was dismissed or criminal proceedings have not been initiated within one year after the arrest, or the arrest was for a felony punishable in the county jail and criminal proceedings have not been initiated within 3 years after the date of the arrest. Under existing law, a person is eligible for automatic conviction record relief if, on or after January 1, 2021, they were sentenced to probation, and completed it without revocation, or if they were convicted of an infraction or a misdemeanor, and other criteria are met, as specified.

This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, postrelease supervision, and parole.

Existing law directs the Attorney General to furnish state summary criminal history information, as defined, to specified individuals, organizations, and agencies when necessary for the execution of official duties or to implement a statute or regulation. Existing law also directs the Attorney General to disseminate federal criminal history information when specifically authorized and upon a showing of compelling need. Existing law makes the unauthorized furnishing of criminal history information a crime.

Commencing July 1, 2022, this bill would require the Attorney General to exclude records of arrest and conviction that were granted relief under specified provisions from state summary criminal history information, except as specified. By expanding the scope of a crime, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 851.93 of the Penal Code is amended to
2 read:

3 851.93. (a) (1) On a monthly basis, the Department of Justice
4 shall review the records in the statewide criminal justice databases,
5 and based on information in the state summary criminal history
6 repository, shall identify persons with records of arrest that meet
7 the criteria set forth in paragraph (2) and are eligible for arrest
8 record relief.

9 (2) A person is eligible for relief pursuant to this section, if the
10 arrest occurred on or after January 1, 2021, and meets any of the
11 following conditions:

12 (A) The arrest was for a misdemeanor offense and the charge
13 was dismissed.

14 (B) The arrest was for a misdemeanor offense, there is no
15 indication that criminal proceedings have been initiated, at least
16 one calendar year has elapsed since the date of the arrest, and no
17 conviction occurred, or the arrestee was acquitted of any charges
18 that arose, from that arrest.

19 (C) (i) The arrest was for a felony offense not described in
20 clause (ii), there is no indication that criminal proceedings have
21 been initiated, at least three calendar years have elapsed since the
22 date of the arrest, and no conviction occurred, or the arrestee was
23 acquitted of any charges arising, from that arrest.

24 (ii) If the arrest was for an offense punishable by imprisonment
25 in the state prison for eight years or more or by imprisonment
26 pursuant to subdivision (h) of Section 1170 for eight years or more,
27 there is no indication that criminal proceedings have been initiated,
28 at least six years have elapsed since the date of the arrest, and no
29 conviction occurred, or the arrestee was acquitted of any charges
30 arising, from that arrest.

31 (D) The person successfully completed any of the following,
32 relating to that arrest:

33 (i) A prefiling diversion program, as defined in subdivision (d)
34 of Section 851.87, administered by a prosecuting attorney in lieu
35 of filing an accusatory pleading.

36 (ii) A drug diversion program administered by a superior court
37 pursuant to Section 1000.5, or a deferred entry of judgment
38 program pursuant to Section 1000 or 1000.8.

1 (iii) A pretrial diversion program, pursuant to Section 1000.4.
2 (iv) A diversion program, pursuant to Section 1001.9.
3 (v) A diversion program described in Chapter 2.8 (commencing
4 with Section 1001.20), Chapter 2.8A (commencing with Section
5 1001.35), Chapter 2.81 (commencing with Section 1001.40),
6 Chapter 2.9 (commencing with Section 1001.50), Chapter 2.9A
7 (commencing with Section 1001.60), Chapter 2.9B (commencing
8 with Section 1001.70), Chapter 2.9C (commencing with Section
9 1001.80), Chapter 2.9D (commencing with Section 1001.81), or
10 Chapter 2.92 (commencing with Section 1001.85), of Title 6.

11 (b) (1) The department shall grant relief to a person identified
12 pursuant to subdivision (a), without requiring a petition or motion
13 by a party for that relief if the relevant information is present in
14 the department's electronic records.

15 (2) The state summary criminal history information shall
16 include, directly next to or below the entry or entries regarding the
17 person's arrest record, a note stating "arrest relief granted," listing
18 the date that the department granted relief, and this section. This
19 note shall be included in all statewide criminal databases with a
20 record of the arrest.

21 (3) Except as otherwise provided in subdivision (d), an arrest
22 for which arrest relief has been granted is deemed not to have
23 occurred, and a person who has been granted arrest relief is released
24 from any penalties and disabilities resulting from the arrest, and
25 may answer any question relating to that arrest accordingly.

26 (c) On a monthly basis, the department shall electronically
27 submit a notice to the superior court having jurisdiction over the
28 criminal case, informing the court of all cases for which a
29 complaint was filed in that jurisdiction and for which relief was
30 granted pursuant to this section. Commencing on August 1, 2022,
31 for any record retained by the court pursuant to Section 68152 of
32 the Government Code, except as provided in subdivision (d), the
33 court shall not disclose information concerning an arrest that is
34 granted relief pursuant to this section to any person or entity, in
35 any format, except to the person whose arrest was granted relief
36 or a criminal justice agency, as defined in Section 851.92.

37 (d) Relief granted pursuant to this section is subject to all of the
38 following conditions:

39 (1) Arrest relief does not relieve a person of the obligation to
40 disclose an arrest in response to a direct question contained in a

1 questionnaire or application for employment as a peace officer, as
2 defined in Section 830.

3 (2) Relief granted pursuant to this section has no effect on the
4 ability of a criminal justice agency, as defined in Section 851.92,
5 to access and use records that are granted relief to the same extent
6 that would have been permitted for a criminal justice agency had
7 relief not been granted.

8 (3) This section does not limit the ability of a district attorney
9 to prosecute, within the applicable statute of limitations, an offense
10 for which arrest relief has been granted pursuant to this section.

11 (4) Relief granted pursuant to this section does not affect a
12 person's authorization to own, possess, or have in the person's
13 custody or control a firearm, or the person's susceptibility to
14 conviction under Chapter 2 (commencing with Section 29800) of
15 Division 9 of Title 4 of Part 6, if the arrest would otherwise affect
16 this authorization or susceptibility.

17 (5) Relief granted pursuant to this section does not affect any
18 prohibition from holding public office that would otherwise apply
19 under law as a result of the arrest.

20 (6) Relief granted pursuant to this section does not affect the
21 authority to receive, or take adverse action based on, criminal
22 history information, including the authority to receive certified
23 court records received or evaluated pursuant to Section 1522,
24 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or
25 pursuant to any statutory or regulatory provisions that incorporate
26 the criteria of those sections.

27 (e) This section does not limit petitions, motions, or orders for
28 arrest record relief, as required or authorized by any other law,
29 including, but not limited to, Sections 851.87, 851.90, 851.91,
30 1000.4, and 1001.9.

31 (f) The department shall annually publish on the OpenJustice
32 Web portal, as described under Section 13010, statistics for each
33 county regarding the total number of arrests granted relief pursuant
34 to this section and the percentage of arrests for which the state
35 summary criminal history information does not include a
36 disposition.

37 (g) This section shall be operative commencing July 1, 2022,
38 subject to an appropriation in the annual Budget Act.

39 SEC. 2. Section 1203.41 of the Penal Code is amended to read:

1 1203.41. (a) If a defendant is convicted of a felony, the court,
2 in its discretion and in the interests of justice, may order the
3 following relief, subject to the conditions of subdivision (b):

4 (1) The court may permit the defendant to withdraw their plea
5 of guilty or plea of nolo contendere and enter a plea of not guilty,
6 or, if the defendant has been convicted after a plea of not guilty,
7 the court shall set aside the verdict of guilty, and, in either case,
8 the court shall dismiss the accusations or information against the
9 defendant and the defendant shall thereafter be released from all
10 penalties and disabilities resulting from the offense of which they
11 have been convicted, except as provided in Section 13555 of the
12 Vehicle Code.

13 (2) The relief available under this section may be granted only
14 after the lapse of one year following the defendant's completion
15 of the sentence, if the sentence was imposed pursuant to
16 subparagraph (B) of paragraph (5) of subdivision (h) of Section
17 1170, or after the lapse of two years following the defendant's
18 completion of the sentence, if the sentence was imposed pursuant
19 to subparagraph (A) of paragraph (5) of subdivision (h) of Section
20 1170 or if the defendant was sentenced to the state prison.

21 (3) The relief available under this section may be granted only
22 if the defendant is not on parole or under supervision pursuant to
23 subparagraph (B) of paragraph (5) of subdivision (h) of Section
24 1170, and is not serving a sentence for, on probation for, or charged
25 with the commission of any offense.

26 (4) The defendant shall be informed, either orally or in writing,
27 of the provisions of this section and of their right, if any, to petition
28 for a certificate of rehabilitation and pardon at the time they are
29 sentenced.

30 (5) The defendant may make the application and change of plea
31 in person or by attorney, or by a probation officer authorized in
32 writing.

33 (b) Relief granted pursuant to subdivision (a) is subject to all
34 of the following conditions:

35 (1) In any subsequent prosecution of the defendant for any other
36 offense, the prior conviction may be pleaded and proved and shall
37 have the same effect as if the accusation or information had not
38 been dismissed.

39 (2) The order shall state, and the defendant shall be informed,
40 that the order does not relieve them of the obligation to disclose

1 the conviction in response to any direct question contained in any
2 questionnaire or application for public office, for licensure by any
3 state or local agency, or for contracting with the California State
4 Lottery Commission.

5 (3) Dismissal of an accusation or information pursuant to this
6 section does not permit a person to own, possess, or have in their
7 custody or control any firearm or prevent their conviction under
8 Chapter 2 (commencing with Section 29800) of Division 9 of Title
9 4 of Part 6.

10 (4) Dismissal of an accusation or information underlying a
11 conviction pursuant to this section does not permit a person
12 prohibited from holding public office as a result of that conviction
13 to hold public office.

14 (c) This section applies to any conviction specified in
15 subdivision (a) that occurred before, on, or after January 1, 2021.

16 (d) A person who petitions for a change of plea or setting aside
17 of a verdict under this section may be required to reimburse the
18 court for the actual costs of services rendered, whether or not the
19 petition is granted and the records are sealed or expunged, at a rate
20 to be determined by the court not to exceed one hundred fifty
21 dollars (\$150), and to reimburse the county for the actual costs of
22 services rendered, whether or not the petition is granted and the
23 records are sealed or expunged, at a rate to be determined by the
24 county board of supervisors not to exceed one hundred fifty dollars
25 (\$150), and to reimburse any city for the actual costs of services
26 rendered, whether or not the petition is granted and the records are
27 sealed or expunged, at a rate to be determined by the city council
28 not to exceed one hundred fifty dollars (\$150). Ability to make
29 this reimbursement shall be determined by the court using the
30 standards set forth in paragraph (2) of subdivision (g) of Section
31 987.8 and shall not be a prerequisite to a person's eligibility under
32 this section. The court may order reimbursement in any case in
33 which the petitioner appears to have the ability to pay, without
34 undue hardship, all or any portion of the costs for services
35 established pursuant to this subdivision.

36 (e) (1) Relief shall not be granted under this section unless the
37 prosecuting attorney has been given 15 days' notice of the petition
38 for relief. The probation officer shall notify the prosecuting attorney
39 when a petition is filed, pursuant to this section, if the defendant
40 was on mandatory supervision. The parole officer shall notify the

1 prosecuting attorney when a petition is filed, pursuant to this
2 section, if the defendant was on parole.

3 (2) It shall be presumed that the prosecuting attorney has
4 received notice if proof of service is filed with the court.

5 (f) If, after receiving notice pursuant to subdivision (e), the
6 prosecuting attorney fails to appear and object to a petition for
7 dismissal, the prosecuting attorney shall not move to set aside or
8 otherwise appeal the grant of that petition.

9 SEC. 3. Section 1203.425 of the Penal Code is amended to
10 read:

11 1203.425. (a) (1) (A) Commencing July 1, 2022, and subject
12 to an appropriation in the annual Budget Act, on a monthly basis,
13 the Department of Justice shall review the records in the statewide
14 criminal justice databases, and based on information in the state
15 summary criminal history repository and the Supervised Release
16 File, shall identify persons with convictions that meet the criteria
17 set forth in subparagraph (B) and are eligible for automatic
18 conviction record relief.

19 (B) A person is eligible for automatic conviction relief pursuant
20 to this section if they meet all of the following conditions:

21 (i) The person is not required to register pursuant to the Sex
22 Offender Registration Act.

23 (ii) The person does not have an active record for local, state,
24 or federal supervision in the Supervised Release File.

25 (iii) Based upon the information available in the department's
26 record, including disposition dates and sentencing terms, it does
27 not appear that the person is currently serving a sentence for an
28 offense and there is no indication of pending criminal charges.

29 (iv) The conviction meets either of the following criteria:

30 (I) The conviction occurred on or after January 1, 2021, and
31 meets either of the following criteria:

32 ~~(aa)~~

33 *(ia)* The defendant was sentenced to probation, and, based upon
34 the disposition date and the term of probation specified in the
35 department's records, appears to have completed their term of
36 probation without revocation.

37 ~~(bb)~~

38 *(ib)* The defendant was convicted of an infraction or
39 misdemeanor, was not granted probation, and, based upon the
40 disposition date and the term specified in the department's records,

1 the defendant appears to have completed their sentence, and at
2 least one calendar year has elapsed since the date of judgment.

3 (II) The conviction occurred on or after January 1, 1973, the
4 defendant was convicted of a felony other than one for which the
5 defendant completed probation without revocation, and based upon
6 the disposition date and the sentence specified in the department's
7 records, appears to have completed all terms of incarceration,
8 probation, mandatory supervision, postrelease supervision, and
9 parole.

10 (2) (A) Except as specified in subdivision (b), the department
11 shall grant relief, including dismissal of a conviction, to a person
12 identified pursuant to paragraph (1) without requiring a petition
13 or motion by a party for that relief if the relevant information is
14 present in the department's electronic records.

15 (B) The state summary criminal history information shall
16 include, directly next to or below the entry or entries regarding the
17 person's criminal record, a note stating "relief granted," listing the
18 date that the department granted relief and this section. This note
19 shall be included in all statewide criminal databases with a record
20 of the conviction.

21 (C) Except as otherwise provided in paragraph (4) and in Section
22 13555 of the Vehicle Code, a person granted conviction relief
23 pursuant to this section shall be released from all penalties and
24 disabilities resulting from the offense of which the person has been
25 convicted.

26 (3) Commencing July 1, 2022, and subject to an appropriation
27 in the annual Budget Act, on a monthly basis, the department shall
28 electronically submit a notice to the superior court having
29 jurisdiction over the criminal case, informing the court of all cases
30 for which a complaint was filed in that jurisdiction and for which
31 relief was granted pursuant to this section. Commencing on August
32 1, 2022, for any record retained by the court pursuant to Section
33 68152 of the Government Code, except as provided in paragraph
34 (4), the court shall not disclose information concerning a conviction
35 granted relief pursuant to this section or Section 1203.4, 1203.4a,
36 1203.41, or 1203.42, to any person or entity, in any format, except
37 to the person whose conviction was granted relief or a criminal
38 justice agency, as defined in Section 851.92.

39 (4) Relief granted pursuant to this section is subject to the
40 following conditions:

1 (A) Relief granted pursuant to this section does not relieve a
2 person of the obligation to disclose a criminal conviction in
3 response to a direct question contained in a questionnaire or
4 application for employment as a peace officer, as defined in Section
5 830.

6 (B) Relief granted pursuant to this section does not relieve a
7 person of the obligation to disclose the conviction in response to
8 a direct question contained in a questionnaire or application for
9 public office, or for contracting with the California State Lottery
10 Commission.

11 (C) Relief granted pursuant to this section has no effect on the
12 ability of a criminal justice agency, as defined in Section 851.92,
13 to access and use records that are granted relief to the same extent
14 that would have been permitted for a criminal justice agency had
15 relief not been granted.

16 (D) Relief granted pursuant to this section does not limit the
17 jurisdiction of the court over a subsequently filed motion to amend
18 the record, petition or motion for postconviction relief, or collateral
19 attack on a conviction for which relief has been granted pursuant
20 to this section.

21 (E) Relief granted pursuant to this section does not affect a
22 person's authorization to own, possess, or have in the person's
23 custody or control a firearm, or the person's susceptibility to
24 conviction under Chapter 2 (commencing with Section 29800) of
25 Division 9 of Title 4 of Part 6, if the criminal conviction would
26 otherwise affect this authorization or susceptibility.

27 (F) Relief granted pursuant to this section does not affect a
28 prohibition from holding public office that would otherwise apply
29 under law as a result of the criminal conviction.

30 (G) Relief granted pursuant to this section does not affect the
31 authority to receive, or take adverse action based on, criminal
32 history information, including the authority to receive certified
33 court records received or evaluated pursuant to Section 1522,
34 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or
35 pursuant to any statutory or regulatory provisions that incorporate
36 the criteria of those sections.

37 (H) Relief granted pursuant to this section does not make eligible
38 a person who is otherwise ineligible to provide, or receive payment
39 for providing, in-home supportive services pursuant to Article 7
40 (commencing with Section 12300) of Chapter 3 of Part 3 of

1 Division 9 of the Welfare and Institutions Code, or pursuant to
2 Section 14132.95, 14132.952, or 14132.956 of the Welfare and
3 Institutions Code.

4 (I) In a subsequent prosecution of the defendant for any other
5 offense, the prior conviction may be pleaded and proved and shall
6 have the same effect as if the relief had not been granted.

7 (J) Relief granted pursuant to this section does not release the
8 defendant from the terms and conditions of any unexpired criminal
9 protective orders that have been issued by the court pursuant to
10 paragraph (1) of subdivision (i) of Section 136.2, subdivision (j)
11 of Section 273.5, subdivision (l) of Section 368, or subdivision
12 (k) of Section 646.9. These protective orders shall remain in full
13 effect until expiration or until any further order by the court
14 modifying or terminating the order, despite the dismissal of the
15 underlying accusation or information.

16 (5) This section shall not limit petitions, motions, or orders for
17 relief in a criminal case, as required or authorized by any other
18 law, including, but not limited to, Sections 1203.4, 1203.4a, 1016.5,
19 and 1473.7.

20 (6) Commencing July 1, 2022, and subject to an appropriation
21 in the annual Budget Act, the department shall annually publish
22 statistics for each county regarding the total number of convictions
23 granted relief pursuant to this section and the total number of
24 convictions prohibited from automatic relief pursuant to
25 subdivision (b), on the OpenJustice Web portal, as defined in
26 Section 13010.

27 (b) (1) The prosecuting attorney, probation department, or the
28 Department of Corrections and Rehabilitation may, no later than
29 90 calendar days before the date of a person's eligibility for relief
30 pursuant to this section, file a petition to prohibit the department
31 from granting automatic relief pursuant to this section, based on
32 a showing that granting that relief would pose a substantial threat
33 to the public safety.

34 (2) The court shall give notice to the defendant and conduct a
35 hearing on the petition within 45 days after the petition is filed.

36 (3) At a hearing on the petition pursuant to this subdivision, the
37 defendant, the probation department, the Department of Corrections
38 and Rehabilitation, the prosecuting attorney, and the arresting
39 agency, through the prosecuting attorney, may present evidence
40 to the court. Notwithstanding Sections 1538.5 and 1539, the hearing

1 may be heard and determined upon declarations, affidavits, police
2 investigative reports, copies of state summary criminal history
3 information and local summary criminal history information, or
4 any other evidence submitted by the parties that is material,
5 reliable, and relevant.

6 (4) The prosecutor, probation department, or Department of
7 Corrections and Rehabilitation has the initial burden of proof to
8 show that granting conviction relief would pose a substantial threat
9 to the public safety. In determining whether granting relief would
10 pose a substantial threat to the public safety, the court may consider
11 any relevant factors including, but not limited to, either of the
12 following:

13 (A) Declarations or evidence regarding the offense for which a
14 grant of relief is being contested.

15 (B) The defendant's record of arrests and convictions.

16 (5) If the court finds that the prosecutor, probation department,
17 or the Department of Corrections and Rehabilitation, has satisfied
18 the burden of proof, the burden shifts to the defendant to show that
19 the hardship of not obtaining relief outweighs the threat to the
20 public safety of providing relief. In determining whether the
21 defendant's hardship outweighs the threat to the public safety, the
22 court may consider any relevant factors including, but not limited
23 to, either of the following:

24 (A) The hardship to the defendant that has been caused by the
25 conviction and that would be caused if relief is not granted.

26 (B) Declarations or evidence regarding the defendant's good
27 character.

28 (6) If the court grants a petition pursuant to this subdivision,
29 the court shall furnish a disposition report to the Department of
30 Justice pursuant to Section 13151, stating that relief pursuant to
31 this section was denied, and the department shall not grant relief
32 pursuant to this section.

33 (7) A person denied relief pursuant to this section may continue
34 to be eligible for relief pursuant to Section 1203.4 or 1203.4a. If
35 the court subsequently grants relief pursuant to one of those
36 sections, the court shall furnish a disposition report to the
37 Department of Justice pursuant to Section 13151, stating that relief
38 was granted pursuant to the applicable section, and the department
39 shall grant relief pursuant to that section.

1 (c) At the time of sentencing, the court shall advise a defendant,
2 either orally or in writing, of the provisions of this section and of
3 the defendant’s right, if any, to petition for a certificate of
4 rehabilitation and pardon.

5 SEC. 4. Section 11105 of the Penal Code is amended to read:

6 11105. (a) (1) The Department of Justice shall maintain state
7 summary criminal history information.

8 (2) As used in this section:

9 (A) “State summary criminal history information” means the
10 master record of information compiled by the Attorney General
11 pertaining to the identification and criminal history of a person,
12 such as name, date of birth, physical description, fingerprints,
13 photographs, dates of arrests, arresting agencies and booking
14 numbers, charges, dispositions, sentencing information, and similar
15 data about the person.

16 (B) “State summary criminal history information” does not refer
17 to records and data compiled by criminal justice agencies other
18 than the Attorney General, nor does it refer to records of complaints
19 ~~to~~ to, or investigations conducted by, or records of intelligence
20 information or security procedures of, the office of the Attorney
21 General and the Department of Justice.

22 (b) The Attorney General shall furnish state summary criminal
23 history information to the following, if needed in the course of
24 their duties, provided that when information is furnished to assist
25 an agency, officer, or official of state or local government, a public
26 utility, or any other entity, in fulfilling employment, certification,
27 or licensing duties, Chapter 1321 of the Statutes of 1974 and
28 Section 432.7 of the Labor Code shall apply:

29 (1) The courts of the state.

30 (2) Peace officers of the state, as described in Section 830.1,
31 subdivisions (a) and (e) of Section 830.2, subdivision (a) of Section
32 830.3, subdivision (a) of Section 830.31, and subdivisions (a) and
33 (b) of Section 830.5.

34 (3) District attorneys of the state.

35 (4) Prosecuting city attorneys or city prosecutors of a city within
36 the state.

37 (5) City attorneys pursuing civil gang injunctions pursuant to
38 Section 186.22a, or drug abatement actions pursuant to Section
39 3479 or 3480 of the Civil Code, or Section 11571 of the Health
40 and Safety Code.

1 (6) Probation officers of the state.

2 (7) Parole officers of the state.

3 (8) A public defender or attorney of record when representing
4 a person in proceedings upon a petition for a certificate of
5 rehabilitation and pardon pursuant to Section 4852.08.

6 (9) A public defender or attorney of record when representing
7 a person in a criminal case or a juvenile delinquency proceeding,
8 including all appeals and postconviction motions, or a parole,
9 mandatory supervision pursuant to paragraph (5) of subdivision
10 (h) of Section 1170, or postrelease community supervision
11 revocation or revocation extension proceeding, if the information
12 is requested in the course of representation.

13 (10) An agency, officer, or official of the state if the state
14 summary criminal history information is required to implement a
15 statute or regulation that expressly refers to specific criminal
16 conduct applicable to the subject person of the state summary
17 criminal history information, and contains requirements or
18 exclusions, or both, expressly based upon that specified criminal
19 conduct. The agency, officer, or official of the state authorized by
20 this paragraph to receive state summary criminal history
21 information may perform state and federal criminal history
22 information checks as provided for in subdivision (u). The
23 Department of Justice shall provide a state or federal response to
24 the agency, officer, or official pursuant to subdivision (p).

25 (11) A city, county, city and county, or district, or an officer or
26 official thereof, if access is needed in order to assist that agency,
27 officer, or official in fulfilling employment, certification, or
28 licensing duties, and if the access is specifically authorized by the
29 city council, board of supervisors, or governing board of the city,
30 county, or district if the state summary criminal history information
31 is required to implement a statute, ordinance, or regulation that
32 expressly refers to specific criminal conduct applicable to the
33 subject person of the state summary criminal history information,
34 and contains requirements or exclusions, or both, expressly based
35 upon that specified criminal conduct. The city, county, city and
36 county, district, or the officer or official thereof authorized by this
37 paragraph may also transmit fingerprint images and related
38 information to the Department of Justice to be transmitted to the
39 Federal Bureau of Investigation.

1 (12) The subject of the state summary criminal history
2 information under procedures established under Article 5
3 (commencing with Section 11120).

4 (13) A person or entity when access is expressly authorized by
5 statute if the criminal history information is required to implement
6 a statute or regulation that expressly refers to specific criminal
7 conduct applicable to the subject person of the state summary
8 criminal history information, and contains requirements or
9 exclusions, or both, expressly based upon that specified criminal
10 conduct.

11 (14) Health officers of a city, county, city and county, or district
12 when in the performance of their official duties enforcing Section
13 120175 of the Health and Safety Code.

14 (15) A managing or supervising correctional officer of a county
15 jail or other county correctional facility.

16 (16) A humane society, or society for the prevention of cruelty
17 to animals, for the specific purpose of complying with Section
18 14502 of the Corporations Code for the appointment of humane
19 officers.

20 (17) Local child support agencies established by Section 17304
21 of the Family Code. When a local child support agency closes a
22 support enforcement case containing state summary criminal
23 history information, the agency shall delete or purge from the file
24 and destroy documents or information concerning or arising from
25 offenses for or of which the parent has been arrested, charged, or
26 convicted, other than for offenses related to the parent's having
27 failed to provide support for minor children, consistent with the
28 requirements of Section 17531 of the Family Code.

29 (18) County child welfare agency personnel who have been
30 delegated the authority of county probation officers to access state
31 summary criminal history information pursuant to Section 272 of
32 the Welfare and Institutions Code for the purposes specified in
33 Section 16504.5 of the Welfare and Institutions Code. Information
34 from criminal history records provided pursuant to this subdivision
35 shall not be used for a purpose other than those specified in this
36 section and Section 16504.5 of the Welfare and Institutions Code.
37 When an agency obtains records both on the basis of name checks
38 and fingerprint checks, final placement decisions shall be based
39 only on the records obtained pursuant to the fingerprint check.

1 (19) The court of a tribe, or court of a consortium of tribes, that
 2 has entered into an agreement with the state pursuant to Section
 3 10553.1 of the Welfare and Institutions Code. This information
 4 may be used only for the purposes specified in Section 16504.5
 5 of the Welfare and Institutions Code and for tribal approval or
 6 tribal licensing of foster care or adoptive homes. Article 6
 7 (commencing with Section 11140) shall apply to officers, members,
 8 and employees of a tribal court receiving state summary criminal
 9 history information pursuant to this section.

10 (20) Child welfare agency personnel of a tribe or consortium
 11 of tribes that has entered into an agreement with the state pursuant
 12 to Section 10553.1 of the Welfare and Institutions Code and to
 13 whom the state has delegated duties under paragraph (2) of
 14 subdivision (a) of Section 272 of the Welfare and Institutions Code.
 15 The purposes for use of the information shall be for the purposes
 16 specified in Section 16504.5 of the Welfare and Institutions Code
 17 and for tribal approval or tribal licensing of foster care or adoptive
 18 homes. When an agency obtains records on the basis of name
 19 checks and fingerprint checks, final placement decisions shall be
 20 based only on the records obtained pursuant to the fingerprint
 21 check. Article 6 (commencing with Section 11140) shall apply to
 22 child welfare agency personnel receiving criminal record offender
 23 information pursuant to this section.

24 (21) An officer providing conservatorship investigations
 25 pursuant to Sections 5351, 5354, and 5356 of the Welfare and
 26 Institutions Code.

27 (22) A court investigator providing investigations or reviews
 28 in conservatorships pursuant to Section 1826, 1850, 1851, or
 29 2250.6 of the Probate Code.

30 (23) A person authorized to conduct a guardianship investigation
 31 pursuant to Section 1513 of the Probate Code.

32 (24) A humane officer pursuant to Section 14502 of the
 33 Corporations Code for the purposes of performing the officer's
 34 duties.

35 (25) A public agency described in subdivision (b) of Section
 36 15975 of the Government Code, for the purpose of oversight and
 37 enforcement policies with respect to its contracted providers.

38 (26) (A) A state entity, or its designee, that receives federal tax
 39 information. A state entity or its designee that is authorized by this
 40 paragraph to receive state summary criminal history information

1 also may transmit fingerprint images and related information to
2 the Department of Justice to be transmitted to the Federal Bureau
3 of Investigation for the purpose of the state entity or its designee
4 obtaining federal level criminal offender record information from
5 the Department of Justice. This information shall be used only for
6 the purposes set forth in Section 1044 of the Government Code.

7 (B) For purposes of this paragraph, “federal tax information,”
8 “~~state-entity~~ entity,” and “designee” are as defined in paragraphs
9 (1), (2), and (3), respectively, of subdivision (f) of Section 1044
10 of the Government Code.

11 (c) The Attorney General may furnish state summary criminal
12 history information and, when specifically authorized by this
13 subdivision, federal level criminal history information upon a
14 showing of a compelling need to any of the following, provided
15 that when information is furnished to assist an agency, officer, or
16 official of state or local government, a public utility, or any other
17 entity in fulfilling employment, certification, or licensing duties,
18 Chapter 1321 of the Statutes of 1974 and Section 432.7 of the
19 Labor Code shall apply:

20 (1) A public utility, as defined in Section 216 of the Public
21 Utilities Code, that operates a nuclear energy facility when access
22 is needed in order to assist in employing persons to work at the
23 facility, provided that, if the Attorney General supplies the data,
24 the Attorney General shall furnish a copy of the data to the person
25 to whom the data relates.

26 (2) A peace officer of the state other than those included in
27 subdivision (b).

28 (3) An illegal dumping enforcement officer as defined in
29 subdivision (j) of Section 830.7.

30 (4) A peace officer of another country.

31 (5) Public officers, other than peace officers, of the United
32 States, other states, or possessions or territories of the United
33 States, provided that access to records similar to state summary
34 criminal history information is expressly authorized by a statute
35 of the United States, other states, or possessions or territories of
36 the United States if the information is needed for the performance
37 of their official duties.

38 (6) A person when disclosure is requested by a probation, parole,
39 or peace officer with the consent of the subject of the state

1 summary criminal history information and for purposes of
2 furthering the rehabilitation of the subject.

3 (7) The courts of the United States, other states, or territories
4 or possessions of the United States.

5 (8) Peace officers of the United States, other states, or territories
6 or possessions of the United States.

7 (9) An individual who is the subject of the record requested if
8 needed in conjunction with an application to enter the United States
9 or a foreign nation.

10 (10) (A) (i) A public utility, as defined in Section 216 of the
11 Public Utilities Code, or a cable corporation as defined in
12 subparagraph (B), if receipt of criminal history information is
13 needed in order to assist in employing current or prospective
14 employees, contract employees, or subcontract employees who,
15 in the course of their employment, may be seeking entrance to
16 private residences or adjacent grounds. The information provided
17 shall be limited to the record of convictions and arrests for which
18 the person is released on bail or on their own recognizance pending
19 trial.

20 (ii) If the Attorney General supplies the data pursuant to this
21 paragraph, the Attorney General shall furnish a copy of the data
22 to the current or prospective employee to whom the data relates.

23 (iii) State summary criminal history information is confidential
24 and the receiving public utility or cable corporation shall not
25 disclose its contents, other than for the purpose for which it was
26 acquired. The state summary criminal history information in the
27 possession of the public utility or cable corporation and all copies
28 made from it shall be destroyed not more than 30 days after
29 employment or promotion or transfer is denied or granted, except
30 for those cases where a current or prospective employee is out on
31 bail or on their own recognizance pending trial, in which case the
32 state summary criminal history information and all copies shall be
33 destroyed not more than 30 days after the case is resolved.

34 (iv) A violation of this paragraph is a misdemeanor, and shall
35 give the current or prospective employee who is injured by the
36 violation a cause of action against the public utility or cable
37 corporation to recover damages proximately caused by the
38 violations. A public utility's or cable corporation's request for
39 state summary criminal history information for purposes of
40 employing current or prospective employees who may be seeking

1 entrance to private residences or adjacent grounds in the course
2 of their employment shall be deemed a “compelling need” as
3 required to be shown in this subdivision.

4 (v) This section does not impose a duty upon public utilities or
5 cable corporations to request state summary criminal history
6 information on current or prospective employees.

7 (B) For purposes of this paragraph, “cable corporation” means
8 a corporation or firm that transmits or provides television,
9 computer, or telephone services by cable, digital, fiber optic,
10 satellite, or comparable technology to subscribers for a fee.

11 (C) Requests for federal level criminal history information
12 received by the Department of Justice from entities authorized
13 pursuant to subparagraph (A) shall be forwarded to the Federal
14 Bureau of Investigation by the Department of Justice. Federal level
15 criminal history information received or compiled by the
16 Department of Justice may then be disseminated to the entities
17 referenced in subparagraph (A), as authorized by law.

18 (11) A campus of the California State University or the
19 University of California, or a four-year college or university
20 accredited by a regional accreditation organization approved by
21 the United States Department of Education, if needed in
22 conjunction with an application for admission by a convicted felon
23 to a special education program for convicted felons, including, but
24 not limited to, university alternatives and halfway houses. Only
25 conviction information shall be furnished. The college or university
26 may require the convicted felon to be fingerprinted, and any inquiry
27 to the department under this section shall include the convicted
28 felon’s fingerprints and any other information specified by the
29 department.

30 (12) A foreign government, if requested by the individual who
31 is the subject of the record requested, if needed in conjunction with
32 the individual’s application to adopt a minor child who is a citizen
33 of that foreign nation. Requests for information pursuant to this
34 paragraph shall be in accordance with the process described in
35 Sections 11122 to 11124, inclusive. The response shall be provided
36 to the foreign government or its designee and to the individual
37 who requested the information.

38 (d) Whenever an authorized request for state summary criminal
39 history information pertains to a person whose fingerprints are on
40 file with the Department of Justice and the department has no

1 criminal history of that person, and the information is to be used
2 for employment, licensing, or certification purposes, the fingerprint
3 card accompanying the request for information, if any, may be
4 stamped “no criminal record” and returned to the person or entity
5 making the request.

6 (e) Whenever state summary criminal history information is
7 furnished as the result of an application and is to be used for
8 employment, licensing, or certification purposes, the Department
9 of Justice may charge the person or entity making the request a
10 fee that it determines to be sufficient to reimburse the department
11 for the cost of furnishing the information. In addition, the
12 Department of Justice may add a surcharge to the fee to fund
13 maintenance and improvements to the systems from which the
14 information is obtained. Notwithstanding any other law, a person
15 or entity required to pay a fee to the department for information
16 received under this section may charge the applicant a fee sufficient
17 to reimburse the person or entity for this expense. All moneys
18 received by the department pursuant to this section, Sections
19 11105.3 and 26190, and former Section 13588 of the Education
20 Code shall be deposited in a special account in the General Fund
21 to be available for expenditure by the department to offset costs
22 incurred pursuant to those sections and for maintenance and
23 improvements to the systems from which the information is
24 obtained upon appropriation by the Legislature.

25 (f) Whenever there is a conflict, the processing of criminal
26 fingerprints and fingerprints of applicants for security guard or
27 alarm agent registrations or firearms qualification permits
28 submitted pursuant to Section 7583.9, 7583.23, 7596.3, or 7598.4
29 of the Business and Professions Code shall take priority over the
30 processing of other applicant fingerprints.

31 (g) It is not a violation of this section to disseminate statistical
32 or research information obtained from a record, provided that the
33 identity of the subject of the record is not disclosed.

34 (h) It is not a violation of this section to include information
35 obtained from a record in a transcript or record of a judicial or
36 administrative proceeding or any other public record if the
37 inclusion of the information in the public record is authorized by
38 a court, statute, or decisional law.

39 (i) Notwithstanding any other law, the Department of Justice
40 or a state or local law enforcement agency may require the

1 submission of fingerprints for the purpose of conducting state
2 summary criminal history information checks that are authorized
3 by law.

4 (j) The state summary criminal history information shall include
5 any finding of mental incompetence pursuant to Chapter 6
6 (commencing with Section 1367) of Title 10 of Part 2 arising out
7 of a complaint charging a felony offense specified in Section 290.

8 (k) (1) This subdivision shall apply whenever state or federal
9 summary criminal history information is furnished by the
10 Department of Justice as the result of an application by an
11 authorized agency or organization and the information is to be
12 used for peace officer employment or certification purposes. As
13 used in this subdivision, a peace officer is defined in Chapter 4.5
14 (commencing with Section 830) of Title 3 of Part 2.

15 (2) Except as otherwise provided in subdivision (v) and
16 notwithstanding any other law, whenever state summary criminal
17 history information is initially furnished pursuant to paragraph (1),
18 the Department of Justice shall disseminate the following
19 information:

20 (A) Every conviction rendered against the applicant.

21 (B) Every arrest for an offense for which the applicant is
22 presently awaiting trial, whether the applicant is incarcerated or
23 has been released on bail or on their own recognizance pending
24 trial.

25 (C) Every arrest or detention, except for an arrest or detention
26 resulting in an exoneration, provided, however, that where the
27 records of the Department of Justice do not contain a disposition
28 for the arrest, the Department of Justice first makes a genuine effort
29 to determine the disposition of the arrest.

30 (D) Every successful diversion.

31 (E) Every date and agency name associated with all retained
32 peace officer or nonsworn law enforcement agency employee
33 preemployment criminal offender record information search
34 requests.

35 (F) Sex offender registration status of the applicant.

36 (G) Sentencing information, if present in the department's
37 records at the time of the response.

38 (l) (1) This subdivision shall apply whenever state or federal
39 summary criminal history information is furnished by the
40 Department of Justice as the result of an application by a criminal

1 justice agency or organization as defined in Section 13101, and
2 the information is to be used for criminal justice employment,
3 licensing, or certification purposes.

4 (2) Except as otherwise provided in subdivision (v) and
5 notwithstanding any other law, whenever state summary criminal
6 history information is initially furnished pursuant to paragraph (1),
7 the Department of Justice shall disseminate the following
8 information:

9 (A) Every conviction rendered against the applicant.

10 (B) Every arrest for an offense for which the applicant is
11 presently awaiting trial, whether the applicant is incarcerated or
12 has been released on bail or on their own recognizance pending
13 trial.

14 (C) Every arrest for an offense for which the records of the
15 Department of Justice do not contain a disposition or which did
16 not result in a conviction, provided that the Department of Justice
17 first makes a genuine effort to determine the disposition of the
18 arrest. However, information concerning an arrest shall not be
19 disclosed if the records of the Department of Justice indicate or if
20 the genuine effort reveals that the subject was exonerated,
21 successfully completed a diversion or deferred entry of judgment
22 program, or the arrest was deemed a detention, or the subject was
23 granted relief pursuant to Section 851.91.

24 (D) Every date and agency name associated with all retained
25 peace officer or nonsworn law enforcement agency employee
26 preemployment criminal offender record information search
27 requests.

28 (E) Sex offender registration status of the applicant.

29 (F) Sentencing information, if present in the department's
30 records at the time of the response.

31 (m) (1) This subdivision shall apply whenever state or federal
32 summary criminal history information is furnished by the
33 Department of Justice as the result of an application by an
34 authorized agency or organization pursuant to Section 1522,
35 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or
36 a statute that incorporates the criteria of any of those sections or
37 this subdivision by reference, and the information is to be used for
38 employment, licensing, or certification purposes.

39 (2) Except as otherwise provided in subdivision (v) and
40 notwithstanding any other law, whenever state summary criminal

1 history information is initially furnished pursuant to paragraph (1),
2 the Department of Justice shall disseminate the following
3 information:

4 (A) Every conviction of an offense rendered against the
5 applicant, except a conviction for which relief has been granted
6 pursuant to Section 1203.49.

7 (B) Every arrest for an offense for which the applicant is
8 presently awaiting trial, whether the applicant is incarcerated or
9 has been released on bail or on their own recognizance pending
10 trial.

11 (C) Every arrest for an offense for which the Department of
12 Social Services is required by paragraph (1) of subdivision (a) of
13 Section 1522 of the Health and Safety Code to determine if an
14 applicant has been arrested. However, if the records of the
15 Department of Justice do not contain a disposition for an arrest,
16 the Department of Justice shall first make a genuine effort to
17 determine the disposition of the arrest.

18 (D) Sex offender registration status of the applicant.

19 (E) Sentencing information, if present in the department's
20 records at the time of the response.

21 (3) Notwithstanding the requirements of the sections referenced
22 in paragraph (1) of this subdivision, the Department of Justice
23 shall not disseminate information about an arrest subsequently
24 deemed a detention or an arrest that resulted in the successful
25 completion of a diversion program, exoneration, or a grant of relief
26 pursuant to Section 851.91.

27 (n) (1) This subdivision shall apply whenever state or federal
28 summary criminal history information, to be used for employment,
29 licensing, or certification purposes, is furnished by the Department
30 of Justice as the result of an application by an authorized agency,
31 organization, or individual pursuant to any of the following:

32 (A) Paragraph (10) of subdivision (c), when the information is
33 to be used by a cable corporation.

34 (B) Section 11105.3 or 11105.4.

35 (C) Section 15660 of the Welfare and Institutions Code.

36 (D) A statute that incorporates the criteria of any of the statutory
37 provisions listed in subparagraph (A), (B), or (C), or of this
38 subdivision, by reference.

39 (2) With the exception of applications submitted by
40 transportation companies authorized pursuant to Section 11105.3,

1 and except as otherwise provided in subdivision (v), and
2 notwithstanding any other law, whenever state summary criminal
3 history information is initially furnished pursuant to paragraph (1),
4 the Department of Justice shall disseminate the following
5 information:

6 (A) Every conviction, except a conviction for which relief has
7 been granted pursuant to Section 1203.49, rendered against the
8 applicant for a violation or attempted violation of an offense
9 specified in subdivision (a) of Section 15660 of the Welfare and
10 Institutions Code. However, with the exception of those offenses
11 for which registration is required pursuant to Section 290, the
12 Department of Justice shall not disseminate information pursuant
13 to this subdivision unless the conviction occurred within 10 years
14 of the date of the agency’s request for information or the conviction
15 is over 10 years old but the subject of the request was incarcerated
16 within 10 years of the agency’s request for information.

17 (B) Every arrest for a violation or attempted violation of an
18 offense specified in subdivision (a) of Section 15660 of the Welfare
19 and Institutions Code for which the applicant is presently awaiting
20 trial, whether the applicant is incarcerated or has been released on
21 bail or on their own recognizance pending trial.

22 (C) Sex offender registration status of the applicant.

23 (D) Sentencing information, if present in the department’s
24 records at the time of the response.

25 (o) (1) This subdivision shall apply whenever state or federal
26 summary criminal history information is furnished by the
27 Department of Justice as the result of an application by an
28 authorized agency or organization pursuant to Section 379 or 550
29 of the Financial Code, or a statute that incorporates the criteria of
30 either of those sections or this subdivision by reference, and the
31 information is to be used for employment, licensing, or certification
32 purposes.

33 (2) Except as otherwise provided in subdivision (v) and
34 notwithstanding any other law, whenever state summary criminal
35 history information is initially furnished pursuant to paragraph (1),
36 the Department of Justice shall disseminate the following
37 information:

38 (A) Every conviction rendered against the applicant for a
39 violation or attempted violation of an offense specified in Section

1 550 of the Financial Code, except a conviction for which relief
2 has been granted pursuant to Section 1203.49.

3 (B) Every arrest for a violation or attempted violation of an
4 offense specified in Section 550 of the Financial Code for which
5 the applicant is presently awaiting trial, whether the applicant is
6 incarcerated or has been released on bail or on their own
7 recognizance pending trial.

8 (C) Sentencing information, if present in the department's
9 records at the time of the response.

10 (p) (1) This subdivision shall apply whenever state or federal
11 criminal history information is furnished by the Department of
12 Justice as the result of an application by an agency, organization,
13 or individual not defined in subdivision (k), (l), (m), (n), or (o), or
14 by a transportation company authorized pursuant to Section
15 11105.3, or a statute that incorporates the criteria of that section
16 or this subdivision by reference, and the information is to be used
17 for employment, licensing, or certification purposes.

18 (2) Except as otherwise provided in subdivision (v) and
19 notwithstanding any other law, whenever state summary criminal
20 history information is initially furnished pursuant to paragraph (1),
21 the Department of Justice shall disseminate the following
22 information:

23 (A) Every conviction rendered against the applicant, except a
24 conviction for which relief has been granted pursuant to Section
25 1203.4, 1203.4a, 1203.41, 1203.42, 1203.425, or 1203.49. The
26 Commission on Teacher Credentialing shall receive every
27 conviction rendered against an applicant, retroactive to January 1,
28 2020, regardless of relief granted pursuant to Section 1203.4,
29 1203.4a, 1203.41, 1203.42, 1203.425, or 1203.49.

30 (B) Every arrest for an offense for which the applicant is
31 presently awaiting trial, whether the applicant is incarcerated or
32 has been released on bail or on their own recognizance pending
33 trial.

34 (C) Sex offender registration status of the applicant.

35 (D) Sentencing information, if present in the department's
36 records at the time of the response.

37 (q) All agencies, organizations, or individuals defined in
38 subdivisions (k) to (p), inclusive, may contract with the Department
39 of Justice for subsequent notification pursuant to Section 11105.2.
40 This subdivision shall not supersede sections that mandate an

1 agency, organization, or individual to contract with the Department
2 of Justice for subsequent notification pursuant to Section 11105.2.

3 (r) This section does not require the Department of Justice to
4 cease compliance with any other statutory notification
5 requirements.

6 (s) Section 50.12 of Title 28 of the Code of Federal Regulations
7 shall be followed in processing federal criminal history
8 information.

9 (t) Whenever state or federal summary criminal history
10 information is furnished by the Department of Justice as the result
11 of an application by an authorized agency, organization, or
12 individual defined in subdivisions (k) to (p), inclusive, and the
13 information is to be used for employment, licensing, or certification
14 purposes, the authorized agency, organization, or individual shall
15 expeditiously furnish a copy of the information to the person to
16 whom the information relates if the information is a basis for an
17 adverse employment, licensing, or certification decision. When
18 furnished other than in person, the copy shall be delivered to the
19 last contact information provided by the applicant.

20 (u) (1) If a fingerprint-based criminal history information check
21 is required pursuant to any statute, that check shall be requested
22 from the Department of Justice and shall be applicable to the person
23 identified in the referencing statute. The agency or entity identified
24 in the statute shall submit to the Department of Justice fingerprint
25 images and related information required by the Department of
26 Justice of the types of applicants identified in the referencing
27 statute, for the purpose of obtaining information as to the existence
28 and content of a record of state or federal convictions and state or
29 federal arrests and also information as to the existence and content
30 of a record of the state or federal arrests for which the Department
31 of Justice establishes that the person is free on bail or on their own
32 recognizance pending trial or appeal.

33 (2) If requested, the Department of Justice shall transmit
34 fingerprint images and related information received pursuant to
35 this section to the Federal Bureau of Investigation for the purpose
36 of obtaining a federal criminal history information check. The
37 Department of Justice shall review the information returned from
38 the Federal Bureau of Investigation, and compile and disseminate
39 a response or a fitness determination, as appropriate, to the agency
40 or entity identified in the referencing statute.

1 (3) The Department of Justice shall provide a state- or
2 federal-level response or a fitness determination, as appropriate,
3 to the agency or entity identified in the referencing statute, pursuant
4 to the identified subdivision.

5 (4) The agency or entity identified in the referencing statute
6 shall request from the Department of Justice subsequent notification
7 service, as provided pursuant to Section 11105.2, for persons
8 described in the referencing statute.

9 (5) The Department of Justice shall charge a fee sufficient to
10 cover the reasonable cost of processing the request described in
11 this subdivision.

12 (v) (1)—~~Commencing~~, *Commencing* July 1, 2022,
13 notwithstanding any other law, state or federal summary criminal
14 history furnished by the department pursuant to this section shall
15 not include the following information:

16 (A) Records of arrest that were granted relief under Section
17 851.93, if a period of at least two calendar years have passed since
18 the date on which relief was granted under Section 851.93, during
19 which the subject of the record was not convicted of a new felony
20 offense.

21 (B) Records granted relief under Section 1203.425, or Section
22 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.49, if a period of two
23 years has elapsed since the date on which relief was granted under
24 Section 1203.425, or Section 1203.4, 1203.4a, 1203.41, 1203.42,
25 or 1203.49, during which the subject of the record was not
26 convicted of a new felony offense.

27 (2) Paragraph (1) does not apply to any of the following:

28 (A) Any record in which the subject of the record is required
29 to register pursuant to the Sex Offender Registration Act, has an
30 active record for local, state, or federal supervision in the
31 Supervised Release File, or, based on the information available in
32 the department's record, it appears the person is currently serving
33 a sentence for an offense or there is an indication of pending
34 criminal charges.

35 (B) The furnishing of state summary criminal history
36 information pursuant to paragraphs (1) to (9), inclusive, of
37 subdivision (b), for ~~purposes described in subdivisions (k) and (l).~~
38 *any purpose permitted under this section.*

39 (C) If dissemination of records identified by paragraph (1) is
40 required by federal law.

1 (D) The furnishing of state summary criminal history
2 information for the purposes related to the regulation of firearms.

3 (E) The furnishing of state summary criminal history information
4 pursuant to paragraph (12) of subdivision (b).

5 (F) Records of arrests or conviction for Section 220, 243.4, or
6 264.1, subdivision (a) of Section 273a, or, prior to January 1, 1994,
7 paragraph (1) of Section 273a, Section 273ab, 273d, 273.5, 288,
8 or 289, subdivision (c) of Section 290, or Section 368, if furnished
9 when responding to an application by an authorized agency or
10 organization pursuant to Section 1522 of the Health and Safety
11 Code or a statute that incorporates the criteria of any of that section
12 by reference.

13 SEC. 5. No reimbursement is required by this act pursuant to
14 Section 6 of Article XIII B of the California Constitution because
15 the only costs that may be incurred by a local agency or school
16 district will be incurred because this act creates a new crime or
17 infraction, eliminates a crime or infraction, or changes the penalty
18 for a crime or infraction, within the meaning of Section 17556 of
19 the Government Code, or changes the definition of a crime within
20 the meaning of Section 6 of Article XIII B of the California
21 Constitution.

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**Introduced by Senator Ochoa Bogh
(Coauthor: Senator Borgeas)**

February 19, 2021

An act to amend Section 125.9 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 772, as introduced, Ochoa Bogh. Professions and vocations: citations: minor violations.

Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 125.9 of the Business and Professions
- 2 Code is amended to read:
- 3 125.9. (a) Except with respect to persons regulated under
- 4 Chapter 11 (commencing with Section 7500), any board, bureau,
- 5 or commission within the department, the State Board of

1 Chiropractic Examiners, and the Osteopathic Medical Board of
2 California, may establish, by regulation, a system for the issuance
3 to a licensee of a citation which may contain an order of abatement
4 or an order to pay an administrative fine assessed by the board,
5 bureau, or commission where the licensee is in violation of the
6 applicable licensing act or any regulation adopted pursuant thereto.

7 (b) The system shall contain the following provisions:

8 (1) Citations shall be in writing and shall describe with
9 particularity the nature of the violation, including specific reference
10 to the provision of law determined to have been violated.

11 (2) Whenever appropriate, the citation shall contain an order of
12 abatement fixing a reasonable time for abatement of the violation.

13 (3) In no event shall the administrative fine assessed by the
14 board, bureau, or commission exceed five thousand dollars (\$5,000)
15 for each inspection or each investigation made with respect to the
16 violation, or five thousand dollars (\$5,000) for each violation or
17 count if the violation involves fraudulent billing submitted to an
18 insurance company, the Medi-Cal program, or Medicare. In
19 assessing a fine, the board, bureau, or commission shall give due
20 consideration to the appropriateness of the amount of the fine with
21 respect to factors such as the gravity of the violation, the good
22 faith of the licensee, and the history of previous violations.

23 (4) A citation or fine assessment issued pursuant to a citation
24 shall inform the licensee that if the licensee desires a hearing to
25 contest the finding of a violation, that hearing shall be requested
26 by written notice to the board, bureau, or commission within 30
27 days of the date of issuance of the citation or assessment. If a
28 hearing is not requested pursuant to this section, payment of any
29 fine shall not constitute an admission of the violation charged.
30 Hearings shall be held pursuant to Chapter 5 (commencing with
31 Section 11500) of Part 1 of Division 3 of Title 2 of the Government
32 Code.

33 (5) Failure of a licensee to pay a fine or comply with an order
34 of abatement, or both, within 30 days of the date of assessment or
35 order, unless the citation is being appealed, may result in
36 disciplinary action being taken by the board, bureau, or
37 commission. Where a citation is not contested and a fine is not
38 paid, the full amount of the assessed fine shall be added to the fee
39 for renewal of the license. A license shall not be renewed without
40 payment of the renewal fee and fine.

- 1 (c) The system may contain the following provisions:
2 (1) A citation may be issued without the assessment of an
3 administrative fine.
4 (2) Assessment of administrative fines may be limited to only
5 particular violations of the applicable licensing act.
6 (d) Notwithstanding any other provision of law, if a fine is paid
7 to satisfy an assessment based on the finding of a violation,
8 payment of the fine and compliance with the order of abatement,
9 if applicable, shall be represented as satisfactory resolution of the
10 matter for purposes of public disclosure.
11 (e) Administrative fines collected pursuant to this section shall
12 be deposited in the special fund of the particular board, bureau, or
13 commission.
14 (f) *A licensee shall not be assessed an administrative fine for a*
15 *violation of the applicable licensing act or any regulation adopted*
16 *pursuant to the act if the violation is a minor violation. A violation*
17 *shall be considered minor if all of the following conditions are*
18 *satisfied:*
19 (1) *The violation did not pose a serious health or safety threat.*
20 (2) *There is no evidence that the violation was willful.*
21 (3) *The licensee was not on probation at the time of the*
22 *violation.*
23 (4) *The licensee does not have a history of committing the*
24 *violation.*
25 (5) *The licensee corrects the violation within 30 days from the*
26 *date notice of the violation is sent to the licensee.*

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MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22(c): Update, Discussion, and Possible Action on Prospective Legislative Proposals

Background:

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 29, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 23(a): Review, Discussion, and Possible Action to Initiate a Rulemaking to Implement Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) and Adopt the Following Changes Related to Anesthesia, Sedation, and the Care of Pediatric Patients in Division 10 of Title 16 of the California Code of Regulations: Amend Section 1017 of Article 4 of Chapter 1 (Continuing Education); Amend Section 1021 of Article 6 of Chapter 1 (Fees); Amend Sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5 of Chapter 2 (General Anesthesia and Moderate Sedation); Amend Sections 1044, 1044.1, 1044.2, 1044.3, 1044.5, and repeal Section 1044.4 of Article 5.5 of Chapter 2 (Oral Conscious Sedation); Amend Section 1070.8 of Article 2 of Chapter 3 (Dental Auxiliaries Education Programs); Adopt New Section 1043.8.1 of Article 5 of Chapter 2 (Application for Pediatric Endorsement – General Anesthesia or Moderate Sedation); and, Adopt New Sections 1043.9, 1043.9.1, and 1043.9.2, and New Article 5.1 of Chapter 2 (Pediatric Minimal Sedation)

Background:

On September 29, 2018, Governor Brown signed Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) which will become effective January 1, 2022, which will impact current General Anesthesia (GA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California.

The legislation made amendments, added, and repealed portions of Business and Professions Code §1601.8, §1646-1646.10, §1647-1647.9.5, §1682, §1724, and §1750.5. As a result, the Board needs to make significant updates to the current anesthesia and sedation permit program. These changes will include the introduction of a pediatric endorsement and patient monitoring requirements when administering anesthesia or sedation to a minor patient. The legislation also adds Business and Professions Code

Agenda Item 23(a): Review, Discussion, and Possible Action to Initiate a Rulemaking to Implement Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) and Adopt the Following Changes Related to Anesthesia, Sedation, and the Care of Pediatric Patients in Division 10 of Title 16 of the California Code of Regulations
 Dental Board of California Meeting
 May 13-14, 2021

§1647.30 which requires the Board to create a new pediatric minimal sedation (PMS) permit. The PMS permit will be required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

Board staff worked with Board Regulatory Legal Counsel to develop the proposed regulatory language and forms incorporated by reference necessary to update current regulations to meet the requirements of SB 501. The following is an outline of the changes proposed in the regulatory text and forms incorporated by reference:

- Current GA permit will be updated to include the following:
 - Initial application requirements
 - Renewal requirements
 - Monitoring of patients under the age of seven
 - Updating application and renewal forms

- Current Medical General Anesthesia (MGA) permit will be updated to include the following:
 - Initial application requirements
 - Renewal requirements
 - Monitoring of patients under the age of seven
 - Updating application and renewal forms

- Current CS permit will no longer be issued. New Moderate Sedation permit will be initiated, and will include the following:
 - Initial application requirements
 - Renewal requirements
 - Monitoring of patients under 13
 - Updating application and renewal forms

- Current OCS for Minors permit will no longer be issued. New PMS permit will be initiated, and will include the following:
 - Initial application requirements
 - Renewal requirements
 - Monitoring of patients under 13
 - Create application and renewal forms

- Current OCS for Adult permit will remain with no changes.

The proposed regulatory language and forms incorporated by reference are enclosed for the Board's review and consideration for initiation of the rulemaking.

Action Requested:

Dependent on the Board's discussion, one of the following two motions are requested:

1. If the Board considers the proposed text acceptable as presented in the meeting materials, the Board may take the following action:

Approve the proposed regulatory text for Sections 1017, 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1044, 1044.1, 1044.2, 1044.3, 1044.5, 1070.8, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, New Article 5.1, and repeal Section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations, and all forms therein incorporated by reference as noticed in the proposed text. In addition, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

2. If the Board make changes to the proposed text as presented in the meeting materials, the Board may take the following action:

Approve the proposed regulatory text for Sections 1017, 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1044, 1044.1, 1044.2, 1044.3, 1044.5, 1070.8, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, New Article 5.1, and repeal Section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations, and all forms therein incorporated by reference as noticed in the proposed text with the changes discussed at this meeting. In addition, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. DENTAL BOARD OF CALIFORNIA

**PROPOSED REGULATORY LANGUAGE
SB 501 (2018) Anesthesia and Sedation**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1017 of Article 4, section 1021 of Article 6 of Chapter 1, sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5, sections 1044, 1044.1, 1044.2, 1044.3, and 1044.5 of Article 5.5 of Chapter 2, and section 1070.8 of Article 2 of Chapter 3, and add section 1043.8.1 of Article 5 and sections 1043.9, 1043.9.1, 1043.9.2 of Article 5.1 of Chapter 2, and repeal section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**Chapter 1. General Provisions Applicable to All Licensees
Article 4. Continuing Education**

§ 1017. Continuing Education Units and Continuing Competency Required Requirements for Renewal of License or Permit.

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

(1) Two units of continuing education in Infection Control specific to California regulations as defined in ~~s~~Section 1016(b)(1)(A).

(2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in ~~s~~Section 1016(b)(1)(B).

(3) A maximum of four units of a course in Basic Life Support as specified in ~~s~~Section 1016(b)(1)(C).

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. ~~Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010~~

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or

she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Dental Sedation Assistant Permit Holders: 25 units.

(5) Orthodontic Assistant Permit Holders: 25 units.

(6) Registered dental hygienists in extended functions: 25 units.

(7) Registered dental assistants in extended functions: 25 units.

(8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the ~~Business and Professions~~ Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

(e) Each dentist licensee who holds a ~~conscious-moderate~~ sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of ~~conscious-moderate~~ sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the ~~Business and Professions~~ Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

~~(f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.~~

(fg) Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of

7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the of the ~~Business and Professions Code~~.

~~(g)~~ Notwithstanding any other provisions of this ~~code~~section, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.

~~(h)~~ In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in ~~Section~~subsection ~~(g)~~ above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.

~~(i)~~ Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:

(1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.

(2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, conscious sedation or oral conscious sedation permit.

(3) Participation in any calibration training and site evaluation training session relating to general anesthesia, conscious sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

~~(j)~~ The Board shall issue to participants in the activities listed in ~~subdivision~~subsection ~~(i)~~ a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

~~(k)~~ The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the ~~B~~board that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

~~(l)~~ A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this

article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

~~(m)~~ A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

~~(n)~~ Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

~~(o)~~ A licensee who also holds a ~~special~~ permit for general anesthesia, ~~conscious/moderate~~ sedation, ~~or~~ oral conscious sedation ~~of a minor or~~ of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

~~(p)~~ A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

~~(q)~~ Pertaining to ~~licensees~~licensees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the ~~licensee's~~licensee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

~~(r)~~ Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

~~(s)~~ Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit,

assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

(t) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of twenty (20) cases of general anesthesia to pediatric patients as provided in Section 1043.8.1, subsections (c)-(e).

(u) As a condition of renewal each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following:

(1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen years of age either independently and/or under the direct supervision of another permit holder;

(2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age either independently and/or under the direct supervision of another permit holder, and;

(3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age under the direct supervision of a permit holder who meets the qualifications of 1647.3 of the Code.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.
Reference: Sections 1646.2, 1647.3, 1645, 1646.5 and 1647.5, Business and Professions Code.

Article 6. Fees

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the board**:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) <u>of the Code</u>	\$400
(b) Initial application for those applicants qualifying pursuant to Section 1634.1 <u>of the Code</u>	\$800
(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) <u>of the Code</u>	\$400
(d) Initial application fee for those applicants applying pursuant to Section 1635.5 <u>of the Code</u>	\$525

(e) Initial license	\$650*
(f) Biennial license renewal fee	\$650
(g) Biennial license renewal fee for those qualifying pursuant to Section 1716.1 of the eCode shall be one half of the renewal fee prescribed by subsection (f).	
(h) Delinquency fee -license renewal - The delinquency fee for license renewal shall be the amount prescribed by section 1724(f) of the eCode.	
(i) Substitute certificate	\$50
(j) Application for an <u>A</u> additional <u>O</u> ffice <u>P</u> ermit	\$350
(k) Biennial renewal of <u>A</u> additional <u>O</u> ffice <u>P</u> ermit	\$250
(l) Late change of practice registration	\$50
(m) Fictitious <u>N</u> ame <u>P</u> ermit	
The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious <u>N</u> ame renewal	\$325
(o) Delinquency fee - F fictitious <u>N</u> ame renewal. The delinquency fee for fictitious name permits shall be one-half of the <u>F</u> fictitious <u>N</u> ame <u>P</u> ermit renewal fee	
(p) Continuing <u>E</u> ducation <u>R</u> egistered <u>P</u> rovider fee	\$410
(q) <u>A</u> pplication for <u>G</u> eneral <u>A</u> nesthesia or e conscious <u>M</u> oderate <u>S</u> edation <u>P</u> ermit	\$500 <u>524</u>
(r) Oral Conscious Sedation Certificate Renewal <u>A</u> pplication for <u>P</u> ediatric <u>M</u> inimal <u>S</u> edation <u>P</u> ermit	\$459
(s) <u>G</u> eneral <u>A</u> nesthesia or e conscious <u>M</u> oderate <u>S</u> edation <u>P</u> ermit renewal fee	\$325
(t) <u>P</u> ediatric <u>M</u> inimal <u>S</u> edation <u>P</u> ermit renewal fee	\$182
(t <u>u</u>) <u>G</u> eneral <u>A</u> nesthesia or e conscious <u>M</u> oderate <u>S</u> edation <u>O</u> en-site <u>I</u> nspection and <u>E</u> valuation fee	\$2,000
(u <u>v</u>) <u>A</u> pplication for a Special Permit	\$1,000
	\$125

(vw) Special Permit Renewal	
(wx) Initial Application for an Elective Facial Cosmetic Surgery Permit	\$850
(xy) Elective Facial Cosmetic Surgery Permit Renewal	\$800
(yz) Application for an Oral and Maxillofacial Surgery Permit	\$500
(zaa) Oral and Maxillofacial Surgery Permit Renewal	\$650
(aab) Continuing Education Registered Provider Renewal	\$325
(abc) License Certification	\$50
(aed) Application for Law and Ethics Examination	\$125
(ade) Application for Adult or minor Oral Conscious Sedation Certificate	\$368 <u>459</u>
(af) Adult Oral Conscious Sedation Certificate Renewal	\$168
(ag) Application for Pediatric Endorsement for General Anesthesia Permit	\$532
(ah) Application for Pediatric Endorsement for Moderate Sedation Permit	\$532

*Fee pro-rated based on applicant's birth date.

**Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the ~~Business and Professions Code~~.

Note: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, ~~1646.2~~, 1646.6, ~~1647.3~~, 1647.8, ~~1647.12~~, ~~1647.15~~20, ~~1647.23~~, ~~1647.32~~, ~~1647.33~~, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

Chapter 2. Dentists

Article 5. General Anesthesia and (Moderate) Conscious Sedation

§ 1043. Definitions.

(a) For purposes of this article, "direct supervision" of deep sedation or general anesthesia means the permittee is in the immediate presence of a patient while deep sedation or general anesthesia is being administered to that patient and that the permittee or a member of the permittee's staff directly monitors the patient at all times.

(b) For purposes of this article, “outpatient” means a patient treated in a treatment facility which is not accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a “general acute care hospital” as defined in subdivision (a) of Section 1250 of the Health & Safety Code.

(c) For purposes of section 1682(a) of the eCode:

(1) a patient under deep sedation or general anesthesia shall be considered “sedated” for that period of time beginning with the first administration of deep sedation or general anesthetic agents until that time when the patient is again conscious with a full return of protective reflexes, including the ability to respond purposely to physical stimulation and/or verbal command, when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient;

(2) a patient under ~~conscious~~moderate sedation shall be considered “sedated” for that period of time beginning with the first administration of ~~conscious~~moderate sedation agents until that time when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(d) For purposes of sSection 1682(b) of the eCode, a patient shall be deemed to be “recovering from” ~~conscious~~moderate sedation, deep sedation, or general anesthesia from the time the patient is no longer “sedated” as that term is defined in subsection (c) above until the dentist has evaluated the patient and has determined the patient is responsive, alert, has stable vital signs and is ambulatory and/or capable of being safely transported.

(e) For purposes of this article, “applicant” refers to applicants without permits, as well as permit holders subject to re-evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1 and 1682, Business and Professions Code.

§ 1043.1. Permit Application Requirements.

(a) A licensed dentist does not need a general anesthesia or ~~conscious-moderate~~ sedation permit if the deep sedation, general anesthesia, or ~~conscious-moderate~~ sedation administered in that dentist's office is directly administered by a licensed dentist or physician and surgeon who possesses a general anesthesia or ~~conscious moderate~~ sedation permit, whichever is applicable to the type of anesthesia or sedation services being provided.

(b) For the purposes of Sections 1646.2 and 1646.9 of the Code, Aan applicant for a permit to administer ~~deep sedation or general anesthesia or order the administration of general anesthesia by a nurse anesthetist~~ must be a licensed dentist in California who shall submit a completed “Application for General Anesthesia Permit” Form GAP-1 (New 05/2021) to the Board, which is hereby incorporated by reference. The application shall be accompanied by the application fee set forth in Section 1021.

- ~~(1) Has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or~~
- ~~(2) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.~~

(c) If the applicant wishes to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age, the applicant shall apply for a pediatric endorsement to their general anesthesia permit as set forth in Section 1043.8.1 and receive approval from the Board.

(ed) For the purposes of Section 1647.2 and 1647.3 of the Code, Aan applicant for a permit to administer or order the administration of ~~conscious moderate~~ sedation must be a licensed dentist in California who meets the requirements set forth in section 1647.3 of the code shall submit a completed “Application for Moderate Sedation Permit” Form MSP-1 (New 05/2021), which is hereby incorporated by reference. The application shall be accompanied by the following:

- (1) A completed “Certification of Moderate Sedation Training” Form MSP-2 (New 05/21), which is hereby incorporated by reference; and
- (2) The application fee set forth in Section 1021.

(e) If the applicant wishes to administer or order the administration of moderate sedation to patients under thirteen years of age, the applicant shall apply for a pediatric endorsement to their moderate sedation permit as set forth in Section 1043.8.1 and receive approval from the Board.

~~(d) The processing times for a general anesthesia or conscious sedation permit are set forth in section 1061.~~

Note: Authority cited: Sections 1614 and 1646.2, Business and Professions Code.
Reference: Sections 1646.1, 1646.2, 1646.9, 1647.2, 1647.3 and 2827, Business and Professions Code.

§ 1043.2. Composition of Onsite Inspection and Evaluation Teams.

(a) An evaluation team shall consist of two or more persons chosen and approved by the board for the first evaluation, or in the event that an applicant has failed an evaluation. For each subsequent evaluation only one evaluator shall be required.

(b) The evaluators must meet one of the criteria in ~~subdivision~~subsection (b) of ~~s~~Section 1043.1 for general anesthesia or the criteria in ~~s~~Section 1647.3 of the ~~e~~Code for ~~conscious-moderate sedation~~ and must have utilized general anesthesia, deep sedation, or ~~conscious-moderate sedation~~, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia, deep sedation, or ~~conscious-moderate sedation~~ training.

(c) At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or ~~conscious-moderate sedation~~. At least one member of the team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or ~~conscious-moderate sedation~~ used by the dentist being evaluated.

(d) Evaluators shall possess a current, active, and unrestricted license from the Board or, the Medical Board of California for applicants qualifying under Section 1646.9 of the Code. For purposes of this section, "unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.

~~(de)~~ The board may appoint a licensee member of the board to serve as a consultant at any evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, 1646.9, Business and Professions Code.

§ 1043.3. Onsite Inspections.

All offices in which general anesthesia, deep sedation, or ~~conscious-moderate sedation~~ is conducted under the terms of this article shall, unless otherwise indicated, meet the standards set forth below. In addition, an office may in the discretion of the board be required to undergo an onsite inspection. For the applicant who administers in both an outpatient setting and at an accredited facility, the onsite must be conducted in an outpatient setting. The evaluation of an office shall consist of three parts:

(a) Office Facilities and Equipment. All equipment should be maintained, tested and inspected according to the manufacturers' specifications. In an office where anesthesia services are to be provided to pediatric patients, the required equipment, medication and resuscitative capabilities shall be appropriately sized for use on a pediatric population. The following office facilities and equipment shall be available ~~and shall be maintained in good operating condition:~~

(1) An operating theatre large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(2) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure.

(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device which can operate at the time of general power failure must also be available.

(5) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of allowing the administering of greater than 90% oxygen at a 10 liter/minute flow at least sixty minutes (650 liter "E" cylinder) to the patient under positive pressure, together with an adequate backup system which can operate at the time of general power failure.

(6) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre.

(7) Ancillary equipment:

(A) Laryngoscope complete with adequate selection of blades and spare batteries and bulb. (This equipment is not required for ~~conscious~~ moderate sedation.)

(B) Endotracheal tubes and appropriate connectors. (This equipment is not required for ~~conscious~~ moderate sedation.)

(C) Emergency airway equipment (oral airways, laryngeal mask airways or combitubes, cricothyrotomy device).

(D) Tonsillar or pharyngeal type suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps. (This equipment is not required for ~~conscious~~ moderate sedation.)

(F) Sphygmomanometer and stethoscope.

(G) Electrocardioscope and defibrillator. (This equipment is not required for ~~conscious moderate~~ sedation.)

(H) Adequate equipment for the establishment of an intravenous infusion.

(I) Precordial/pretracheal stethoscope.

(J) Pulse oximeter.

(K) Capnograph and temperature device. ~~A capnograph and temperature measuring device are required for the intubated patient receiving general anesthesia. (This equipment is not required for conscious sedation.)~~ Patients receiving moderate sedation, deep sedation, or general anesthesia shall have ventilation continuously monitored during the procedure by two of the following three methods:

(i) Auscultation of breath sounds using a precordial stethoscope.

(ii) Monitoring for the presence of exhaled carbon dioxide with capnography.

(iii) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(b) Records. The following records shall be maintained:

(1) Adequate medical history and physical evaluation records updated prior to each administration of ~~general anesthesia or conscious sedation moderate sedation, deep sedation, or general anesthesia~~. Such records shall include, but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient, and visual examination of the airway, and for general anesthesia or deep sedation only, auscultation of the heart and lungs ~~as medically required~~.

(2) ~~Moderate sedation, deep sedation, and/or general anesthesia~~ ~~General Anesthesia and/or conscious sedation~~ records, which shall include a time-oriented record with preoperative, multiple ~~intraoperative~~ intraoperative, and postoperative pulse oximetry (every 5 minutes intraoperatively and every 15 minutes postoperatively for general anesthesia or deep sedation) and blood pressure and pulse readings, (both every 5 minutes intraoperatively for general anesthesia or deep sedation), drugs [amounts administered and time administered], length of the procedure, any complications of anesthesia or sedation and a statement of the patient's condition at time of discharge.

(3) Records shall include the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of the provider monitoring the patient during sedation, and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.

(34) Written informed consent of the patient or if the patient is a minor, his or her parent or guardian, pursuant to Section 1682(e) of the Code.

(c) Drugs. Emergency drugs of the following types shall be available:

(1) Epinephrine

(2) Vasopressor (other than epinephrine)

(3) Bronchodilator

(4) Muscle relaxant (This is not required for ~~conscious~~ moderate sedation.)

(5) Intravenous medication for treatment of cardiopulmonary arrest (This is not required for ~~conscious~~ moderate sedation.)

(6) Appropriate drug antagonist

(7) Antihistaminic

(8) Anticholinergic

(9) Antiarrhythmic (This is not required for ~~conscious~~ moderate sedation.)

(10) Coronary artery vasodilator

(11) Antihypertensive (This is not required for ~~conscious~~ moderate sedation.)

(12) Anticonvulsant

(13) Oxygen

(14) 50% dextrose or other antihypoglycemic

(d) Prior to an onsite inspection and evaluation, the dentist shall provide a complete list of his/her emergency medications to the evaluator.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.2, 1646.3, 1647.3 and 1647.6, Business and Professions Code.

§ 1043.4. Evaluation Standards.

The evaluation of an applicant for a permit shall consist of two parts:

(a) Demonstration of a General Anesthesia or Deep Sedation. A dental procedure utilizing general anesthesia or deep sedation administered by the applicant must be observed and evaluated. Any anesthesia or deep sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while anesthetized or sedated and during recovery from anesthesia or sedation in the manner prescribed by Section 1682 of the eCode.

The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by Section 1043.3(a) and is capable of using that equipment.

(b) Demonstration of a ConsciousModerate Sedation. A dental procedure utilizing conscious-moderate sedation administered by the applicant must be observed and evaluated. Any conscious-moderate sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while sedated and during recovery from sedation in the manner prescribed by Section 1682 of the eCode. The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by Section 1043.3(a) and is capable of using that equipment.

(c) Simulated Emergencies. Knowledge of and a method of treatment must be physically demonstrated by the dentist and his or her operating team for the following emergencies:

- (1) Airway obstruction
- (2) Bronchospasm
- (3) Emesis and aspiration of foreign material under anesthesia
- (4) Angina pectoris
- (5) Myocardial infarction
- (6) Hypotension
- (7) Hypertension
- (8) Cardiac arrest
- (9) Allergic reaction

- (10) Convulsions
- (11) Hypoglycemia
- (12) Syncope
- (13) Respiratory depression

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.5. Cancellation of an Onsite Inspection and Evaluation.

(a) Whenever a ~~conscious~~ moderate sedation or general anesthesia permittee or applicant cancels an onsite inspection and evaluation, that permittee or applicant shall provide the board with a written reason for the cancellation. If the first cancellation occurs 14 calendar days or more before the date of the scheduled inspection and evaluation, the fee paid shall be applied toward the next scheduled inspection and evaluation. If the cancellation occurs less than 14 calendar days before the scheduled inspection and evaluation, the fee shall be forfeited and a new fee shall be paid before the inspection and evaluation will be rescheduled.

(b) If a permittee or applicant cancels the inspection and evaluation for a second time, all fees are forfeited and the permit shall be automatically suspended or denied unless a new fee has been paid and an onsite inspection and evaluation has been completed within 30 calendar days from the date of the second cancellation.

(c) If a permittee or applicant cancels the scheduled onsite inspection and evaluation for a third time, all fees are forfeited and that cancellation shall be deemed a refusal to submit to an inspection and evaluation, and in accordance with Sections 1646.4 and 1647.7 of the eCode, the permit shall be automatically revoked or denied as of the date of the third cancellation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1646.7, Business and Professions Code.

§ 1043.6. Grading of Inspection and Evaluation.

(a) The inspection and evaluation shall be graded on a pass/fail system. The grade shall be determined by the board, based upon a recommendation of the evaluators, who shall make independent evaluations and recommendations.

(b) The evaluation team shall recommend one of the following grades:

(1) Passed Evaluation. Permit holder met all required components of the onsite inspection and evaluation as provided in sections 1043.3 and 1043.4; or

(2) Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. "Conditional approval" means the applicant must submit written proof of correcting the deficiencies to the Board within fifteen (15) days of receiving notice of the deficiencies by showing the action taken by the applicant, including retention of proper equipment or documentation, to correct the deficiencies before a permit is issued; or

(3) Failed Simulated Emergency. Permit holder failed one or more simulated emergency scenario(s) required for the on-site inspection and evaluation; or

(4) Failed Evaluation. Permit holder failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval as provided in subsection (b)(2) of this section.

~~(bc) An applicant who has failed the evaluation may appeal that decision to the board and request a reevaluation. This appeal must be made in writing to the board stating the grounds for the appeal within thirty (30) days after the date on which the evaluation results were mailed. However, pursuant to Sections 1646.4(a), 1646.9(d) and 1647.7(a) of the Code, the permit of any applicant who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the applicant of the failure unless, within that time period, the applicant has retaken and passed an onsite inspection and evaluation.~~

~~Upon receipt of the appeal request and an additional evaluation fee, the board will schedule an independent reevaluation of the appellant. If an applicant has failed two evaluations, the board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a board member or other board appointed representative being present. The applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being retested if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.~~

~~(ed) An applicant who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4, 1646.9, and 1647.7, Business and Professions Code.

§ 1043.7. Manner of Giving Notice of Evaluation.

Upon receipt of either an application for a general anesthesia permit or a ~~conscious moderate~~ sedation permit or where the board determines in any other case that there

shall be an onsite inspection and evaluation, the board shall determine the date and time of such evaluation and shall so inform the dentist.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.8. Renewal.

A general anesthesia or ~~conscious~~ moderate sedation permit shall be renewed biennially upon certification by the permit holder that he/she has met all applicable continuing education and continuing competency requirements for the particular permit in section 1017, payment of the required fee in section 1021 and if required, successful completion of an onsite inspection and evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1, 1646.5, 1646.6, 1647.2, 1647.5 and 1647.8, Business and Professions Code.

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;

(3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;

(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(5) An application fee as set forth in section 1021; and,

(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit

for patients under thirteen years of age shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;

(3) A completed Form PE-1 as provided in this section;

(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(6) An application fee as set forth in section 1021; and,

(7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.

(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.

(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

Article 5.1. Pediatric Minimal Sedation

§ 1043.9. Definitions.

For purposes of this Article, the terms set forth below shall be defined as follows:

(a) "Another sedation permit" means a current permit for deep sedation or general anesthesia, a current moderate sedation permit with pediatric endorsement, or a current permit described in subdivision (a)(2) of Section 1647.31 of the Code.

(b) "Outpatient basis" as used in Section 1647.31 of the Code means all settings where pediatric minimal sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(c) "Pediatric patient" means a patient under 13 years of age.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31, Business and Professions Code.

§ 1043.9.1. Requirements; Standards.

(a) A licensed dentist who desires to administer or order the administration of pediatric minimal sedation on an outpatient basis is not required to apply to the Board for a pediatric minimal sedation permit if they possess another sedation permit from the Board.

(b) For the purposes of Sections 1647.31 and 1647.32 of the Code, an applicant for a pediatric minimal sedation permit shall submit a completed "Application for Pediatric Minimal Sedation Permit" PMSP-1 (New 05/2021), which is hereby incorporated by reference, to the Board and shall be accompanied by the applicable fee as set by Section 1021. The application shall be accompanied by a "Certification of Pediatric Minimal Sedation Training" Form PMSP-2 (New 05/21), which is hereby incorporated by reference.

(c) The office in which the pediatric minimal sedation is administered shall meet the facilities and equipment standards set forth in Section 1043.9.2.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31 and 1647.32, Business and Professions Code.

§ 1043.9.2. Facility and Equipment Standards.

A facility in which minimal sedation is administered to pediatric patients pursuant to this article shall meet the standards set forth herein.

(a) Facility and Equipment. A facility shall possess:

(1) An operatory large enough to adequately accommodate the pediatric patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter a patient's position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system adequate to permit evaluation of the pediatric patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be appropriate for use on and capable of accommodating the pediatric patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment. If used in conjunction with oral sedation, it must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a pediatric patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(7) An emergency cart or kit available and readily accessible that shall include the necessary and appropriate emergency drugs and size-appropriate equipment to resuscitate a nonbreathing and unconscious pediatric patient and provide continuous support while the pediatric patient is transported to a medical facility. Emergency drugs of the following types shall be available:

(1) Epinephrine,

(2) Bronchodilator,

(3) Appropriate drug antagonists,

(4) Antihistaminic,

(5) Anticholinergic,

(6) Anticonvulsant,

(7) Oxygen, and,

(8) Dextrose or other antihypoglycemic.

(b) Ancillary equipment must include the following, and be maintained in good operating condition:

(1) Oral airways capable of accommodating pediatric patients of all sizes.

(2) A sphygmomanometer with cuffs of appropriate size for pediatric patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(c) A facility must maintain the following records:

(1) An adequate medical history and physical evaluation, updated prior to each administration of pediatric minimal sedation. Such records shall include, but are not limited to, an assessment including an evaluation of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the pediatric patient and written informed consent of the parent or legal guardian of the pediatric patient.

(2) Pediatric minimal sedation records that include baseline vital signs. If obtaining baseline vital signs is prevented by the pediatric patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the pediatric patient's condition at the time of discharge.

(3) Documentation that all emergency equipment is checked to determine operability and safety for the patient consistent with the manufacturer's recommendation.

(4) Documentation that all drugs maintained at the facility are checked at least quarterly for expired drugs and an adequate supply for the patient population served.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.30 and 1647.32, Business and Professions Code.

Article 5.5. Oral Conscious Sedation

§ 1044. Definitions.

For purposes of this Article and of Articles ~~2.85 and~~ 2.86, of Chapter 4, of Division 2 of the Code, the terms set forth below shall be defined as follows:

(a) "Outpatient basis" means "outpatient setting" as used in Health and Safety Code Sections 1248 and 1248.1 and means all settings where oral conscious sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(b) A patient under oral conscious sedation shall be considered "sedated" for that period of time beginning with the administration of oral conscious sedation and continuing until that time when the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(c) "Age-appropriate" means ~~under 13 years of age for the oral conscious sedation certificate for minor patients and 13 years or older for the oral conscious sedation certificate for adult patients.~~

(d) For the purposes of adult oral conscious sedation, administering a drug to a patient in a dose that exceeds the maximum recommended dose as established and listed by the United States Food and Drug Administration (FDA) on the drug's FDA-approved professional labeling insert or packaging information shall be considered to exceed the single maximum dose that can be prescribed for home use.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10 and~~ 1647.18, Business and Professions Code.

§ 1044.1. Requirements; Standards.

An applicant for an oral conscious sedation certificate shall submit to the Board either an ~~"Application for Oral Conscious Sedation for Minors Certificate" OCS-1 (Rev. 01/05)~~ or an completed "Application for Adult Oral Conscious Sedation Certificate" OCS-3 (Rev. 03/07) "Application for Use of Oral Conscious Sedation on Adult Patients" Form OCS-C (New 05/21), which is hereby incorporated by reference, and shall be accompanied by the applicable fee as set by Section 1021. A dentist is not required to possess an oral conscious sedation certificate if the oral conscious sedation administered to his or her patient is directly administered and monitored by a dentist who possesses a general anesthesia permit, a ~~conscious~~ moderate sedation permit, ~~or an oral conscious sedation certificate for a minor patient~~ or is administered by a licensed physician and surgeon who possesses a general anesthesia permit. ~~A dentist who only possesses an adult oral conscious sedation certificate may not provide oral conscious sedation to a minor patient.~~ Notwithstanding the above, the office in which the oral conscious sedation is administered shall meet the facilities and equipment standards set forth in Section 1044.5.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.11,~~ 1647.18 and 1647.19, Business and Professions Code.

§ 1044.2. Board Approved Programs.

(a) For purposes of ~~Section 1647.12(b) and Section 1647.20(b) of the Code~~, a post-doctoral program in periodontics, a general practice residency or advanced education in a general dentistry post-doctoral program accredited by the Commission on Dental Accreditation that meets the didactic and clinical requirements of Section 1044.3 shall be deemed to be approved by the Board. A dentist must submit a copy of his or her certificate of completion from a Board approved educational program as defined in Section 1044.3 or diploma from a recognized dental residency or post-doctoral program as defined in this section.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.12, 1617.18 and 1647.20~~, Business and Professions Code.

§ 1044.3. Board Approved Education.

(a) The goal of an instructional program in oral medications and sedation is to provide the educational opportunity for dentists to receive training in the techniques and skills required to safely and effectively administer oral pharmacologic agents, alone or in combination with nitrous oxide-oxygen inhalation, for the purpose of obtaining conscious sedation in the ~~minor or~~ adult dental patient.

(b) The educational program shall be approved by the Board and shall consist of satisfactory completion of at least 25 hours of instruction including a clinical component utilizing at least one age-appropriate patient. ~~The program shall be directed solely toward either the administration of oral conscious sedation to adult patients or the administration of oral conscious sedation to minor patients.~~ The program shall include but not be limited to, the following areas:

- (1) Historical, philosophical, and legal aspects of age-appropriate oral conscious sedation of dental patients, including the ~~Business and Professions Code~~.
- (2) Indications and contraindications for the utilization of age-appropriate oral conscious sedation in dental patients.
- (3) Patient evaluation and selection through a review of the medical history, physical assessment, and medical consultation.
- (4) Definitions and characteristics for levels of sedation achieved with oral sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia as recognized by such organizations as the American Dental Association and the American Academy of Pediatric Dentistry and the board.
- (5) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on, and clinical experience in, establishing and maintaining an age-appropriate patent airway in the patient.
- (6) Pharmacology of agents used in contemporary oral conscious sedation techniques, including drug interactions, incompatibilities and side effects and adverse reactions.

(7) Indications, contraindications and technique considerations in the use of different contemporary age-appropriate oral conscious sedation modalities for dental patients.

(8) Patient monitoring during all stages of the procedure by clinical observation and appropriate mechanical devices for responsiveness, airway patency, and recording of vital signs.

(9) Importance of and techniques for maintaining proper documentation of the procedure, including aspects of informed consent, pre- and post-operative instructions, dietary considerations, preoperative health evaluation, rationale for the procedure, baseline and intermittent vital signs, a detailed record of all oral and inhalation drugs administered, the patient response to the drugs, and recovery and discharge criteria.

(10) Prevention, recognition and management of complications and life-threatening situations that may arise during age-appropriate oral conscious sedation of the dental patient, including the principles of advanced life support.

(c) A provider of a course in oral medications and sedation intending to meet the requirements of this section shall submit to the board an application, on form OCS-6 (rev. 07/07), "Application for Course Approval for Oral Conscious Sedation," incorporated herein by reference. The board may approve or deny approval of any such course. Approval shall be granted after an evaluation of all components of the course has been performed and such evaluation indicates that the course meets the requirements of this section.

(d) Approval by the board of a course in oral medications and sedation shall remain in effect for a period of twenty-four months, unless withdrawn sooner, after which a new application for approval must be submitted to the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.10, 1647.12 and 1647.20, Business and Professions Code.

§ 1044.4. Documentation of 10 Cases. [Repealed]

~~(a) For the purposes of Section 1647.20(d), an applicant for an oral conscious sedation certificate for adult patients who has been using oral conscious sedation in connection with the treatment of adult patients shall submit the following documentation for each of the 10 cases of oral conscious sedation on form OCS-4 (Rev 03/07) "Documentation of Oral Conscious Sedation Cases," incorporated herein by reference.~~

~~(1) Patient's sex, age, and weight.~~

~~(2) Date of oral conscious sedation procedure.~~

~~(3) Type of dental procedure performed and duration of sedation.~~

~~(4) A description of the method, amount, and specific oral conscious sedation agent administered.~~

~~(5) A statement on how the patient was monitored and by whom.~~

~~(6) Patient's condition at discharge.~~

~~(b) Applicants shall also provide documentation or patient records for each oral conscious sedation case, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge for each patient.~~

~~(c) Applicants shall submit legible copies of the above required information with patient identifying information redacted.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.10, 1647.12, 1647.20 and 1647.22, Business and Professions Code.~~

§ 1044.5. Facility and Equipment Standards.

All equipment shall be maintained, tested and inspected according to the manufacturers' specifications. A facility in which oral conscious sedation is administered to patients pursuant to this article shall also meet the standards set forth below.

(a) Facility and Equipment.

(1) An operatory large enough to adequately accommodate the patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair which permits the patient to be positioned so the attending team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any treatment which may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E")

cylinder), even in the event of a general power failure. All equipment must be age-appropriate and capable of accommodating the patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment, if used in conjunction with oral sedation, must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for an age appropriate patient's size, and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) Ancillary equipment, which must include the following, and be maintained in good operating condition:

(1) Age-appropriate oral airways capable of accommodating patients of all sizes.

(2) An age-appropriate sphygmomanometer with cuffs of appropriate size for patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(c) The following records shall be maintained:

(1) An adequate medical history and physical evaluation, updated prior to each administration of oral conscious sedation. Such records shall include, but are not limited to, an assessment including at least visual examination of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the ~~minor~~ patient as well as written informed consent of the patient or, ~~as appropriate, parent or legal guardian of the patient.~~

(2) Oral conscious sedation records shall include baseline vital signs. If obtaining baseline vital signs is prevented by the patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the patient's condition at the time of discharge.

(d) An emergency cart or kit shall be available and readily accessible and shall include the necessary and appropriate drugs and age- and size-appropriate equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation showing that all emergency equipment and drugs are checked and maintained on a

prudent and regularly scheduled basis. Emergency drugs of the following types shall be available:

- (1) Epinephrine
- (2) Bronchodilator
- (3) Appropriate drug antagonists
- (4) Antihistaminic
- (5) Anticholinergic
- (6) Anticonvulsant
- (7) Oxygen
- (8) Dextrose or other antihypoglycemic

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.16, 1647.22~~ and 1647.24, Business and Professions Code.

Chapter 3. Dental Auxiliaries

Article 2. Educational Programs

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: “IV” means intravenous, “AED” means automated external defibrillator, “CO2” means carbon dioxide, and “ECG” and “EKG” both mean electrocardiogram.

(a)(1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or ~~conscious-moderate~~ conscious-moderate sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer ~~conscious-moderate sedation, deep sedation,~~ conscious-moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while ~~conscious moderate sedation, deep sedation,~~ conscious moderate sedation, deep sedation, or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in ~~subdivisions~~ subsections (j), (k), (l), (m), and (n) of this ~~Section~~ during no less than twenty (20) supervised cases utilizing ~~conscious-moderate~~ conscious-moderate sedation, deep sedation, or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank;

one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by ~~Cal. Code Regs., Title 16, Section 1043~~ for the administration of general anesthesia, deep sedation, or conscious moderate sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permissors are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permissors are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in ~~subdivisions~~subsections (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permissors are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during ~~conscious-moderate~~ sedation, deep sedation, and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this ~~§~~section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between ~~conscious-moderate~~ sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support and resuscitation of pediatric patients.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia, deep sedation, or ~~conscious-moderate~~ sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

- (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
- (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
- (C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

- (A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
- (B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.



APPLICATION FOR GENERAL ANESTHESIA PERMIT

FEES

Application Fee: \$524.00
 (Must be enclosed with application)

**APPLICATION FEES
 ARE NON-REFUNDABLE**

For Office Use Only

Rec # _____

FeePd _____

Date
 Cashiered _____

Entity# _____

File# _____

For Office Use Only

Date Received

*This application for a permit to administer deep sedation or general anesthesia (“general anesthesia permit”) must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.
 * Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
 * Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST	FIRST
MIDDLE	
4. MAILING ADDRESS [ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX]:	
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):	
6. EMAIL ADDRESS [OPTIONAL]:	
7. TELEPHONE NUMBER:	
8. FAX NUMBER [OPTIONAL]	
9. DENTAL OR MEDICAL LICENSE NUMBER:	

<p>10. APPLICANT RESIDENCY TRAINING.</p> <p>A. FOR DENTAL LICENSEES:</p> <p>HAVE YOU COMPLETED A RESIDENCY PROGRAM IN GENERAL ANESTHESIA OR A RESIDENCY PROGRAM IN ORAL OR MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION?</p> <p>PLEASE SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPLETION OR OTHER DOCUMENTARY EVIDENCE SHOWING COMPLETION OF ONE OF THE FOLLOWING:</p> <p>(1) A RESIDENCY PROGRAM IN GENERAL ANESTHESIA ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION; OR</p> <p>(2) A RESIDENCY PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION.</p> <p>B. FOR PHYSICIAN AND SURGEON LICENSEES:</p> <p>HAVE YOU COMPLETED A POSTGRADUATE RESIDENCY TRAINING PROGRAM IN ANESTHESIOLOGY THAT IS RECOGNIZED BY THE AMERICAN COUNCIL ON GRADUATE MEDICAL EDUCATION?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU ARE ALSO REQUIRED TO SUBMIT A COPY OF THIS COMPLETED APPLICATION TO THE MEDICAL BOARD OF CALIFORNIA SO THAT THE DENTAL BOARD OF CALIFORNIA MAY VERIFY WITH THAT AGENCY THAT YOU HAVE COMPLETED THE REQUIRED TRAINING (BUSINESS AND PROFESSIONS CODE SECTION 2079).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. IN ADDITION TO A GENERAL ANESTHESIA PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER DEEP SEDATION AND GENERAL ANESTHESIA TO A PATIENT UNDER 7?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1.</p> <p>PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: <input type="checkbox"/></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>14. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; OR • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8 [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT MUST BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.	
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. DOES THE FACILITY HAVE ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) LARYNGOSCOPE COMPLETE WITH ADEQUATE SELECTION OF BLADES AND SPARE BATTERIES AND BULB. (b) ENDOTRACHEAL TUBES AND APPROPRIATE CONNECTORS. (c) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (d) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (e) ENDOTRACHEAL TUBE FORCEPS. (f) SPHYGMOMANOMETER AND STETHOSCOPE. (g) CARDIAC MONITOR AND DEFIBRILLATOR. (h) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (i) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (j) PULSE OXIMETER (k) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING DEEP SEDATION, GENERAL ANESTHESIA, OR MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING METHODS: (i) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (ii) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY.	YES <input type="checkbox"/> NO <input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF DEEP SEDATION AND GENERAL ANESTHESIA. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY, AND AUSCULTATION OF THE HEART AND LUNGS AS MEDICALLY REQUIRED.	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. GENERAL ANESTHESIA OR DEEP SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY AND EVERY 15 MINUTES POSTOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) AND BLOOD PRESSURE AND PULSE READINGS, (BOTH EVERY 5 MINUTES INTRAOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) DRUGS, AMOUNTS ADMINISTERED AND TIME ADMINISTERED, LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ANESTHESIA OR SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR IF THE PATIENT IS A MINOR, THE PARENT OR GUARDIAN.	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. DRUGS - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA? <ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • MUSCLE RELAXANT • INTRAVENOUS MEDICATION FOR TREATMENT OF CARDIOPULMONARY ARREST • APPROPRIATE DRUGS ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • ANTIARRHYTHMIC • CORONARY ARTERY VASODILATOR • ANTIHYPERTENSIVE • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? <ul style="list-style-type: none"> • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION 	YES <input type="checkbox"/> NO <input type="checkbox"/>

29. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA IF YOU ARE A PHYSICIAN AND SURGEON APPLYING FOR THIS PERMIT, PROVIDE THE NAMES OF ANY HOSPITALS WHERE YOU HAVE MEMBERSHIP ON THE MEDICAL STAFF.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attached statements, is true and correct.

Date

Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1646.1, 1646.2, 1646.9, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

<p>10. MODERATE SEDATION TRAINING.</p> <p>HAVE YOU SUCCESSFULLY COMPLETED TRAINING IN MODERATE SEDATION? FOR PURPOSES OF THIS SECTION, TRAINING CONSISTS OF ALL OF THE FOLLOWING:</p> <p>(1) AT LEAST 60 HOURS OF INSTRUCTION;</p> <p>(2) SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.; AND,</p> <p>(3) COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENTS FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS.</p> <p>IF YES, PLEASE SUBMIT A COMPLETED "CERTIFICATION OF MODERATE SEDATION TRAINING" (MSP-2 (New 05/21) WITH THIS APPLICATION.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. APPLICANT RESIDENCY TRAINING.</p> <p>HAVE YOU SUCCESSFULLY COMPLETED A RESIDENCY PROGRAM IN PEDIATRIC DENTISTRY ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION?</p> <p>IF YES, PLEASE SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPLETION OR OTHER DOCUMENTARY EVIDENCE SHOWING COMPLETION OF THE RESIDENCY PROGRAM.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. IN ADDITION TO THE MODERATE SEDATION PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER MODERATE SEDATION TO A PEDIATRIC PATIENT UNDER 13 YEARS OF AGE?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME. YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1.</p> <p>PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: <input type="checkbox"/></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>13. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>14. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>15. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>16. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.</p>	
<p>17. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>18. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>19. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>20. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>21. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>22. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>23. ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> (a) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (b) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (c) SPHYGMOMANOMETER AND STETHOSCOPE. (d) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (e) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (f) PULSE OXIMETER (g) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING THREE METHODS: <ul style="list-style-type: none"> (I) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (II) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY. (III) VERBAL COMMUNICATION WITH A PATIENT UNDER MODERATE SEDATION. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?		YES	<input type="checkbox"/>
24. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF MODERATE SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY		NO	<input type="checkbox"/>
25. MODERATE SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY), DRUGS (AMOUNTS ADMINISTERED AND TIME ADMINISTERED), LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
26. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, AND WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
27. WRITTEN INFORMED CONSENT OF THE PATIENT, OR IF THE PATIENT IS A MINOR, THE PARENT OR GUARDIAN.		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
28. DRUGS - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF MODERATE SEDATION?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
<ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • CORONARY ARTERY VASODILATOR 	<ul style="list-style-type: none"> • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 		
29. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
<ul style="list-style-type: none"> • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST 	<ul style="list-style-type: none"> • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION 		
30. STAFF - ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING MODERATE SEDATION CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

31. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN THE BOARD'S REGULATIONS IN ARTICLE 5 (COMMENCING WITH SECTION 1043) OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

Date	Signature of Applicant
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INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.2, 1647.3, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



CERTIFICATION OF MODERATE SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a moderate sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.3 and Title 16 CCR section 1043.1. The information provided will be used to determine qualification for a moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME:	LAST	FIRST	MIDDLE
2. LICENSE NUMBER:			
3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION:			
4. MODERATE SEDATION TRAINING VERIFICATION:	<p>THIS DENTIST IS APPLYING FOR A MODERATE SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN MODERATE SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.</p> <p>THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MODERATE SEDATION THAT INCLUDES ALL OF THE FOLLOWING:</p> <p><input type="checkbox"/> AT LEAST 60 HOURS OF INSTRUCTION</p> <p><input type="checkbox"/> REQUIRES SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.</p> <p><input type="checkbox"/> COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENT FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS</p> <p>I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS, _____ (NAME OF STUDENT) SATISFACTORILY COMPLETED THE ABOVE-REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING FROM _____ (MONTH/DAY/YEAR) TO _____ (MONTH/DAY/YEAR).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 25%; border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-bottom: 5px;">SIGNATURE</div> <div style="width: 20%; border-top: 1px solid black; margin-bottom: 5px;">DATE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-top: 1px solid black; margin-bottom: 5px;">EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)</div> <div style="width: 45%; border-top: 1px solid black; margin-bottom: 5px;">PRINTED NAME/TITLE</div> <div style="width: 20%; border-top: 1px solid black; margin-bottom: 5px;">TELEPHONE</div> </div>		



DOCUMENTATION OF DEEP SEDATION AND GENERAL ANESTHESIA OR MODERATE SEDATION CASES FOR PEDIATRIC ENDORSEMENT

This document shall be completed in its entirety as part of the initial application for a pediatric endorsement or as a condition of the renewal application for either a general anesthesia or moderate sedation permit that includes a pediatric endorsement as provided in Section 1017 of Title 16 of the California Code of Regulations (16 CCR) or your application may be rejected as incomplete. The requirements for a completed initial application for a pediatric endorsement to a general anesthesia permit or a moderate sedation permit are listed in 16 CCR section 1043.1.8. Attach additional sheets to this form as necessary. Any material misrepresentation of any information on this form is grounds for denial or subsequent revocation of the permit.

The information requested on this form is mandatory pursuant to Business and Professions Code sections 1646.2 and 1647.3 and Title 16 CCR section 1043.1.8. The information provided will be used to determine qualifications for a pediatric endorsement to a general anesthesia or moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300.

Notice for General Anesthesia Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1646.1 of the Business and Professions Code.

Each applicant must provide proof of at least 20 cases of deep sedation or general anesthesia to patients under seven years of age **in the 24-month time period directly preceding application** for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement. (Business and Professions Code section 1646.2.)

Notice for Moderate Sedation Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1647.2 of the Business and Professions Code.

Each applicant must provide proof of successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age **in the 24-month period immediately preceding application** for the pediatric endorsement and for each permit renewal period.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications. (Business and Professions Code section 1647.3.)

1. APPLICANT'S LEGAL NAME: LAST	FIRST	MIDDLE
2. MEDICAL OR DENTAL LICENSE NUMBER:		
3. SPECIFY THE TYPE OF PEDIATRIC ENDORSEMENT YOU ARE REQUESTING.		
<div style="margin-left: 40px;"> <input type="checkbox"/> DEEP SEDATION AND GENERAL ANESTHESIA FOR PEDIATRIC PATIENTS UNDER 7. <div style="margin-left: 20px;">▪ (FOR GENERAL ANESTHESIA PERMIT APPLICATION)</div> </div> <div style="margin-left: 40px;"> <input type="checkbox"/> MODERATE SEDATION FOR PEDIATRIC PATIENTS UNDER THE AGE OF 13. <div style="margin-left: 20px;">▪ (FOR MODERATE SEDATION PERMIT APPLICATION)</div> </div>		
4. FOR APPLICANTS FOR A MODERATE SEDATION PERMIT ONLY (see requirements above for providing moderate sedation to children under seven years of age):		
PLEASE PROVIDE ALL THE FOLLOWING INFORMATION IN ATTACHMENTS BY CASE NUMBER:		
(1) Pediatric patient's sex, age, and weight; (2) Date of general anesthesia or moderate sedation procedure; (3) Type of dental procedure performed and duration of general anesthesia or moderate sedation; (4) A description of the method, amount, and specific general anesthesia or moderate sedation agent administered; (5) A statement on how the pediatric patient was monitored and by whom; and, (6) Pediatric patient's condition at discharge.		
A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER THIRTEEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 4.A., PLEASE CHECK ALL THAT APPLY:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE BOTH INDEPENDENTLY AND UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
5. A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER SEVEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 5.A., PLEASE CHECK ONE OF THE FOLLOWING:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS.		
<input type="checkbox"/> I DID NOT COMPLETE AT LEAST 20 TOTAL CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE INDEPENDENTLY BUT I ADMINISTER MODERATE SEDATION TO PATIENTS UNDER SEVEN YEARS OF AGE UNDER THE DIRECT SUPERVISION OF A PERMITHOLDER WHO MEETS THOSE QUALIFICATIONS.		
APPLICANTS MUST PROVIDE THE FOLLOWING FOR EACH CASE OCCURRING <u>WITHIN 24 MONTHS PRECEDING</u> APPLICATION FOR THE PEDIATRIC ENDORSEMENT.		

CASE 1	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 2	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 3	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 4	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 5	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 6	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 7	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 8	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 9	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 10	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 11	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 12	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 13	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 14	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 15	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 16	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 17	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 18	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS)	TYPE OF PROCEDURE:

CASE 19		PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 20	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including all attachments, is true and correct.			
_____		_____	
Date		Signature of Applicant	

<p>10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE ANESTHESIA SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR A PEDIATRIC POPULATION.

14. DOES THE FACILITY HAVE:

- (1) AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PEDIATRIC PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT.
- (2) A TABLE OR DENTAL CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION.
- (3) A LIGHTING SYSTEM ADEQUATE TO PERMIT EVALUATION OF THE PEDIATRIC PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM THAT IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAY BE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE.
- (4) AN APPROPRIATE FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES. A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE MUST ALSO BE AVAILABLE.
- (5) A POSITIVE-PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW FOR AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER), EVEN IN THE EVENT OF A GENERAL POWER FAILURE. ALL EQUIPMENT MUST BE APPROPRIATE FOR USE ON AND CAPABLE OF ACCOMMODATING THE PEDIATRIC PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE.
- (6) INHALATION SEDATION EQUIPMENT, WHICH IF USED IN CONJUNCTION WITH ORAL SEDATION, IT MUST HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR A PEDIATRIC PATIENT'S SIZE AND HAVE A FAIL-SAFE SYSTEM. THE EQUIPMENT MUST BE MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY.
- (B) ANCILLARY EQUIPMENT, WHICH MUST INCLUDE THE FOLLOWING, AND BE MAINTAINED IN GOOD OPERATING CONDITION:
 - (1) ORAL AIRWAYS CAPABLE OF ACCOMMODATING PEDIATRIC PATIENTS OF ALL SIZES.
 - (2) A SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PEDIATRIC PATIENTS OF ALL SIZES.
 - (3) A PRECORDIAL/PRETRACHEAL STETHOSCOPE.
 - (4) A PULSE OXIMETER.

YES

NO

<p>15. DO YOU MAINTAIN THE FOLLOWING RECORDS?</p> <p>(1) AN ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PEDIATRIC PATIENT AND WRITTEN INFORMED CONSENT OF THE PARENT OR LEGAL GUARDIAN OF THE PEDIATRIC PATIENT.</p> <p>(2) PEDIATRIC MINIMAL SEDATION RECORDS THAT INCLUDE BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PEDIATRIC PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORDING OF OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION, AND A STATEMENT OF THE PEDIATRIC PATIENT'S CONDITION AT THE TIME OF DISCHARGE.</p> <p>(3) DOCUMENTATION THAT ALL EMERGENCY EQUIPMENT IS CHECKED AND MAINTAINED TO DETERMINE OPERABILITY AND SAFETY FOR THE PATIENT CONSISTENT WITH MANUFACTURER'S RECOMMENDATIONS.</p> <p>(4) DOCUMENTATION THAT ALL DRUGS MAINTAINED AT THE FACILITY ARE CHECKED AT LEAST QUARTERLY FOR EXPIRED DRUGS AND AN ADEQUATE SUPPLY FOR THE PATIENT POPULATION SERVED.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>16. DO YOU HAVE AVAILABLE AND READILY ACESIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE FOLLOWING ITEMS?</p> <p>(A) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PEDIATRIC PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PEDIATRIC PATIENT IS TRANSPORTED TO A MEDICAL FACILITY.</p> <p>(B) EMERGENCY DRUGS OF THE FOLLOWING TYPES:</p> <p>(1) EPINEPHRINE,</p> <p>(2) BRONCHODILATOR,</p> <p>(3) APPROPRIATE DRUG ANTAGONISTS,</p> <p>(4) ANTIHISTAMINIC,</p> <p>(5) ANTICHOLINERGIC,</p> <p>(6) ANTICONVULSANT,</p> <p>(7) OXYGEN, AND,</p> <p>(8) DEXTROSE OR OTHER ANTIHYPOGLYCEMIC</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>17. STAFF: ARE YOU AND AT LEAST ONE STAFF MEMBER TRAINED IN THE MONITORING AND RESUSCITATION OF PEDIATRIC PATIENTS?</p> <p>(TRAINED STAFF ARE REQUIRED TO BE PRESENT DURING THE ADMINISTRATION OF MINIMAL SEDATION PER BUSINESS AND PROFESSIONS CODE SECTION 1647.32.)</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>18. DID YOU OBTAIN A WRITTEN INFORMED CONSENT FROM THE PARENT OR GUARDIAN OF THE MINOR PATIENT PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

19. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1043.9.2.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

Date

Signature of Applicant

INFORMATION COLLECTION AND ACCESS: Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1043.9.1 and 1043.9.2. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, 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. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



CERTIFICATION OF PEDIATRIC MINIMAL SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a pediatric minimal sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.9.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.32 and Title 16 CCR section 1043.9.1. The information provided will be used to determine qualification for a pediatric minimal sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME:	LAST	FIRST	MIDDLE
2. LICENSE NUMBER:			
3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION			
4. MINIMAL SEDATION TRAINING VERIFICATION:	<p>THIS DENTIST IS APPLYING FOR A PEDIATRIC MINIMAL SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN PEDIATRIC MINIMAL SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.</p> <p>THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MINIMAL SEDATION THAT INCLUDES BOTH OF THE FOLLOWING:</p> <p><input type="checkbox"/> AT LEAST 24 HOURS OF PEDIATRIC MINIMAL SEDATION INSTRUCTION IN ADDITION TO ONE CLINICAL CASE. AND TRAINING IN PEDIATRIC MONITORING, AIRWAY MANAGEMENT, AND RESUSCITATION AND PATIENT RESCUE FROM MODERATE SEDATION, OR,</p> <p><input type="checkbox"/> A COMMISSION ON DENTAL ACCREDITATION (CODA) RESIDENCY IN PEDIATRIC DENTISTRY.</p> <p>I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS, _____ (NAME OF APPLICANT) SATISFACTORILY COMPLETED THE ABOVE REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF EDUCATIONAL PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING ON THE FOLLOWING DATES: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 25%; text-align: center;"> <p>EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE</p> <p>_____ PRINTED NAME/TITLE</p> </div> <div style="width: 25%;"> <p>_____ DATE</p> <p>_____ TELEPHONE</p> </div> </div>		



**APPLICATION FOR USE OF ORAL CONSCIOUS
 SEDATION ON ADULT PATIENTS**

FEES

Application Fee: \$459.00
 (Must be enclosed with application)

**APPLICATION FEES
 ARE NON-REFUNDABLE**

For Office Use Only

Rec # _____

FeePd _____

Date
 Cashiered _____

Entity# _____

File# _____

For Office Use Only

Date Received

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.

* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:		2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST		FIRST	MIDDLE
4. MAILING ADDRESS (ADDRESS OF RECORD – MAY BE A P.O. BOX):			
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):			
6. EMAIL ADDRESS (OPTIONAL):			
7. TELEPHONE NUMBER:			
8. FAX NUMBER (OPTIONAL)			
9. DENTAL LICENSE NUMBER:			

<p>10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214), OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE. • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS.	
14. DOES THE FACILITY HAVE AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. DOES THE FACILITY HAVE A DENTAL CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. DOES THE FACILITY HAVE A LIGHTING SYSTEM WHICH IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAYBE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DOES THE FACILITY HAVE A FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. DOES THE FACILITY HAVE A POSITIVE PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITRE/MINUTE FLOW FOR A LEAST SIXTY MINUTES (650 LITRE "E" CYLINDER) EVEN IN THE EVENT OF A GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. IS ALL EQUIPMENT AT THE FACILITY AGE-APPROPRIATE AND CAPABLE OF ACCOMMODATING THE PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. A. DOES THE FACILITY HAVE INHALATION SEDATION EQUIPMENT, AND IF USED IN CONJUNCTION WITH ORAL SEDATION, DOES IT HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR AN AGE-APPROPRIATE PATIENT'S SIZE, AND HAVE A FAIL-SAFE SYSTEM? B. IF THE ANSWER ABOVE IS YES, IS THE EQUIPMENT MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21. DO YOU HAVE ANCILLARY EQUIPMENT AND IS ALL ANCILLARY EQUIPMENT AT THE FACILITY MAINTAINED IN GOOD OPERATING CONDITION? FOR THE PURPOSES OF THIS QUESTION, ANCILLARY EQUIPMENT" MUST INCLUDE ALL OF THE FOLLOWING: (1) AGE APPROPRIATE ORAL AIRWAYS CAPABLE OF ACCOMMODATING PATIENTS OF ALL SIZES. (2) AGE APPROPRIATE SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PATIENTS OF ALL SIZES. (3) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (4) PULSE OXIMETER	YES <input type="checkbox"/> NO <input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
22. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF ORAL CONSCIOUS SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PATIENT AS WELL AS WRITTEN INFORMED CONSENT OF THE PATIENT, OR AS APPROPRIATE THE LEGAL GUARDIAN OF THE PATIENT.	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. ORAL CONSCIOUS SEDATION RECORDS INCLUDING BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTATIVE MONITORING AND RECORD OR OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT THE TIME OF DISCHARGE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. DO YOU MAINTAIN DOCUMENTATION SHOWING THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. DO YOU HAVE AVAILABLE AND READILY ACCESIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE ITEMS LISTED AS FOLLOWS? (A) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PATIENT IS TRANSPORTED TO A MEDICAL FACILITY. (B) EMERGENCY DRUGS OF THE FOLLOWING TYPES: <ul style="list-style-type: none"> • EPINEPHRINE (EPI) • ANTICHOLINERGIC • BRONCHODILATOR • ANTICONVULSANT • ANTICONVULSANT • OXYGEN • DEXTROSE OR OTHER • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC 	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1044.5. <hr/> <hr/> <hr/> <p style="text-align: center;">IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.</p>	

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including attachments, is true and correct.

Date:

Signature of Applicant

INFORMATION COLLECTION AND ACCESS: Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1044.1 and 1044.5. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory, and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



MEMORANDUM

DATE	March 29, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 23(b): Review, Discussion, and Possible Action to Authorize Consolidation of Proposed Amendments to California Code of Regulations, Title 16, Section 1017 (Continuing Education) Relating to Senate Bill 501 With Previously Board-Approved Proposed Amendments to Sections 1016, 1016.2, and 1017 (Continuing Education), Into a Single Rulemaking Package

Background:

To implement the provisions of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018), the Board will be taking action at this meeting to initiate a rulemaking to update the application and renewal requirements for the Board's anesthesia and sedation permit program. Part of this rulemaking includes amendments to the Board's continuing education requirements contained in California Code of Regulations, Title 16, Section 1017 relating to the renewal requirements for anesthesia and sedation permits.

The Board has previously initiated two other rulemakings to amend California Code of Regulations, Title 16, Sections 1016, 1016.2, and 1017 relating to continuing education. The first rulemaking was initiated at its November 2017 meeting and included amendments to establish Basic Life Support (BLS) equivalency standards; and, the second rulemaking was initiated at its February 2019 meeting and included amendments to require a mandatory course on the responsibilities and requirements of prescribing Schedule II opioids as a condition of licensure renewal for dentists and made other clarifying amendments.

Since the initiation of these previous two rulemakings, Board staff have worked with Board Regulatory Legal Counsel to develop and obtain approval of the initial rulemaking documents required to accompany proposed language for submission to the Office of Administrative Law for publication and 45-day public comment. Because the two previously approved rulemakings relating to continuing education have not been published with the Office of Administrative Law and the proposed rulemaking to implement the provisions of

Agenda Item 23(b): Review, Discussion, and Possible Action to Authorize Consolidation of Proposed Amendments to California Code of Regulations, Title 16, Section 1017 (Continuing Education) Relating to Senate Bill 501 With Previously Board-Approved Proposed Amendments to Sections 1016, 1016.2, and 1017 (Continuing Education), Into a Single Rulemaking Package
 Dental Board of California Meeting
 May 13-14, 2021

SB 501 also contains amendments to the continuing education requirements, Board Regulatory Legal Counsel has advised it would be most appropriate and expeditious to consolidate the three rulemakings that contain amendments to the Board's continuing education requirements into a single rulemaking package.

The consolidated proposed language to amend California Code of Regulations, Title 16, Sections 1016, 1016.2, and 1017 into one rulemaking is enclosed for the Board's review and consideration.

Action Requested:

Authorize the consolidation of previously approved and initiated amendments to California Code of Regulations, Title 16, Section 1017 relating to Senate Bill 501 with previously Board-approved and initiated proposed amendments to Sections 1016, 1016.2, and 1017 into a single rulemaking package.

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

PROPOSED LANGUAGE

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

Amend Section 1016 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:

§ 1016. Continuing Education Courses and Providers

(a) Definition of Terms:

(1) Course of Study Defined. "Course of study" means an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice management and administration, communication, ethics, patient management or the Dental Practice Act and other laws specifically related to dental practice.

(2) Coursework Defined. The term "Coursework" used herein refers to materials presented or used for continuing education and shall be designed and delivered in a manner that serves to directly enhance the licensee's knowledge, skill and competence in the provision of service to patients or the community.

(b) Courses of study for continuing education credit shall include:

(1) Mandatory courses required by the Board for license renewal ~~to~~ shall include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, ~~and~~ completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with §1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and

suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of either:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

(iii) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

(D) At a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs shall include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients.

(2) Courses in the actual delivery of dental services to the patient or the community, such as:

(A) Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.

(B) Courses dealing primarily with nutrition and nutrition counseling of the patient.

(C) Courses in esthetic, corrective and restorative oral health diagnosis and treatment.

(D) Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

(F) Courses pertaining to federal, state and local regulations, guidelines or statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, sexual harassment prevention, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.

(G) Courses pertaining to the administration of general anesthesia, conscious sedation, oral conscious sedation or medical emergencies.

(H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.

(I) Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.

(J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.

(K) Courses in the selection, incorporation, and use of current and emerging technologies.

(L) Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.

(M) Courses in dentistry's role in individual and community health programs.

(N) Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

(3) Courses in the following areas are considered to be primarily of benefit to the licensee and shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period:

(A) Courses to improve recall and scheduling systems, production flow, communication systems and data management.

(B) Courses in organization and management of the dental practice including business planning and operations, office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

(E) Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.

(F) Courses in human resource management and employee benefits.

(4) Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California include the following, and shall not be recognized for continuing education credit:

(A) Courses in money management, the licensee's personal finances or personal ~~business~~ matters such as financial ~~planning~~, or estate planning, and personal investments.

(B) Courses in general physical fitness, weight management or the licensee's personal health.

(C) Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession

(D) Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

(E) Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.

(F) Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

(5) Completion of a course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an "Application for Continuing Education Provider (Rev. 05/09)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

(2) To renew its registration, a provider shall submit a "Continuing Education Registered Provider Permit Renewal Application (12/15/08)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021 and a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of study, and a sample of the provider's written certification issued to participants during the last renewal period.

(d) Standards for Registration as an Approved Provider

(1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor or presenter of a continuing education course shall possess education or experience for at least two years in the subject area being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.) on all provider reports.

(2) The topic of instruction and course content shall conform to this section.

(3) An opportunity to enroll in such courses of study shall be made available to all dental licensees.

(e) Enforcement, Provider Records Retention and Availability of Provider Records

(1) (A) The board may not grant prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsections (b)(1)(A-~~CD~~). Providers shall be expected to adhere to these minimum course content requirements or risk registered provider status.

~~(B) Beginning January 1, 2006, all~~ All registered providers shall submit their course content outlines for Infection Control and California Dental Practice Act to the board staff for review and approval. If a provider wishes to make any significant changes to the content of a previously approved mandatory course in Infection Control and the California Dental Practice Act, the provider shall submit a new course content outline to the Board. A provider may not offer the mandatory significantly changed course until the Board approves the new course outline. All new applicants for provider status shall submit course content outlines for ~~mandatory education~~ courses in Infection Control and California Dental Practice Act to the board staff for review and approval at the time of application and prior to ~~instruction of mandatory education courses~~.

(2) Providers must possess and maintain the following:

(A) Speaker curriculum vitae;

(B) Course content outline;

- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course;
- (F) Attendance records and rosters

(3) The board may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course; and
- (F) Attendance records and rosters.

(4) All provider records described in this article shall be retained for a period of no less than three provider renewal periods.

(f) Withdrawal of Provider Registration

(1) The board retains the right and authority to audit or monitor courses given by any provider. The board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be granted a hearing before the executive officer or his or her designee prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.

(g) Provider Issuance of Units of Credit for Attendance

One unit of credit shall be granted for every hour of contact instruction and may be issued in half-hour increments. Such increments shall be represented by the

use of a decimal point in between the first two numbers of the 11-digit registration number of the course. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(h) Additional Provider Responsibilities

(1) A provider shall furnish a written certification of course completion to each licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the following:

(A) The licensee's, name and license or permit number, the provider's name, the 11-digit course registration number in the upper left hand corner of the certificate, date or dates attended, the number of units earned, and a place for the licensee to sign and date verifying attendance.

(B) An authorizing signature of the provider or the providing entity and a statement that reads: "All of the information contained on this certificate is truthful and accurate."

(C) A statement on each certification that reads: "Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type."

(2) If an individual whose license or permit has been cancelled, revoked, or voluntarily surrendered attends and completes a continuing education course, the provider or attendee may document on the certificate of course completion the license or permit number the individual held before the license or permit was cancelled, revoked, or voluntarily surrendered.

(3) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(4) Only Board-approved providers whose course content outlines for Infection Control and California Dental Practice Act have been submitted and approved by the Board may issue continuing education certifications to participants of these courses.

(5) The instructor of a course who holds a current and active license or permit to practice issued by the Board may receive continuing education credit for up to 20% of their total required units per renewal period for the course or courses they teach for a provider other than themselves.

(6) Upon request, a provider shall issue a duplicate certification to a licensee whose name appears on the provider's original roster of course attendees. A provider may not issue a duplicate certification to a licensee whose name is not on the original roster of course attendees. The provider, not the licensee shall clearly mark on the certificate the word "duplicate."

(7) Providers shall place the following statement on all certifications, course advertisements, brochures and other publications relating to all course offerings: "This course meets the Dental Board of California's requirements for _(number of)_ units of continuing education."

(i) Out of State Courses and Courses Offered by Other Authorized and Non-Authorized Providers

(1) Notwithstanding subdivision (b) of Section 1016, licensees who attend continuing education courses given by providers approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) and who obtain a certification of attendance from the provider or sponsor shall be given credit towards his or her total continuing education requirement for renewal of his or her license with the exception of mandatory continuing education courses, if the course meets the requirements of continuing education set forth in this section.

(b) A licensee who attends a course or program that meets all content requirements for continuing education pursuant to these regulations, but was presented outside California by a provider not approved by the Board, may petition the Board for consideration of the course by submitting information on course content, course duration and evidence from the provider of course completion.

When the necessary requirements have been fulfilled, the board may issue a written certificate of course completion for the approved number of units, which the licensee may then use for documentation of continuing education credits.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.
Reference: Section 1645, Business and Professions Code.

Adopt Section 1016.2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

Section 1016.2. Basic Life Support for Licensure of Dental Auxiliaries

(a) For the purpose of Code section 1752.1(e)(3) and for the purpose of licensure renewal, the following are deemed to be equivalent basic life support (BLS) courses to the American Heart Association (AHA) or the American Red Cross (ARC):

(1) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

(2) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

(b) For the purposes of this section, a Basic Life Support course shall include all of the following:

(1) Instruction in both adult and pediatric cardiopulmonary resuscitation (CPR), including 2-rescuer scenarios;

(2) Instruction in foreign-body airway obstruction;

(3) Instruction in relief of choking for adults, children and infants;

(4) Instruction in the use of automated external defibrillation with CPR; and;

(5) A live, in-person skills practice session, a skills test, and a written examination.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645 & 1752.1, Business and Professions Code.

Amend Section 1017 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:

§ 1017. Continuing Education Units and Continuing Competency Required Requirements for Renewal of License or Permit.

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

(1) Two units of continuing education in Infection Control specific to California regulations as defined in Section 1016(b)(1)(A).

(2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in Section 1016(b)(1)(B).

(3) A maximum of four units of a course in Basic Life Support as specified in Section 1016(b)(1)(C).

(4) Only dentists shall be required to complete two units of continuing education on the subjects set forth in 1016(b)(1)(D).

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. ~~Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.~~

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Dental Sedation Assistant Permit Holders: 25 units.

(5) Orthodontic Assistant Permit Holders: 25 units.

(6) Registered dental hygienists in extended functions: 25 units.

(7) Registered dental assistants in extended functions: 25 units.

(8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either

(1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency

Cardiovascular Care” published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

(e) Each dentist licensee who holds a ~~conscious~~ moderate sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of ~~conscious~~ moderate sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the ~~Business and Professions Code~~. Refusal to execute the required assurance shall result in non-renewal of the permit.

~~(f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.~~

~~(f)(g)~~ Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the of the ~~Business and Professions Code~~.

~~(g)(h)~~ Notwithstanding any other provisions of this ~~section~~ code, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.

~~(h)(i)~~ In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in ~~Section subsection (g) (h)~~ above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.

~~(i)(j)~~ Licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic shall be issued continuing education credit of one unit per hour of providing unpaid volunteer dental services to patients, for up to three units of their total continuing education unit requirements for license renewal. Units of credit may be issued in half hour increments.

(j) Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:

(1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.

(2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, conscious sedation or oral conscious sedation permit.

(3) Participation in any calibration training and site evaluation training session relating to general anesthesia, conscious sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

(k) The Board shall issue to participants in the activities listed in ~~subdivision~~ subsection (j) a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

(l) The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the ~~B~~board that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(m) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(n) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(o) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(p) A licensee who also holds a ~~special~~ permit for general anesthesia, moderate conscious sedation, or oral conscious sedation of a minor or of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(q) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(r) Pertaining to licensees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licensee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

(s) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(t) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

(u) Continuing education for retired dentists in only uncompensated practice shall include mandatory courses described at Section 1016(b)(1) and courses directly related to the delivery of dental services to patients described at Section 1016(b)(2) and shall be no less than 30 units.

(v) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of twenty (20) cases of general anesthesia to pediatric patients as provided in Section 1043.8.1, subsections (c)-(e).

(w) As a condition of renewal each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following:

(1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen years of age either independently and/or under the direct supervision of another permit holder;

(2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age either independently and/or under the direct supervision of another permit holder, and;

(3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age under the direct supervision of a permit holder who meets the qualifications of 1647.3 of the Code.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.
Reference: Sections 1645, 1646.2, 1646.5, 1647.3, and 1647.5, Business and Professions Code.