STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL

NOTICE OF TELECONFERENCE MEETING
November 18, 2021

Council Members
Jeri Fowler, CDA, RDAEF, OA, Vice Chair
Cara Miyasaki, RDA, RDHEF, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Traci Reed-Espinoza, RDAEF

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

The Dental Assisting Council (Council) of the Dental Board of California (Board) will meet by teleconference at:

9:00 a.m., Thursday, November 18, 2021

In accordance with Government Code section 11133, this meeting will be held by teleconference with no physical public locations.

Important Notice to the Public: The Council will hold this meeting via WebEx Events. Instructions to connect to the meeting can be found HERE.

To participate in the WebEx Events meeting, please log on to this website the day of the meeting:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mb664096caa4ca53beb40b1e0d0928793

Event number: 2494 377 7869
Event password: DBC11182021 (32211182 from phones)

Due to potential technical difficulties, please consider submitting written comments by November 12, 2021, to dentalboard@dca.ca.gov for consideration.

AGENDA

1. Call to Order/Roll Call/Establishment of a Quorum

2. Public Comment on Items Not on the Agenda
   Note: The Council 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).)

3. Discussion and Possible Action on the August 19, 2021 Meeting Minutes **[4-6]**

4. Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations **[7-10]**

5. Update Regarding Council Member Vacancies and Recruitment **[11]**

6. Update on Dental Assisting Examination Statistics **[12-13]**
   a. Registered Dental Assistant (RDA) General Written and Law and Ethics Examinations
   b. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
   c. Orthodontic Assistant (OA) Written Examination
   d. Dental Sedation Assistant (DSA) Written Examination

7. Update on Dental Assisting Licensing Statistics **[14-24]**
   a. RDA License
   b. RDAEF License
   c. OA Permit
   d. DSA Permit

8. Presentation by Department of Consumer Affairs, Office of Professional Examination Services (OPES) Regarding RDAEF Occupational Analysis **[25-117]**

9. Update Regarding RDAEF Licensure Requirements and Administration of New RDAEF Written Examination **[118-124]**

10. Discussion and Possible Action Regarding Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 to Specify Time Limits for Acceptance of Course Certifications for OA Permit and DSA Permit Applications and Clarify Board-Approved Course Requirements for RDA Applicants **[125-130]**

11. Discussion and Possible Action Regarding RDAEF Administration of Local Anesthesia and Nitrous Oxide **[131-132]**

12. Discussion and Possible Action Regarding Administration of Written Examinations in Different Languages **[133-140]**

13. Election of 2022 Council Chair and Vice Chair **[141]**

14. 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 Council Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Council 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 Council prior to the Council taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the Council, but the Council Chair, at his or her discretion, may apportion available time among those who wish to speak. Individuals may appear before the Council to discuss items not on the agenda; however, the Council 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 a disability-related accommodation or modification in order 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 business days before the meeting will help ensure availability of the requested accommodation. TDD Line: (877) 729-7789

DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
August 19, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, the Dental Assisting Council (Council) of the Dental Board of California (Board) met on August 19, 2021, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

Members Present:
Melinda Cazares, RDA, Chair
Jeri Fowler, CDA, RDAEF, OA, Vice Chair
Cara Miyasaki, RDA, RDHEF, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Traci Reed-Espinoza, RDAEF

Members Absent:
Michele Jawad, RDA, M.A.ED

Staff Present:
Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Tina Vallery, Chief of Administration and Licensing
Emilia Zuloaga, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Mirela Taran, 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
Council Chair, Ms. Melinda Cazares, called the meeting to order at 9:08 a.m.; six members of the Council were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda
Dr. Marty Lipsy indicated that there seems to be an increasing trend for individuals or organizations to seek and obtain approval to operate a registered dental assistant (RDA) educational program, such as radiation safety, coronal polish, infection control, etc., at a single location and then offer the course at additional unapproved locations. He stated that filing a complaint with the Board allows these unapproved programs to operate for years while the complaint goes through the backlog of Board complaints. Dr. Lipsy requested that there be a future agenda item to discuss what the Council can do to act

on unapproved programs and more quickly abate the threat they pose to dental personnel and the public.

Agenda Item 3: Discussion and Possible Action on April 30, 2021 Meeting Minutes
Motion/Second/Call the Question (M/S/C) (Fowler/Olague) to approve the April 30, 2021 Meeting Minutes.

Ayes: Cazares, Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.
Nays: None.
Abstentions: None.
Absent: Jawad.
Recusals: None.

The motion passed and the minutes were approved. There were no public comments made on this item.

Agenda Item 4: Update on Dental Assisting Educational Program and Course Applications and Reevaluations
Ms. Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials. Re-evaluations were placed on hold due to COVID-19 restrictions in 2020. Board staff have resumed RDA program re-evaluations. In addition to resuming RDA program re-evaluations of those programs and courses that are potentially operating out of compliance, Board staff have also begun re-evaluating all registered dental assistant in extended functions (RDAEF) programs.

There were no public comments made on this item.

Agenda Item 5: Update on Dental Assisting Examination Statistics
Ms. Zuloaga provided the report, which is available in the meeting materials.

Vice Chair, Ms. Jeri Fowler, noted that the 66% RDA exam pass rate is very low. Considering the school location pass rate, it is possible that a language barrier is contributing to this low rate. Vice Chair Fowler proposed RDA exams be administered in Spanish and English. She indicated that the Orthodontic Assistant Permit (OAP) has a 39% pass rate, which is also extremely low. There could potentially be an exam ambiguity issue as exam questions are open to more than one interpretation. Ms. Fowler speculated that the committee that is responsible for creating the exam is failing to communicate clear, concise questions. Council member, Ms. Cara Miyasaki, agreed with Vice Chair Fowler and requested to add Vietnamese to the list of languages in which the exam is offered.

There were no public comments made on this item.

Agenda Item 6: Update on Dental Assisting Licensing Statistics
Ms. Zuloaga provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 7: Update Regarding Administration of RDAEF Examinations
Ms. Zuloaga provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 8: Update Regarding Orthodontic Assistant Written Examination
Ms. Zuloaga provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 9: Future Agenda Items
Ms. Miyasaki requested a future agenda item to propose gathering data from RDA written exam candidates regarding whether they are bilingual and what is their primary language. There were no public comments made on this item.

Agenda Item 10: Adjournment
Chair Cazares adjourned the meeting at 9:42 a.m.

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MEMORANDUM

DATE	October 15, 2021
TO	Members of the Dental Assisting Council
FROM	Anabel Olazaba, Educational Program & Licensing Coordinator Dental Board of California
SUBJECT	**Agenda Item 4:** Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations

Table 1 identifies the total number of dental assisting educational program and course applications approved in fiscal years (FY) 2018/2019, 2019/2020, 2020/2021, and 2021/22. FY 2021/2022 includes data through September 30, 2021.

Table 1
Total Program and Course Applications Approved

Fiscal Year	RDA Program	RDAEF Program	RDAEF-ITR	Radiation Safety	Coronal Polishing	Pit & Fissure Sealant	Ultrasonic Scaling	Infection Control	DSA Permit	OA Permit	**Total**
2018/2019	2	1	0	7	3	2	0	6	4	5	**30**
2019/2020	2	0	0	10	5	3	1	9	3	5	**38**
2020/2021	0	0	0	9	14	9	2	10	2	7	**53**
2021/2022	0	0	0	2	1	0	0	5	11	3	**22**

Table 2 identifies the number of Registered Dental Assistant (RDA) and RDA in Extended Functions (EF) Program site visits conducted in FYs 2018/2019, 2019/2020, 2020/2021, and 2021/22. FY 2021/22 includes data through September 30, 2021.

Table 2
Total RDA and RDAEF Program Site Visits

Fiscal Year	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
2018/2019	0	2	0	1	3
2019/2020	0	2	0	0	2
2020/2021	0	0	0	0	0
2021/2022	1	0	0	0	1

Table 3 identifies dental assisting course application status in FYs 2018/2019, 2019/2020, 2020/21, and 2021/22. FY 2021/22 includes data through September 30, 2021.

Table 3
Dental Assisting Program and Course Application Status

Program/Course	Approved				Denied				Curriculum Approved-Pending Site Visit				In the Review				Deficient			
	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22
RDA Program	2	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0
RDAEF Program	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF-ITR	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Radiation Safety	7	10	9	2	0	0	0	0	0	0	0	0	0	1	1	4	1	2	3	3
Coronal Polishing	3	5	14	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	9
Pit & Fissure Sealant	2	3	9	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	7
Ultrasonic Scaling	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	1
Infection Control	6	9	10	5	0	0	0	0	0	0	0	0	0	0	0	6	0	0	1	1
DSA Permit	4	3	2	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1
OA Permit	5	5	7	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Total Applications	**30**	**38**	**53**	**22**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**3**	**17**	**1**	**4**	**9**	**24**

Table 4 provides the total number of approved dental assisting programs and courses as of September 30, 2021.

Table 4
Total Approved Dental Assisting Programs and Courses

RDA Program	RDAEF Program	RDAEF-ITR	Radiation Safety	Coronal Polishing	Pit & Fissure Sealant	Ultrasonic Scaling	Infection Control	DSA Permit	OA Permit
134	12	4	175	121	161	38	160	50	172

Table 5 identifies approved DA Program and Course providers by name and type of program from January 1, 2021 through September 30, 2021.

Table 5
Dental Assisting Program and Course Providers Approved 1/1/2021 Through 9/30/2021

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Dental Assisting Institute	1/22/21								X		
Dental Assisting Institute	1/22/21				X						
Wayne I. Kodama Institute of Dental Assisting	1/22/21								X		
Dental Assisting Institute	2/1/21					X					
Lollipop Pediatric Dentistry	2/22/21								X		
Premier Orthodontics	2/22/21										X
iEducation	3/3/21										X
Michael M. Thurman DDS, MSD	3/3/21										X
Wayne I. Kodama Institute of Dental Assisting	3/10/21				X						
Contra Costa Medical Career College	3/10/21				X						
Lake Tahoe Community College	3/17/21						X				
Lake Tahoe Community College	3/18/21					X					
Lollipop Pediatric Dentistry	3/25/21							X			
Contra Costa Medical Career College	3/30/21					X					
Contra Costa Medical Career College	3/30/21								X		
Contra Costa Medical Career College	3/30/21						X				
California Dental Certifications	4/8/21						X				
California Dental Certifications	4/8/21					X					
Central California Dental Academy	4/8/21				X						
California Dental Certifications	4/8/21				X						
Embrace Smile Orthodontics	4/8/21										X
Lollipop Pediatric Dentistry	4/9/21					X					
Eden Area Regional Occupational Program	4/12/21						X				
California Dental Certifications	4/28/21								X		
Eden Area Regional Occupational Program	5/11/21					X					
International Institute of Wellness	5/11/21										X
iEducation	5/14/21				X						

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Gregory K. Rabitz DDS	5/27/21					X					
Phillip Seim, DDS, Oral & Maxillofacial Surgery	5/27/21									X	
OC Dental Academy	5/27/21								X		
California Dental Educators	5/27/27								X		
Foothill College Dental Assisting Program	6/21/21					X					
California Dental Certifications	6/23/21							X			
Michael Koury, DDS, MD, Inc.	7/6/21									X	
Foothill College Dental Assisting Program	7/13/21								X		
Dentricity Dental Institute	7/13/21										X
Valentine Oral & Maxillofacial Surgery DP Inc.	7/26/21									X	
Chester George, DDS	7/26/21									X	
Sacramento Surgical Arts	8/6/21									X	
Sharo Fatehi	8/6/21									X	
Roseville Dental Academy	8/9/21								X		
Frank Beglin, DDS, MS, Inc.	8/11/21										X
William W. Evans, DMD, MD	8/13/21									X	
John A. Boghossian, DDS, Inc.	8/13/21									X	
Michael J.H. McDonald, DMD, Inc.	8/13/21									X	
International Academy of Dental Implantology	8/16/21					X					
Pacific Dental Services	8/19/21				X						
iEducation	8/25/21								X		
Santa Clarita School of Dental Assisting	8/25/21								X		
Sugarbug Dental & Orthodontics	8/30/21								X		
Pearl Orthodontics	9/1//21								X		
Gregory Heise & Craig Alpha OMS	9/2/21									X	
Lindon Ken Kawahara, MD, DMD, Inc.	9/2/21									X	
Southern California Orthodontic Assisting School	9/28/21				X						
Antonio Arredondo, DDS	9/30/21									X	
PROGRAM/COURSE TOTALS		**0**	**0**	**0**	**8**	**9**	**4**	**2**	**13**	**12**	**7**
TOTAL APPROVALS = 55											

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MEMORANDUM

DATE	October 27, 2021
TO	Members of the Dental Assisting Council
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 5:** Update Regarding Council Member Vacancies and Recruitment

Background:
The Dental Board of California (Board) received two resignations from Dental Assisting Council (Council) members since the August Council meeting.

On August 20, 2021, Ms. Melinda Cazares, RDA submitted her verbal resignation as a member of the Council. Ms. Cazares served in a position designated for a registered dental assistant employed clinically in a private dental practice/public safety net/or dental health care clinic. Her term would have expired August 1, 2023.

On October 25, 2021, the Board received an email from Ms. Michele Jawad, RDA indicating that, with a heavy heart, she was submitting her resignation as a member of the Council. Due to a reorganization that occurred at the University of California, San Francisco, Ms. Jawad's position there was eliminated. She took a new position as faculty at a local high school. She indicated that due to COVID and teacher shortages she did not see a way in which she could continue to participate on the Council. Ms. Jawad served in a position designated for a registered dental assistant employed clinically in a private dental practice/public safety net/or dental health care clinic. Her term would have expired March 1, 2022.

A recruitment notice for these two vacancies will be posted on the Board's website. As in the past, Ms. Rosalinda Olague, RDA and Ms. Joanne Pacheco, RDH will review the applications received and conduct interviews early next year; and will likely bring recommendations for candidates to fill these vacancies to the full board meeting in February 2022.

Action Requested:
None

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MEMORANDUM

DATE	October 5, 2021
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 6:** Update on Dental Assisting Examination Statistics

Background:
The following table provides the examination statistics for candidates who took dental assisting examinations in the past three fiscal years (FYs). The data captured for FY 2021/2022 is July 1, 2021 through September 30, 2021.

License Type		RDA	OA	DSA	RDAEF		
		Written	Written	Written	Clinical	Practical	Written
FY 2021/22	Total 1st Time Candidates Tested	444	41	N/A	54	58	35
	1st Time Candidates Pass	287	12	N/A	37	46	29
	1st Time Candidates Pass %	65%	29%	N/A	69%	79%	83%
	1st Time Candidates Fail	157	29	N/A	17	12	6
	1st Time Candidates Fail %	35%	71%	N/A	31%	21%	17%
	Total Repeat Candidates Tested	274	60	N/A	14	19	17
	Repeat Candidates Pass	95	11	N/A	9	12	10
	Repeat Candidates Pass %	35%	18%	N/A	64%	63%	59%
	Repeat Candidates Fail	179	49	N/A	5	7	7
	Repeat Candidates Fail %	65%	82%	N/A	36%	37%	41%
	Total Candidates Tested	**718**	**101**	**N/A**	**68**	**77**	**52**
	Total Candidates Passed	**382**	**23**	**N/A**	**46**	**58**	**39**
	Total Candidates Pass %	**53%**	**23%**	**N/A**	**68%**	**75%**	**75%**
	Total Candidates Failed	**336**	**78**	**N/A**	**22**	**19**	**13**
	Total Candidates Fail %	**47%**	**77%**	**N/A**	**32%**	**25%**	**25%**
FY 2020/21	Total 1st Time Candidates Tested	1,698	163	3	N/A	N/A	159
	1st Time Candidates Pass	1,310	84	2	N/A	N/A	136
	1st Time Candidates Pass %	77%	52%	67%	N/A	N/A	86%
	1st Time Candidates Fail	388	79	1	N/A	N/A	23
	1st Time Candidates Fail %	23%	48%	33%	N/A	N/A	14%
	Total Repeat Candidates Tested	868	187	2	N/A	N/A	29
	Repeat Candidates Pass	376	51	1	N/A	N/A	21
	Repeat Candidates Pass %	43%	27%	50%	N/A	N/A	72%
	Repeat Candidates Fail	492	136	1	N/A	N/A	8
	Repeat Candidates Fail %	57%	73%	50%	N/A	N/A	28%
	Total Candidates Tested	**2,566**	**350**	**5**	**N/A**	**N/A**	**188**
	Total Candidates Passed	**1,686**	**135**	**3**	**N/A**	**N/A**	**157**
	Total Candidates Pass %	**66%**	**39%**	**60%**	**N/A**	**N/A**	**84%**
	Total Candidates Failed	**880**	**215**	**2**	**N/A**	**N/A**	**31**

	Total Candidates Fail %	**34%**	**61%**	**40%**	**N/A**	**N/A**	**16%**
FY 2019/20	Total 1st Time Candidates Tested	2,108	206	6	56	64	98
	1st Time Candidates Pass	1,412	105	6	29	35	73
	1st Time Candidates Pass %	67%	51%	100%	52%	55%	74%
	1st Time Candidates Fail	697	101	0	27	29	25
	1st Time Candidates Fail %	33%	49%	0%	48%	45%	26%
	Total Repeat Candidates Tested	1,469	174	N/A	24	21	55
	Repeat Candidates Pass	632	94	N/A	11	7	31
	Repeat Candidates Pass %	43%	54%	N/A	46%	33%	56%
	Repeat Candidates Fail	837	80	N/A	13	14	24
	Repeat Candidates Fail %	57%	46%	N/A	54%	67%	44%
	Total Candidates Tested	**3,577**	**380**	**6**	**80**	**85**	**153**
	Total Candidates Passed	**2,044**	**199**	**6**	**40**	**42**	**104**
	Total Candidates Pass %	**57%**	**52%**	**100%**	**50%**	**49%**	**68%**
	Total Candidates Failed	**1,534**	**181**	**0**	**40**	**43**	**49**
	Total Candidates Fail %	**43%**	**48%**	**0%**	**50%**	**51%**	**32%**

Additional information regarding written examination statistics for the RDA General and Law and Ethics Written Examination, the RDAEF Written Examination, the Orthodontic Assistant Permit Written Examination, and the Dental Sedation Assistant Permit Written Examination are available on the Board's website located here: https://dbc.ca.gov/applicants/rda_written_exam_stats_2021.shtml

Action Requested:
Informational only. No action required.

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MEMORANDUM

DATE	October 15, 2021
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 7:** Update on Dental Assisting Licensing Statistics

Dental Assistant License Application Statistics

The following tables provide monthly dental assistant application statistics for fiscal years (FY) 18/19, 19/20, 20/21 and 21/22. The data provided for FY 21/22 is through September 30, 2021.

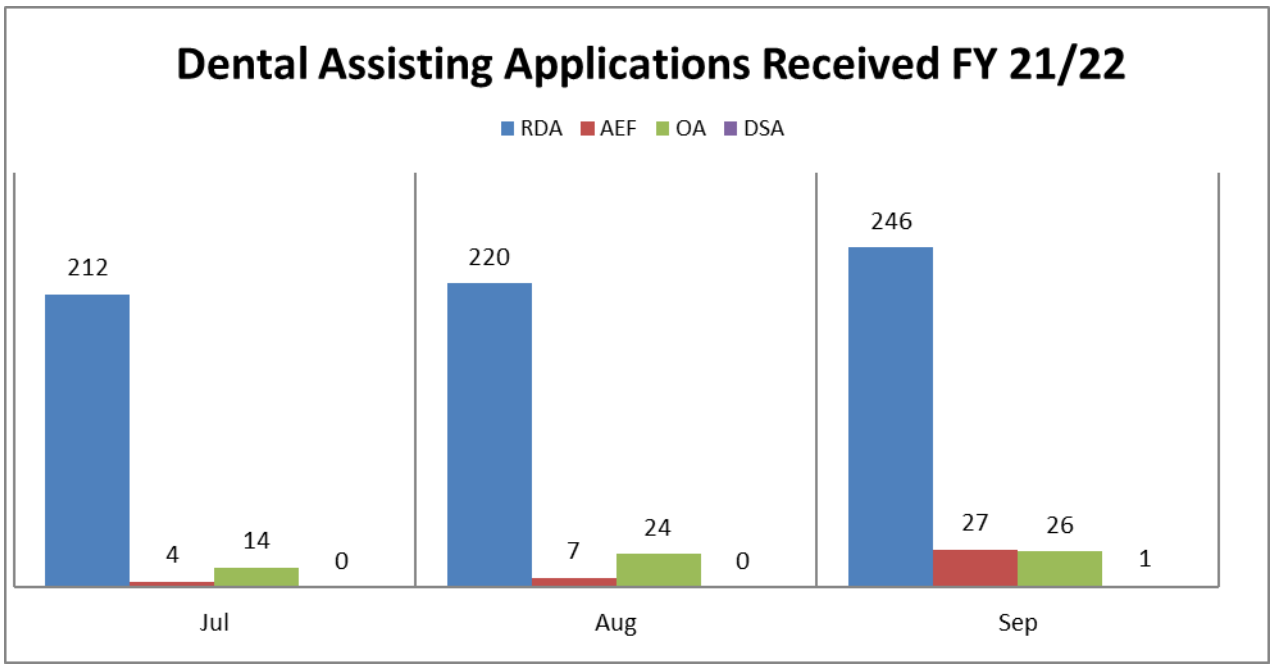
Dental Assistant Applications Received by Month													
	July	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	234	299	179	156	133	178	150	203	254	267	222	449	**2,724**
RDA 19/20	325	204	320	328	131	326	204	153	273	47	42	100	**2,453**
RDA 20/21	128	120	288	409	134	210	263	120	215	239	195	340	**2,661**
RDA 21/22	212	220	246	-	-	-	-	-	-	-	-	-	**678**
RDAEF 18/19	19	29	2	3	0	2	0	1	35	42	19	1	**153**
RDAEF 19/20	9	11	11	1	0	5	45	1	69	6	1	3	**162**
RDAEF 20/21	3	13	17	2	4	0	1	11	12	36	13	14	**126**
RDAEF 21/22	4	7	27	-	-	-	-	-	-	-	-	-	**38**
OA 18/19	44	26	27	12	16	31	15	43	50	32	28	27	**351**
OA 19/20	20	31	31	47	14	42	19	18	17	6	2	11	**258**
OA 20/21	14	16	15	21	9	25	10	15	28	21	23	29	**226**
OA 21/22	14	24	26	-	-	-	-	-	-	-	-	-	**64**
DSA 18/19	0	1	1	0	1	0	1	0	0	1	0	0	**5**
DSA 19/20	0	0	5	0	0	0	1	0	2	2	0	2	**12**
DSA 20/21	0	0	1	0	0	0	1	1	0	0	0	4	**7**
DSA 21/22	0	0	1	-	-	-	-	-	-	-	-	-	**1**
Dental Assistant Applications Approved by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	259	242	204	226	202	166	122	162	181	182	131	161	**2,238**
RDA 19/20	339	316	213	235	195	216	126	239	80	209	106	105	**2,379**
RDA 20/21	65	47	248	188	69	89	261	239	219	244	146	92	**1,907**
RDA 21/22	225	273	225	-	-	-	-	-	-	-	-	-	**723**

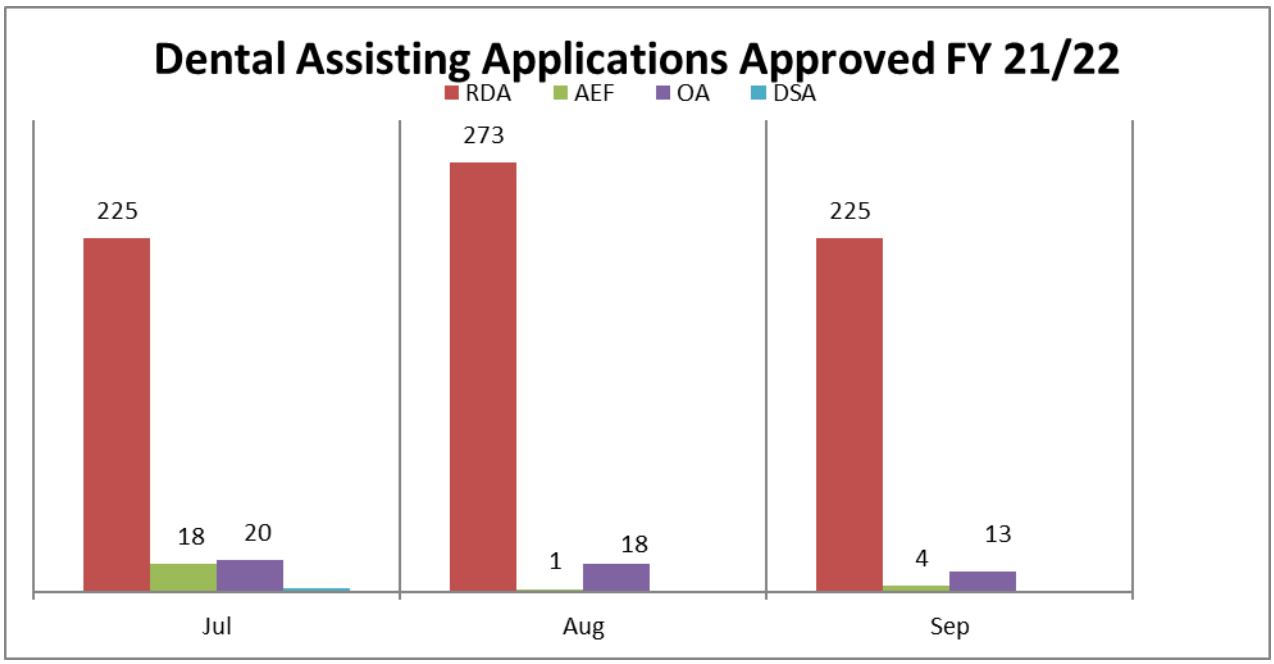
Dental Assistant Applications Approved by Month – Cont'd													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDAEF 18/19	7	21	13	13	7	1	0	0	33	41	17	0	**153**
RDAEF 19/20	2	0	11	20	2	1	17	31	1	6	0	0	**91**
RDAEF 20/21	36	19	23	17	1	5	2	3	19	10	23	20	**178**
RDAEF 21/22	18	1	4	-	-	-	-	-	-	-	-	-	**23**
OA 18/19	24	38	20	31	21	14	12	34	37	21	19	11	**282**
OA 19/20	26	19	37	26	23	17	23	24	7	25	10	5	**242**
OA 20/21	0	4	22	12	13	7	18	28	17	31	14	7	**173**
OA 21/22	20	18	13	-	-	-	-	-	-	-	-	-	**51**
DSA 18/19	1	1	1	1	1	0	0	0	1	1	0	0	**7**
DSA 19/20	0	0	0	1	0	1	0	0	1	2	1	0	**6**
DSA 20/21	3	0	0	0	0	0	0	0	0	0	0	0	**3**
DSA 21/22	2	0	0	-	-	-	-	-	-	-	-	-	**2**
Dental Assistant Licenses Issued by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	293	216	228	223	204	205	193	117	149	202	106	192	**2,328**
RDA 19/20	217	184	245	252	248	294	185	146	104	27	51	81	**2,034**
RDA 20/21	179	19	263	90	215	67	87	124	204	167	137	181	**1,733**
RDA 21/22	244	151	126	-	-	-	-	-	-	-	-	-	**521**
RDAEF 18/19	3	24	4	3	8	1	0	0	32	14	2	70	**161**
RDAEF 19/20	7	20	3	12	7	2	2	12	11	0	1	1	**78**
RDAEF 20/21	1	2	0	0	1	1	0	0	0	0	0	0	**5**
RDAEF 21/22	0	46	1	-	-	-	-	-	-	-	-	-	**47**
OA 18/19	30	28	28	20	20	17	32	15	15	22	20	22	**269**
OA 19/20	18	28	18	25	29	17	19	12	16	5	8	10	**205**
OA 20/21	11	7	9	16	9	5	8	10	11	12	22	9	**129**
OA 21/22	10	17	2	-	-	-	-	-	-	-	-	-	**29**
DSA 18/19	1	1	0	1	0	0	1	1	0	2	1	0	**8**
DSA 19/20	0	0	0	1	0	1	0	1	0	0	1	3	**7**
DSA 20/21	0	1	0	2	0	0	0	0	0	0	0	0	**3**
DSA 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Cancelled Dental Assistant Applications by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	5	12	6	1	5	3	0	2	1	0	0	0	**35**
RDA 19/20	3	0	4	1	1	1	2	2	4	0	0	1	**19**
RDA 20/21	0	0	0	1	0	1	2	1	2	0	3	1	**11**
RDA 21/22	0	1	4	-	-	-	-	-	-	-	-	-	**5**
RDAEF 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
RDAEF 19/20	0	1	1	1	0	0	0	0	1	1	0	0	**5**
RDAEF 20/21	0	1	0	0	1	1	2	0	1	0	0	2	**8**
RDAEF 21/22	8	0	0	-	-	-	-	-	-	-	-	-	**8**

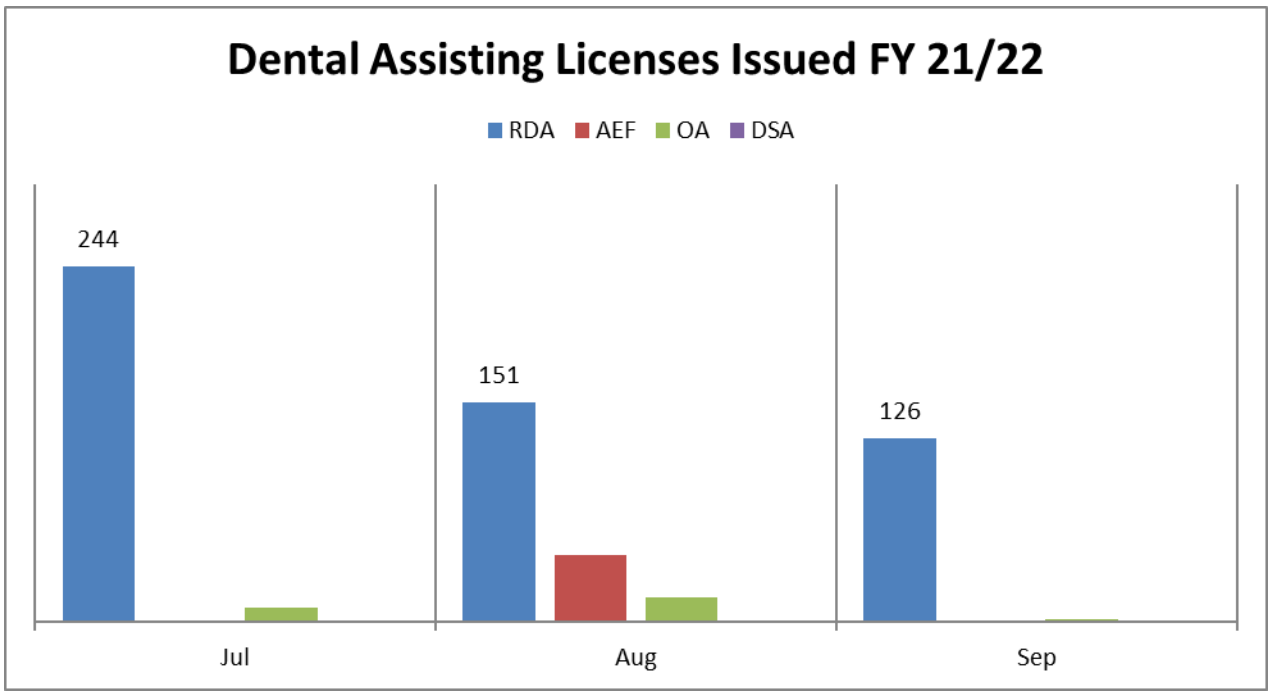
Cancelled Dental Assistant Applications by Month – Cont'd													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
OA 18/19	0	1	1	0	0	2	0	0	0	0	0	0	**4**
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
OA 21/22	0	0	1	-	-	-	-	-	-	-	-	-	**1**
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Withdrawn Dental Assistant Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	14	19	11	9	20	13	0	0	0	0	0	0	**86**
RDA 19/20	7	1	6	3	7	0	6	0	7	1	1	1	**40**
RDA 20/21	0	3	7	2	1	3	1	1	2	0	0	1	**21**
RDA 21/22	3	2	0	-	-	-	-	-	-	-	-	-	**5**
RDAEF 18/19	0	0	0	0	1	0	0	0	0	0	0	0	**1**
RDAEF 19/20	0	1	0	0	0	0	1	0	0	0	0	0	**2**
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	2	0	**2**
RDAEF 21/22	1	0	1	-	-	-	-	-	-	-	-	-	**2**
OA 18/19	0	1	1	1	0	0	0	0	1	0	0	0	**4**
OA 19/20	1	2	1	0	0	0	2	1	0	0	0	0	**7**
OA 20/21	1	0	0	0	0	0	0	0	0	0	0	0	**1**
OA 21/22	0	2	0	-	-	-	-	-	-	-	-	-	**2**
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 20/21	0	0	0	0	0	0	0	1	0	0	0	0	**1**
DSA 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Denied Dental Assistant Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA 18/19	0	0	0	0	2	0	2	1	1	0	0	0	**6**
RDA 19/20	2	2	0	0	0	0	1	1	0	1	1	1	**9**
RDA 20/21	1	0	0	0	0	0	1	0	3	2	0	2	**9**
RDA 21/22	1	0	0	-	-	-	-	-	-	-	-	-	**1**
RDAEF 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
RDAEF 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
RDAEF 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
OA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	1	**1**
OA 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**

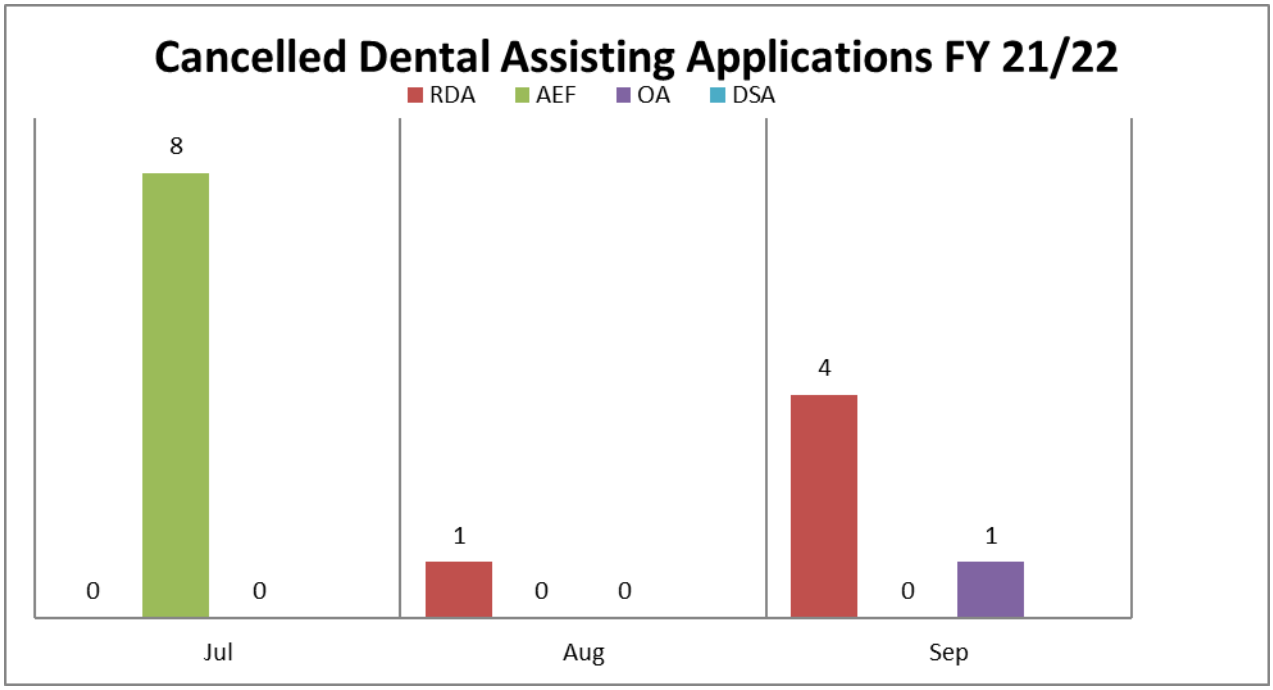
Denied Dental Assistant Applications by Month – Cont'd													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DSA 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**

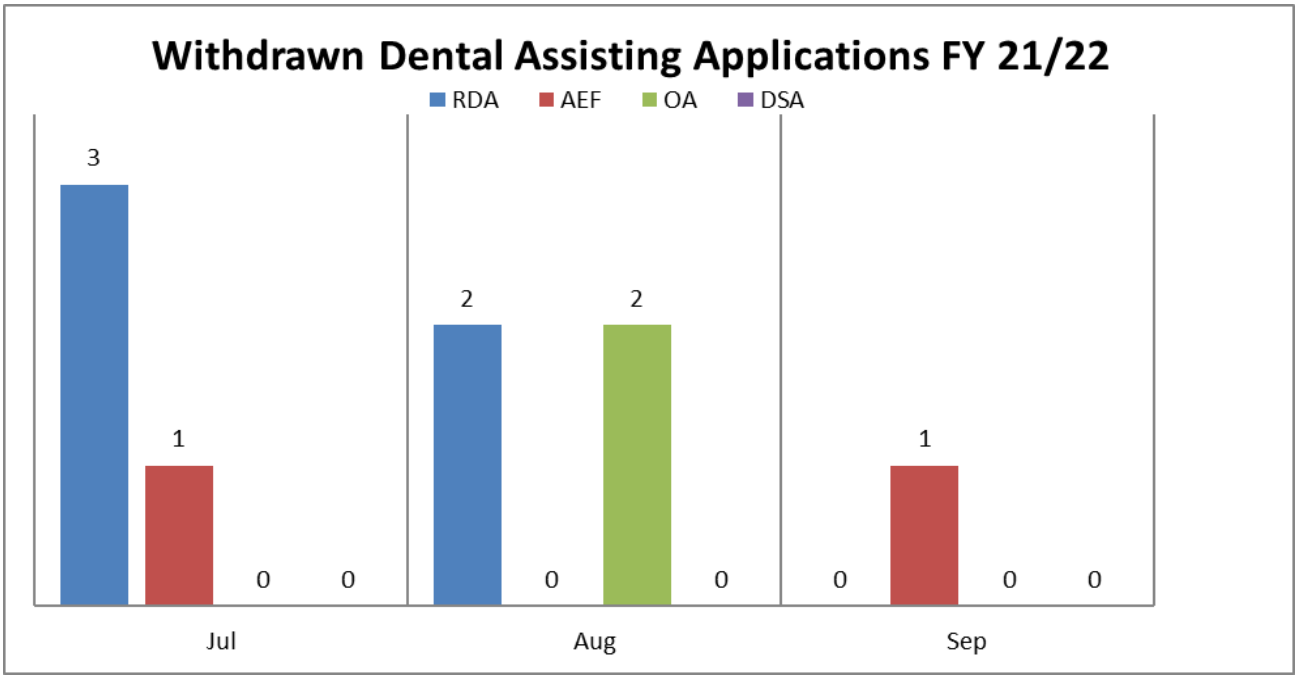
Application Definitions	
Received	Application received in paper format or electronically through BreEZe system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved and license issued.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application for eligibility of licensure.
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

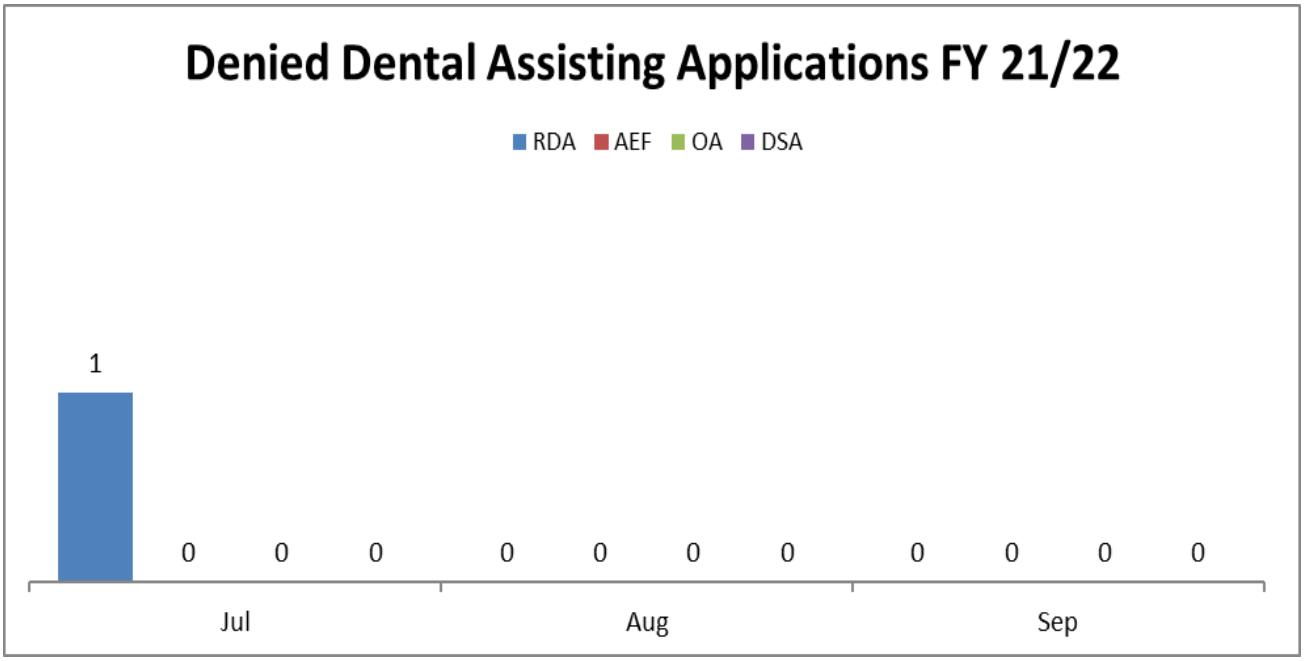

Dental Assisting Applications Received FY 21/22
RDA
AEF
OA
DSA
212
4
14
0
220
7
24
0
246
27
26
1
Jul
Aug
Sep


Dental Assisting Applications Approved FY 21/22
RDA
AEF
OA
DSA
225
18
20
273
1
18
225
4
13
Jul
Aug
Sep


Dental Assisting Licenses Issued FY 21/22
RDA
AEF
OA
DSA
244
151
126
Jul
Aug
Sep


Cancelled Dental Assisting Applications FY 21/22
RDA
AEF
OA
DSA
0
8
0
1
0
0
4
0
1
Jul
Aug
Sep


Withdrawn Dental Assisting Applications FY 21/22
RDA
AEF
OA
DSA
3
1
0
0
2
0
2
0
0
1
0
0
Jul
Aug
Sep


Denied Dental Assisting Applications FY 21/22
RDA
AEF
OA
DSA
1
0
0
0
0
0
0
0
0
0
0
Jul
Aug
Sep

Dental Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years (FY) 18/19, 19/20, 20/21 and 21/22.

License Type	License Status	FY18/19	FY 19/20	FY 20/21	FY 21/22
Registered Dental Assistant	Active	30,116	30,465	30,317	30,421
	Inactive	4,401	4,321	4,155	4,201
	Delinquent	11,471	11,636	11,802	11,682
	Cancelled	46,276	47,759	49,700	50,033
License Type	**License Status**	**FY18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Registered Dental Assistant in Expanded Functions	Active	1,542	1,584	1,522	1,561
	Inactive	72	75	74	77
	Delinquent	212	213	251	249
	Cancelled	323	350	379	385
License Type	**License Status**	**FY18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Orthodontic Assistant	Active	1,137	1,281	1,340	1,361
	Inactive	19	23	34	40
	Delinquent	109	158	211	206
	Cancelled	2	4	13	18
License Type	**License Status**	**FY18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Dental Sedation Assistant	Active	1,167	36	38	38
	Inactive	21	2	3	3
	Delinquent	125	15	13	13
	Cancelled	2	2	4	4

Definitions	
Active	An individual who has an active status and has completed all renewal requirements receives this status.
Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status. Total number of licenses / permits cancelled to date.

The following table provides statistics on population, current and active Registered Dental Assistant (RDA) licenses by county, and population per RDA license by county for fiscal years (FY) 19/20, 20/21 and for 21/22.

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Alameda	1,275	1,669,301	1,309	1,475	1:1	1,252	1,670,834	1,334	1,497	1:1	1,249	1,682,353	1,346	1,515	1:1
Alpine	1	1,162	1,162	1	1:1	0	1,142	N/A	1	0:1	0	1,204	N/A	1	0:1
Amador	59	38,294	649	23	3:1	57	37,676	660	23	2:1	53	40,474	764	22	2:1
Butte	263	226,466	861	130	2:1	267	210,291	787	126	2:1	267	211,632	793	129	2:1
Calaveras	59	45,117	764	17	3:1	61	45,023	738	18	3:1	59	45,292	768	19	3:1
Colusa	26	22,117	850	6	4:1	28	21,902	782	6	5:1	28	21,839	780	6	5:1
Contra Costa	1,284	1,155,879	900	1,117	1:1	1,285	1,153,561	897	1,123	1:1	1,278	1,165,927	912	1,112	1:1
Del Norte	29	27,401	944	13	2:1	29	27,298	941	15	2:1	30	27,743	925	15	2:1
El Dorado	227	191,848	845	160	1:1	220	193,227	878	161	1:1	215	191,185	889	161	1:1
Fresno	874	1,018,241	1,165	613	1:1	907	1,023,358	1,128	622	1:1	920	1,008,654	1,096	617	1:1
Glenn	45	29,132	647	10	5:1	49	29,400	600	10	5:1	50	28,917	578	9	6:1
Humboldt	168	135,333	805	70	2:1	170	133,302	784	68	2:1	170	136,463	803	67	3:1
Imperial	92	190,266	2,068	40	2:1	85	188,777	2,220	38	2:1	88	179,702	2,042	39	2:1
Inyo	13	18,593	1,430	11	1:1	11	18,584	1,689	9	1:1	12	19,016	1,585	9	1:
Kern	628	916,464	1,459	360	2:1	624	917,553	1,470	350	2:1	632	909,235	1,439	349	2:1
Kings	139	153,710	1,105	67	2:1	139	153,608	1,105	64	2:1	139	152,486	1,097	64	2:1
Lake	84	65,071	774	46	2:1	90	64,040	711	45	2:1	88	68,163	775	45	2:1
Lassen	54	30,150	558	24	2:1	48	28,833	600	24	2:1	48	32,730	682	24	2:1
Los Angeles	4,776	10,253,716	2,146	8,426	1:2	4,748	10,172,951	2,142	8,502	1:2	4,739	10,014,009	2,113	8,541	1:2
Madera	133	159,536	1,199	45	3:1	137	158,147	1,154	43	3:1	135	156,255	1,157	45	3:1
Marin	186	262,879	1,413	310	1:2	183	260,831	1,425	304	1:2	183	262,321	1,433	311	1:2
Mariposa	13	18,068	1,389	7	2:1	15	18,067	1,204	7	2:1	15	17,131	1,142	7	2:1
Mendocino	103	89,009	864	53	2:1	103	87,946	853	52	2:1	103	91,601	889	53	2:1

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Merced	249	282,928	1,136	93	3:1	252	283,521	1,125	91	3:1	249	281,202	1,129	92	3:1
Modoc	5	9,602	1,920	4	1:1	4	9,570	2,392	5	1:1	4	8,700	2,175	5	1:1
Mono	6	13,616	2,269	3	2:1	5	13,464	2,692	3	2:1	6	13,195	2,199	4	2:1
Monterey	400	445,414	1,113	263	2:1	392	441,143	1,125	259	2:1	390	439,035	1,126	262	2:1
Napa	149	140,779	944	115	1:1	137	139,088	1,015	113	1:1	137	138,019	1,007	111	1:1
Nevada	94	98,904	1,052	79	1:1	96	98,114	1,022	77	1:1	92	102,241	1,111	79	1:1
Orange	1,847	3,222,498	1,744	3,901	1:2	1,823	3,194,332	1,752	4,005	1:2	1,797	3,186,989	1,774	4,061	1:2
Placer	509	396,691	779	468	1:1	507	403,711	796	471	1:1	495	404,739	818	467	1:1
Plumas	20	19,779	988	13	2:1	19	18,260	961	15	1:1	19	19,790	1,041	15	1:1
Riverside	2,089	2,440,124	1,168	1,102	2:1	2,126	2,442,304	1,148	1,111	2:1	2,092	2,418,185	1,156	1,126	2:1
Sacramento	1,679	1,546,174	920	1,109	2:1	1,662	1,555,365	935	1,159	1:1	1,679	1,585,055	944	1,175	1:1
San Benito	97	62,296	642	21	5:1	106	62,353	588	23	5:1	114	64,209	563	24	5:1
San Bernardino	1,620	2,192,203	1,353	1,352	1:1	1,567	2,180,537	1,391	1,381	1:1	1,560	2,181,654	1,398	1,403	1:1
San Diego	2,656	3,351,786	1,261	2,750	1:1	2,659	3,343,355	1,257	2,779	1:1	2,646	3,298,634	1,247	2,790	1:1
San Francisco	449	883,869	1,968	1,243	1:3	437	897,806	2,054	1,225	1:3	433	873,965	2,018	1,236	1:3
San Joaquin	771	770,385	999	370	2:1	792	773,632	976	371	2:1	784	779,233	994	374	2:1
San Luis Obispo	227	280,393	1,235	230	1:1	222	277,259	1,248	225	1:1	227	282,424	1,244	211	1:1
San Mateo	629	774,485	1,231	872	1:1	605	773,244	1,278	858	1:1	599	764,442	1,276	854	1:1
Santa Barbara	352	454,593	1,291	326	1:1	352	451,840	1,283	324	1:1	362	448,229	1,349	320	1:1
Santa Clara	1,707	1,954,286	1,144	2,270	1:1	1,673	1,961,969	1,172	2,292	1:1	1,667	1,936,259	1,162	2,302	1:1
Santa Cruz	232	274,871	1,184	175	1:1	234	271,233	1,159	170	1:1	232	270,861	1,168	167	1:1
Shasta	199	178,773	898	107	2:1	189	178,045	942	115	2:1	189	182,155	964	114	2:1
Sierra	5	3,213	642	1	5:1	5	3,201	640	1	5:1	4	3,236	809	0	4:0
Siskiyou	33	44,584	1,351	23	1:1	34	44,461	1,307	24	1:1	31	44,076	1,422	22	1:1
Solano	646	441,307	683	283	2:1	641	440,224	686	287	2:1	629	453,491	721	291	2:1
Sonoma	686	500,675	729	397	2:1	671	492,980	734	393	2:1	665	488,863	735	402	2:1

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Stanislaus	596	558,972	937	275	2:1	594	557,709	938	273	2:1	594	552,878	930	276	2:1
Sutter	116	97,490	840	54	2:1	124	100,750	812	56	2:1	127	99,633	785	53	2:1
Tehama	86	64,387	748	27	3:1	87	65,129	748	29	3:1	89	65,829	740	31	3:1
Trinity	5	13,688	2,737	3	2:1	4	13,548	3,387	4	1:1	4	16,112	4,028	4	1:1
Tulare	457	479,112	1,048	218	2:1	451	479,977	1,064	227	2:1	440	473,117	1,075	227	2:1
Tuolumne	73	54,590	747	45	2:1	75	54,917	732	47	2:1	75	55,620	742	48	2:1
Ventura	544	856,598	1,574	670	1:1	550	842,886	1.532	666	1:1	542	843,843	1,557	675	1:1
Yolo	194	222,581	1,147	113	2:1	196	221,705	1,131	114	2:1	196	216,403	1,104	117	2:1
Yuba	90	77,916	865	8	11:1	88	78,887	896	7	13:1	86	81,575	949	7	12:1
TOTAL	**30,048**	**39,927,315**	**66,593**	**32,007**	**N/A**	**29,887**	**39,782,870**	**65,490**	**32,308**	**N/A**	**29,756**	**39,538,223**	**67,468**	**32,505**	**N/A**

*Population data obtained from Department of Finance, Demographic Research Unit
**Ratios are rounded to the nearest whole number

Counties with the Highest Population per RDA:	Trinity County (1:4,028)	Counties with Lowest Population per RDA:	Alpine County (No RDAs)
	Mono County (1:2,199)		San Benito County (1:563)
	Modoc County (1:2,175)		Glenn County (1:578)
	Los Angeles County (1:2,113)		Lassen County (1:682)
	Imperial County (1:2,042)		Solano County (1:721)

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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

MEMORANDUM

DATE	October 27, 2021
TO	Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 8:** Presentation by Department of Consumer Affairs, Office of Professional Examination Services (OPES) Regarding RDAEF Occupational Analysis

Background:
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 registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDAEFs must be able to perform safely and competently at the time they are licensed. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

A copy of the *Occupational Analysis of the Registered Dental Assistant in Extended Functions Profession, October 2021* is included in the meeting materials. Representatives from OPES will be presenting this occupational analysis at the meeting and will be available for questions.

Action Requested:
No action requested.

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

October 2021

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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 registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDAEFs must be able to perform safely and competently at the time they are licensed. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

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

In March 2021, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. RDAEFs participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., location of practice, years licensed). In May 2021, OPES convened a second workshop to review and finalize the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions to be used on a two-part OA questionnaire to be completed by a sample of RDAEFs statewide.

After the second workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDAEFs who participated in the March and May 2021 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in June and July 2021.

In the first part of the OA questionnaire, RDAEFs were asked to provide demographic information related to their work settings and practice. In the second part, RDAEFs were asked to rate specific tasks by frequency (i.e., how often the RDAEF performs the task in their current practice) and importance (i.e., how important the task is to effective performance in their current practice). They were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance of their current practice).

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDAEFs for whom the Board had an email address on file. Reminder emails were sent weekly after the initial invitation was made.

A total of 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the

data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs in California. Second, OPES excluded 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 August 2021. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that all knowledge statements were critical for safe and competent entry level performance as an RDAEF in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the Registered Dental Assistant in Extended Functions Written Examination outline.

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 RDAEF practice in California at the time of license issuance.

The examination outline developed as a result of this OA provides a basis for developing the Registered Dental Assistant in Extended Functions Written Examination.

OVERVIEW OF THE RDAEF WRITTEN EXAMINATION OUTLINE

	Content Area	Content Area Description	Percent Weight
1.	Preliminary Patient Evaluations	This area assesses the candidate's knowledge of evaluating patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.	25
2.	Treatment Procedures	This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations. These services are performed under the supervision of a licensed dentist.	57
3.	Health and Safety	This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.	8
4.	Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.	10
		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 the registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define RDAEF practice in terms of critical tasks that practitioners must be able to perform safely and competently when they are issued a license. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

Fifteen licensed RDAEFs participated as subject matter experts (SMEs) during the phases of the OA to ensure that the description of practice directly reflects the current RDAEF profession in California. These SMEs represented the occupation in terms of geographic location of practice and years of experience. In workshops, SMEs provided technical expertise and information regarding different aspects of current RDAEF practice. During these workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDAEF practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure 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 purposes of OAs, 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 § 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 registered dental assistant in extended functions occupation is described as follows in California B&P Code § 1753.5:

> (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.
>
> (b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:
>
> (1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
>
> (2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.
>
> (3) Cord retraction of gingiva for impression procedures.
>
> (4) Size and fit endodontic master points and accessory points.
>
> (5) Cement endodontic master points and accessory points.
>
> (6) Take final impressions for permanent indirect restorations.
>
> (7) Take final impressions for tooth-borne removable prosthesis.
>
> (8) Polish and contour existing amalgam restorations.
>
> (9) Place, contour, finish, and adjust all direct restorations.
>
> (10) Adjust and cement permanent indirect restorations.
>
> (11) Other procedures authorized by regulations adopted by the board.
>
> (c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks 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 meetings with SMEs. The statements were then organized into major content areas of practice.

OPES test specialists facilitated two workshops in March and May 2021. SMEs from diverse backgrounds (e.g., years licensed and geographic location) participated in these workshops. During the first workshop in March, SMEs evaluated the tasks 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 in May, the SMEs accomplished three tasks. First, they 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 identified knowledge statement was important for safe and competent performance as an RDAEF. 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. Second, SMEs evaluated the scales that would be used for rating task and knowledge statements. Finally, the SMEs reviewed and revised the proposed demographic questions for an online OA questionnaire.

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

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDAEFs' ratings of the tasks and knowledge statements. The surveyed RDAEFs were asked 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). In addition, they were asked to rate how important each knowledge statement 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 RDAEFs. 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 the 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 RDAEF practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered from June 29, 2021 to July 23, 2021.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs 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 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs 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 RDAEFs reported a range of years of experience and were distributed across the predefined experience level categories. A majority of respondents (51.3%) reported holding an RDAEF license for 5 years or fewer, while 48.7% reported holding an RDAEF license for 6 years or longer.

Table 2 and Figure 2 show that 28.6% of the respondents reported that they held a registered dental assistant (RDA) license for 5 years or fewer before obtaining their RDAEF license, while 33.6% reported that they held an RDA license for 6–10 years, and 37.8% reported that they held an RDA license for 11 years or longer. Table 3 and Figure 3 show that 43.7% of respondents reported that they had also worked as an unlicensed dental assistant for 1 year or less before obtaining an RDA license, while 46.2% reported that they had worked as a dental assistant for 1–5 years, and 9.2% reported that they had worked as a dental assistant for 6 years or longer.

Table 4 and Figure 4 show other licenses or certificates that respondents reported holding in addition to their RDAEF license. Most respondents reported holding an RDA license (75.6%), while 26.9% of respondents reported that they held an ultrasonic scaling certificate. A small proportion of respondents reported that they held an orthodontic assistant permit (6.7%) or a dental sedation assistant permit (3.4%).

Table 5 and Figure 5 show that 81.5% of the respondents reported that their primary work setting was located in an urban area, and 18.5% reported that it was located in a rural area. When asked about their primary work setting, 49.6% of respondents reported working in a private dental practice with two or more dentists, while 32.8% reported working in a private dental practice with one dentist. Approximately 11% of the respondents reported that they worked in either a public health dentistry or a school clinic setting (see Table 6 and Figure 6). When asked to describe the type of dentistry practiced in their primary work setting, 85.7% of

respondents reported that they worked in general dentistry, while 3.4% described their primary work setting as pedodontics, 1.7% as prosthodontics, and 0.8% as oral surgery (see Table 7 and Figure 7).

Table 8 and Figure 8 show that 56.3% of respondents reported being the only RDAEF working in their primary work setting, while 23.5% reported one additional RDAEF in their primary work setting, and (approximately) 20% reported 2–3 additional RDAEFs. Table 9 and Figure 9 show that approximately 13% of respondents reported that their work setting did not include any RDAs; 22.7% reported that their work setting included only 1 RDA; 37.8% reported 2–3 RDAs; and 26.1% reported 4 or more RDAs. Table 10 and Figure 10 show that 31.9% of respondents reported that their practice setting did not use unlicensed dental assistants, while 37% reported that one dental assistant worked in their primary work setting, 26.1% reported 2–3 dental assistants, and 5.1% reported 4 or more dental assistants.

Table 11 and Figure 11 show the breakdown of procedures performed in the respondent's primary work setting. Respondents were asked to select all that apply. Approximately 91.6% of respondents reported using manual impressions in their primary work setting, and 65.5% reported that digital scan impressions were being used in their primary work setting. In addition, 43.7% of respondents reported that CAD/CAM were used to fabricate restorations, and 38.7% reported using silver diamine fluoride.

Additional demographic information from respondents can be found in Tables 1–12 and Figures 1–11.

TABLE 1 – YEARS HOLDING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	1	0.9
1–5 years	60	50.4
6–10 years	27	22.7
11–15 years	13	10.9
16–20 years	8	6.7
More than 20 years	10	8.4
Total	119	100

FIGURE 1 – YEARS HOLDING RDAEF LICENSE

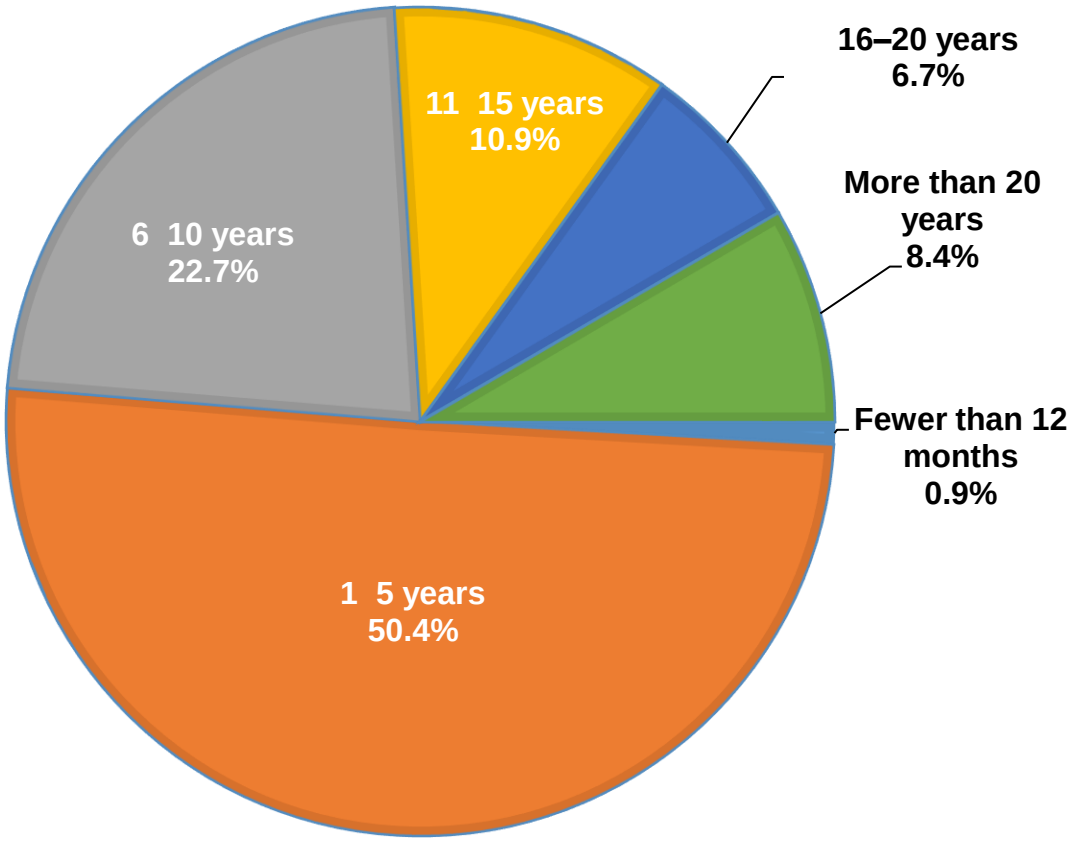


TABLE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	3	2.5
1–5 years	31	26.1
6–10 years	40	33.6
11–15 years	20	16.8
16–20 years	15	12.6
More than 20 years	10	8.4
Total	119	100

FIGURE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

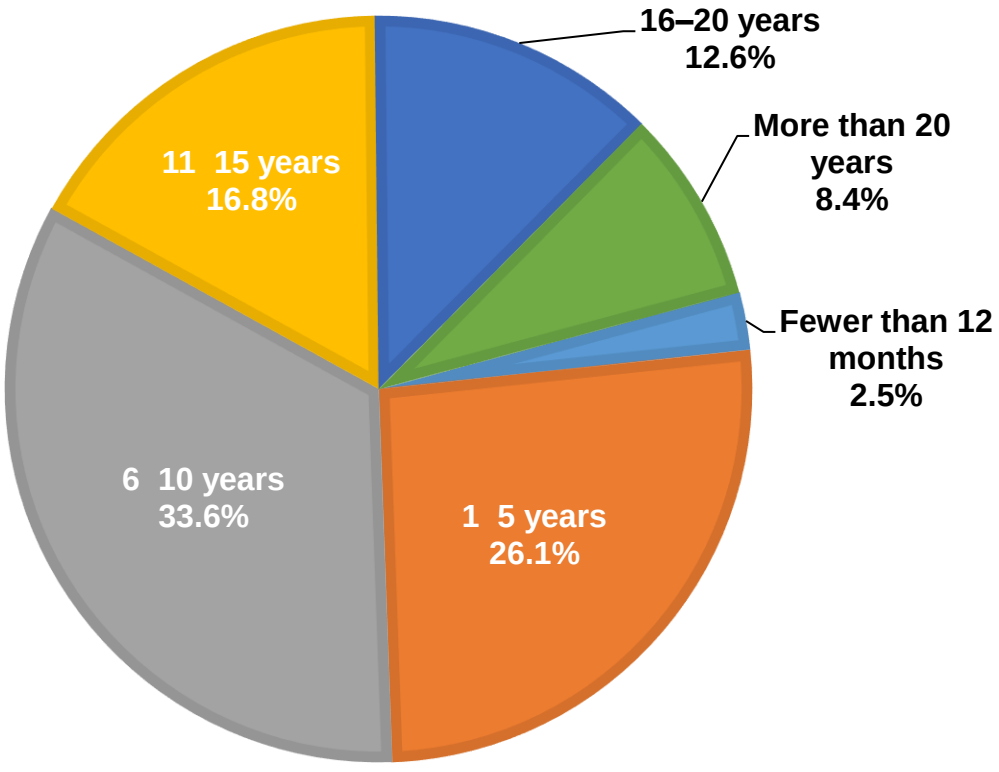


TABLE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	52	43.7
1–5 years	55	46.2
6–10 years	6	5.0
11–15 years	5	4.2
Missing	1	0.9
Total	119	100

FIGURE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

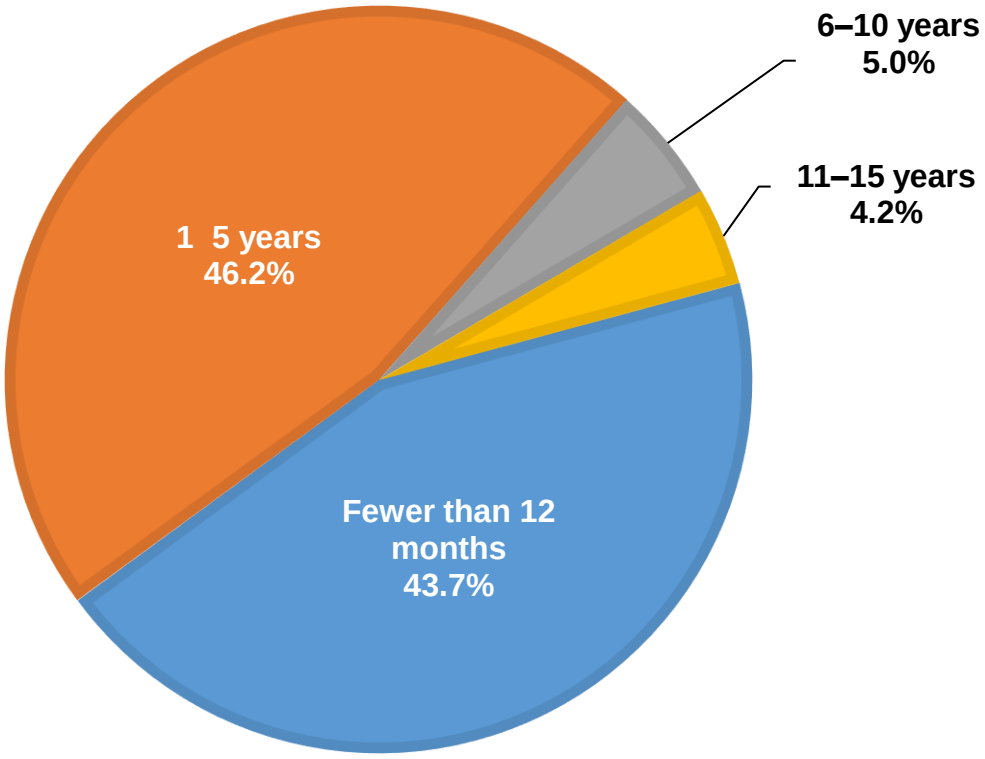


TABLE 4 – OTHER LICENSES AND CERTIFICATIONS HELD*

LICENSE/CERTIFICATE	NUMBER (N)	PERCENT**
Not applicable	15	12.6
Registered Dental Assistant (RDA)	90	75.6
Orthodontic Assistant Permit (OAP)	8	6.7
Dental Sedation Assistant (DSA)	4	3.4
Ultrasonic Scaling Certificate	32	26.9
Other	16	13.4

**NOTE: Respondents were asked to select all that apply.*
***NOTE: Percentages indicate the proportion in the sample of respondents.*

FIGURE 4 – OTHER LICENSES AND CERTIFICATIONS HELD

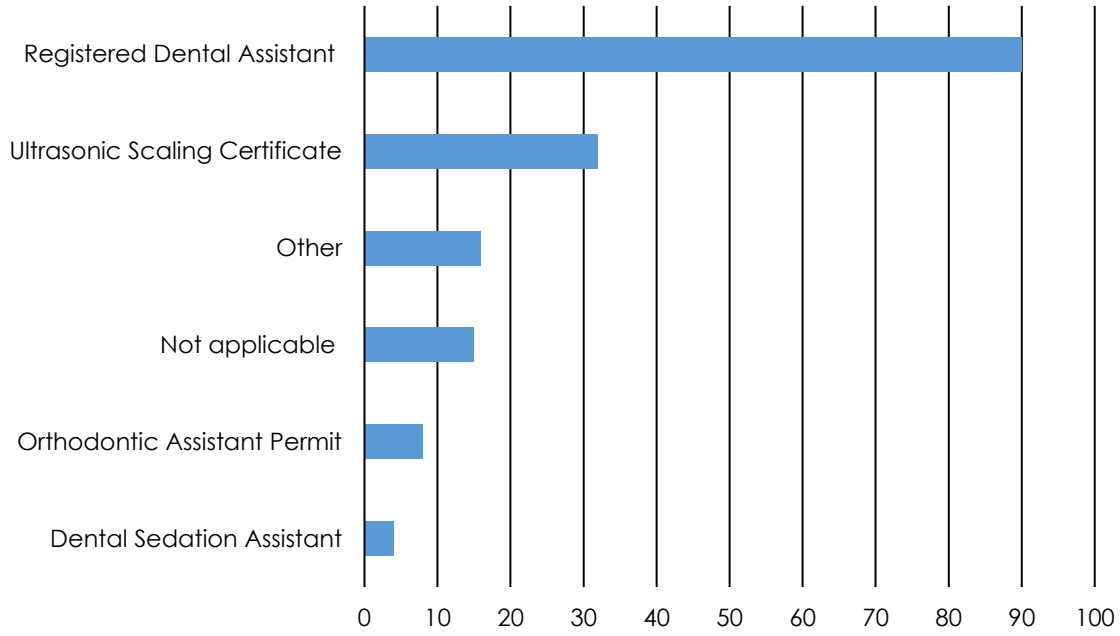


TABLE 5 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	97	81.5
Rural (fewer than 50,000 people)	22	18.5
Total	119	100

FIGURE 5 – LOCATION OF PRIMARY WORK SETTING

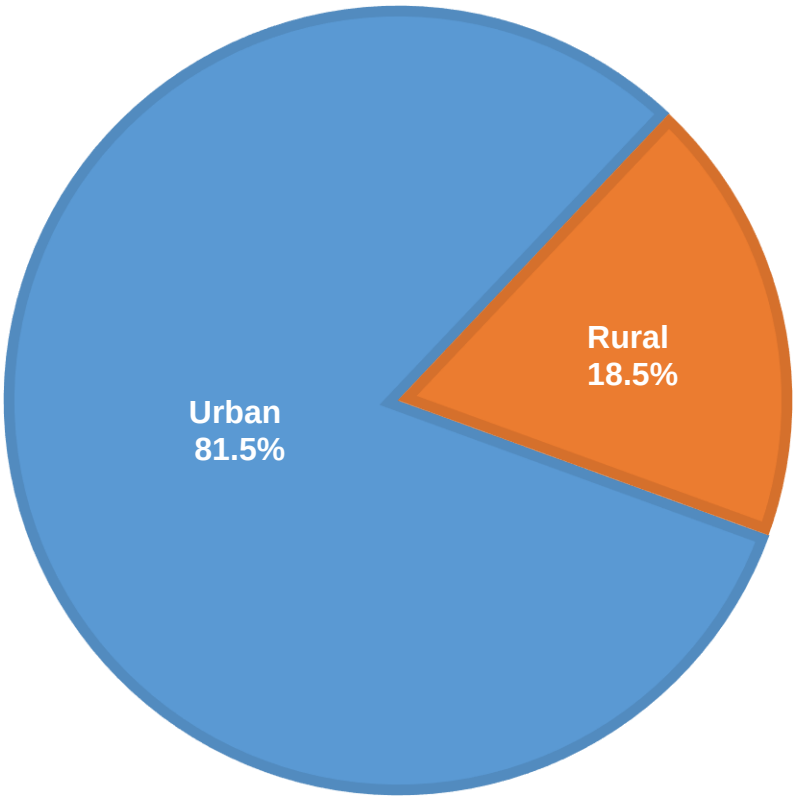


TABLE 6 – PRIMARY WORK SETTING DESCRIPTION

WORK SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	39	32.8
Private dental practice with two or more dentists	59	49.6
Public health dentistry	12	10.1
Dental school clinic	1	0.8
Other	8	6.7
Total	119	100

FIGURE 6 – PRIMARY WORK SETTING DESCRIPTION

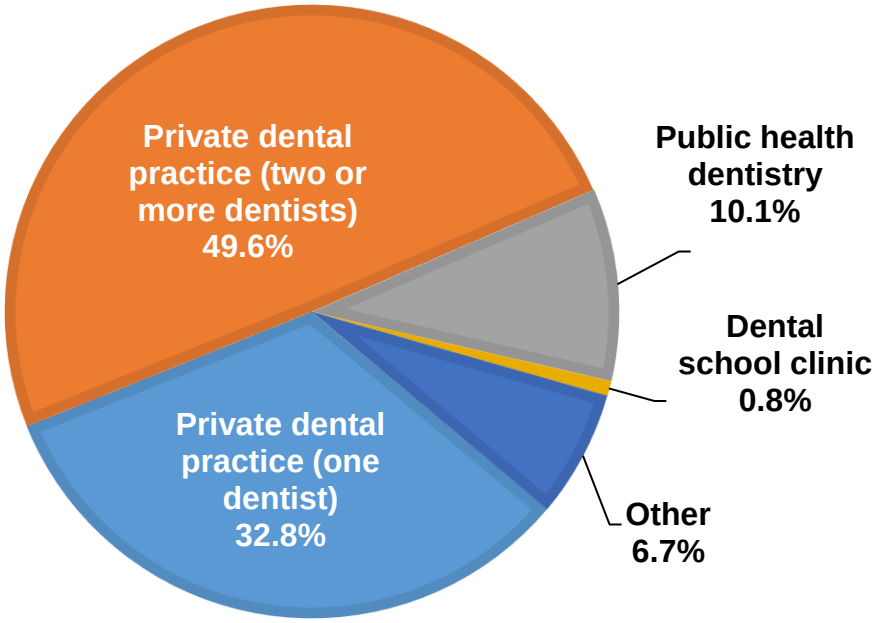


TABLE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	102	85.7
Pedodontic dentistry	4	3.4
Prosthodontic dentistry	2	1.7
Oral surgery	1	0.8
Other	10	8.4
Total	119	100

FIGURE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

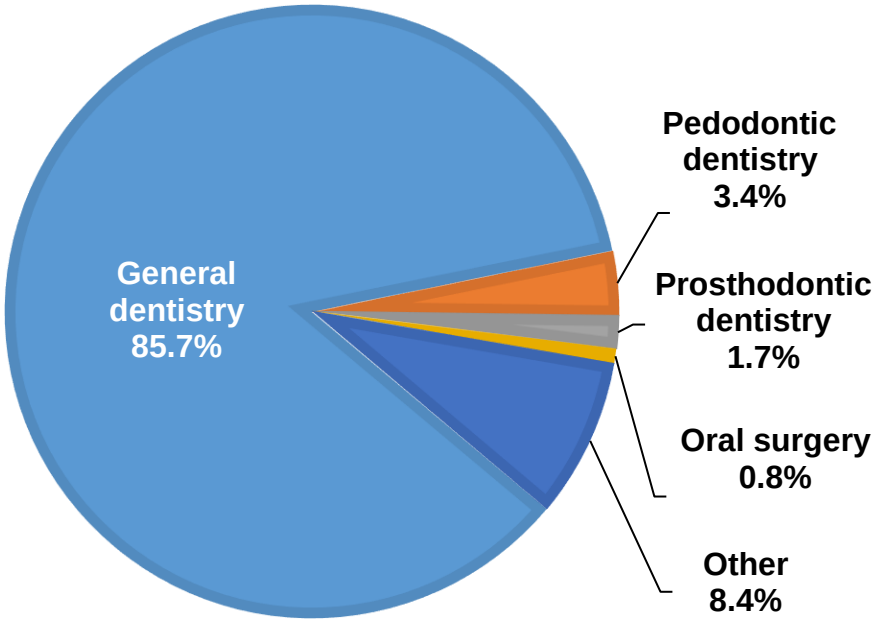


TABLE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

RDAEFs	NUMBER (N)	PERCENT
0	67	56.3
1	28	23.5
2	12	10.1
3	12	10.1
Total	119	100

FIGURE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

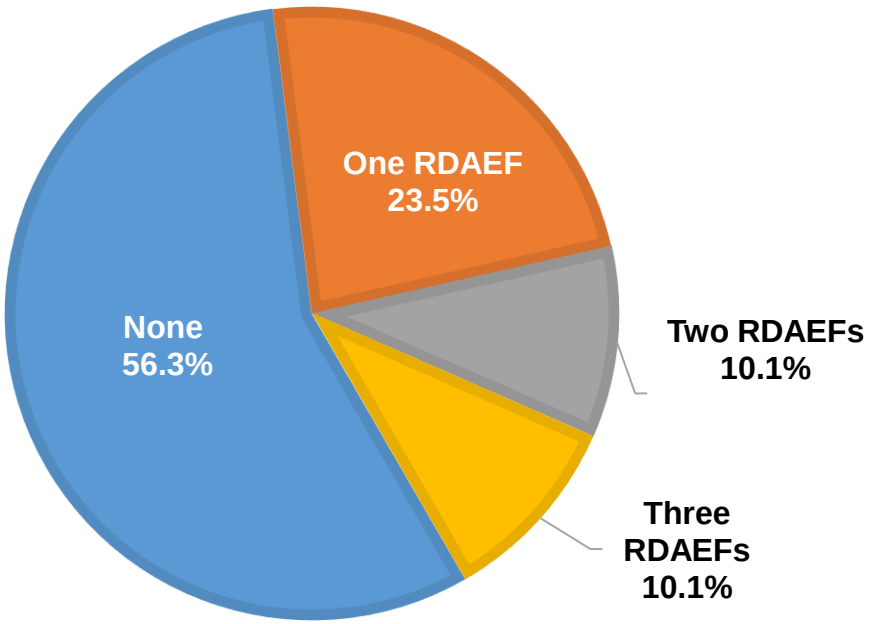


TABLE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

REGISTERED DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	16	13.4
1	27	22.7
2–3	45	37.8
4–5	7	5.9
More than 5	24	20.2
Total	119	100

FIGURE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

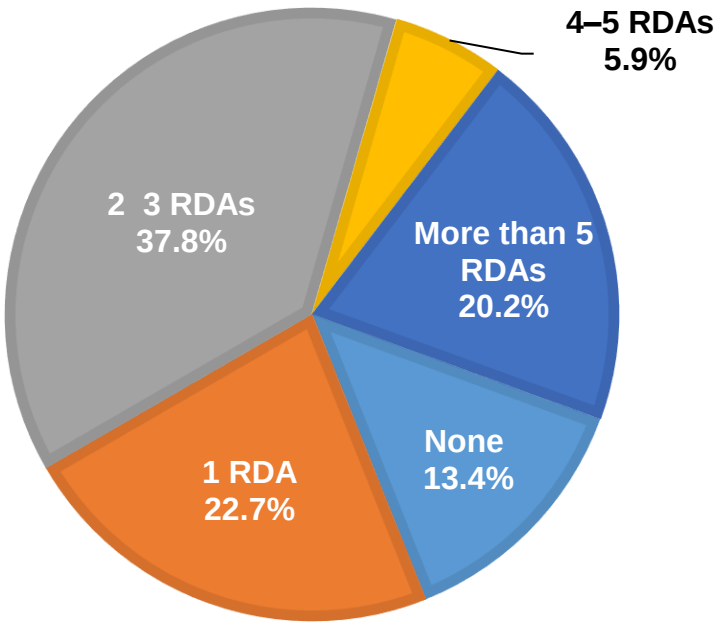


TABLE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	38	31.9
1	44	37.0
2–3	31	26.1
4–5	4	3.4
More than 5	2	1.7
Total	119	100*

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

FIGURE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

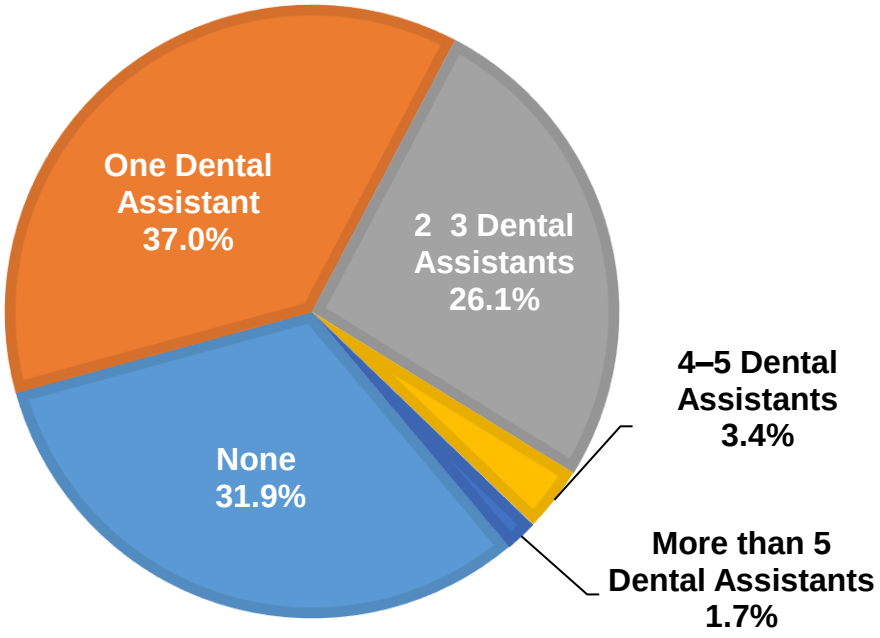


TABLE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING*

PROCEDURES	NUMBER (N)	PERCENT**
Not applicable	4	3.4
Digital scan impressions	78	65.5
Manual impressions	109	91.6
CAD/CAM restorations	52	43.7
Silver diamine fluoride	46	38.7
Other	13	10.9

**NOTE: Respondents were asked to select all that apply.*
***NOTE: Percentages indicate the proportion in the sample of respondents.*

FIGURE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING

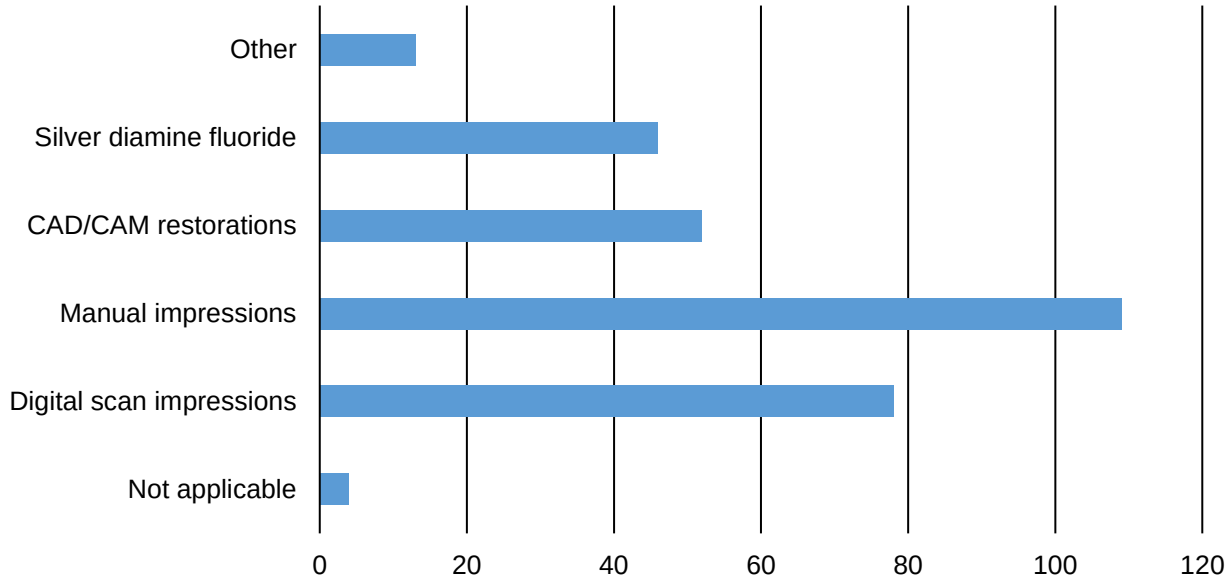


TABLE 12 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	20	16.8
San Francisco Bay Area	20	16.8
San Joaquin Valley	14	11.8
Sacramento Valley	23	19.3
San Diego County and Vicinity	5	4.2
Shasta-Cascade	2	1.7
Riverside and Vicinity	17	14.3
Sierra Mountain Valley	3	2.5
North Coast	5	4.2
South Coast and Central Coast	10	8.4
Total	119	100

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

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 13 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 α = .915; Importance α = .902). Table 14 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .980). These results indicate that the responding RDAEFs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 13 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Preliminary Patient Evaluations	7	.847	.875
2. Treatment Procedures	20	.899	.847
3. Health and Safety	4	.768	.770
4. Laws and Regulations	6	.771	.796
Overall	37	.915	.902

TABLE 14 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Preliminary Patient Evaluations	25	.964
2. Treatment Procedures	44	.968
3. Health and Safety	11	.934
4. Laws and Regulations	10	.943
Overall	90	.980

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 (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

Task criticality index = mean [(Fi) X (Ii)]

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 RDAEF SMEs in August 2021. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDAEF 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 RDAEF practice, the SMEs determined that all tasks were important to practice; therefore, all tasks were retained.

SMEs made a grammatical change to task 9 in the content area "Treatment Procedures." The SMEs changed the word "sulcus" to "tissue" for increased accuracy.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order and content area, are presented in Appendix C.

The SMEs who participated in the August 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 competent entry level performance as an RDAEF in California. The SMEs determined that all knowledge statements were important to practice; therefore, all knowledge statements were retained.

The SMEs made a lexical change to knowledge statement 64 in the content area “Treatment Procedures.” The SMEs changed the word “dental” to “oral” for increased accuracy.

TASK-KNOWLEDGE LINKAGE

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

CHAPTER 5 | EXAMINATION OUTLINE

CONTENT AREAS AND WEIGHTS

The SMEs in the August 2021 workshop were asked to verify the organization of task and knowledge statements within content areas. They were then asked to write descriptions of the content areas and to finalize the weights for the content areas.

To determine the weights for content areas, OPES test specialists presented the SMEs with preliminary weights 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.

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

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level RDAEF 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 weights for content areas “Preliminary Patient Evaluations” and “Treatment Procedures” were increased, while the content area weights for “Health and Safety” and “Laws and Regulations” were decreased. A summary of the preliminary and final content area weights for the RDAEF Written Examination outline is presented in Table 15.

TABLE 15 – CONTENT AREA WEIGHTS

	CONTENT AREA	Preliminary Weights	Final Weights
1.	Preliminary Patient Evaluations	14%	25%
2.	Treatment Procedures	53%	57%
3.	Health and Safety	13%	8%
4.	Laws and Regulations	20%	10%
	Total	100%	100%

The SMEs who participated in the August 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 to form the basis of the examination outline for the RDAEF Written Examination. The RDAEF Written Examination outline is presented in Table 16.

TABLE 16 – REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION OUTLINE

1. PRELIMINARY PATIENT EVALUATIONS (25%) – This area assesses the candidate's knowledge of evaluating the patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.

1. PRELIMINARY PATIENT EVALUATIONS (25%), continued – This area assesses the candidate's knowledge of evaluating the patient's medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. TREATMENT PROCEDURES (57%) – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
	T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient's oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
	T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2C. Treatment Specialty Area (5%)	T26. Verify size of master points to ensure proper cone fit for canal.	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. HEALTH AND SAFETY (8%) – This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.

Task Statements	Knowledge Statements
T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. LAWS AND REGULATIONS (10%) – This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.

Task Statements	Knowledge Statements
T32. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K82. 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.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. 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.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.

CHAPTER 6 | CONCLUSION

The OA of the registered dental assistant in extended functions (RDAEF) 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 RDAEF practice. Results of this OA provide information regarding current practice that can be used to make job-related decisions regarding occupational licensure.

By using the California Registered Dental Assistant in Extended Functions Written 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	13
Orange	7
TOTAL	20

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	0
Mendocino	1
Sonoma	4
TOTAL	5

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	10
San Bernardino	7
TOTAL	17

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	4
Colusa	1
Glenn	0
Lake	3
Sacramento	15
Sutter	0
Yolo	0
Yuba	0
TOTAL	23

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	0
San Diego	5
TOTAL	5

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	5
Contra Costa	4
Marin	1
Napa	2
San Francisco	0
San Mateo	0
Santa Clara	4
Santa Cruz	2
Solano	2
TOTAL	20

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Kern	7
Kings	2
Madera	0
Merced	0
San Joaquin	2
Stanislaus	2
Tulare	0
TOTAL	14

SHASTA-CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	1
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	1
El Dorado	1
Inyo	0
Mariposa	0
Nevada	0
Placer	1
Sierra	0
Tuolumne	0
TOTAL	3

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	3
San Benito	0
San Luis Obispo	0
Santa Barbara	3
Ventura	4
TOTAL	10

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T1.	Review patient medical and dental history to identify conditions that may affect treatment.	4.41	4.48	20.34
T2.	Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	3.59	3.74	16.50
T3.	Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	2.12	2.78	14.85
T7.	Chart oral conditions to document patient characteristics for treatment.	4.05	4.15	11.45
T6.	Determine type of imaging needed to assist in gathering diagnostic information.	3.91	4.12	9.52
T4.	Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	2.83	3.41	9.13
T5.	Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	2.80	3.07	8.05

Content Area 2: Treatment Procedures

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T23.	Identify factors impacting proper placement of restorations to prevent damage or decay.	4.26	4.45	20.43
T25.	Select endodontic master and accessory points to fill canal.	1.28	2.31	20.26
T19.	Finish direct restorations to provide a smooth surface or prevent irritation.	4.59	4.58	19.97
T24.	Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	3.94	4.48	19.95
T18.	Adjust direct restorations to customize them to patient's oral conditions.	4.50	4.58	19.46
T17.	Place and contour direct restorations to restore proper tooth form, function, and margins.	4.51	4.67	19.24
T20.	Adjust indirect restorations to ensure proper fit.	4.37	4.50	19.06
T22.	Remove excess subgingival cement to prevent periodontal infection or inflammation.	4.34	4.75	18.91
T21.	Cement final indirect restorations to restore tooth function.	4.27	4.52	18.32
T13.	Take final impression to capture oral conditions for fixed indirect restorations.	4.33	4.55	18.15
T26.	Verify size of master points to ensure proper cone fit for canal.	1.32	2.47	17.98
T27.	Cement endodontic master and accessory points to seal canal.	1.16	2.41	17.91
T12.	Remove retraction cord according to guidelines to prevent soft tissue damage.	4.35	4.53	17.21

Content Area 2: Treatment Procedures (continued)

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T11.	Observe patient during retraction process to monitor tissue or physiological responses.	4.06	4.17	16.97
T16.	Select materials for direct restoration to address clinical indications.	4.46	4.48	15.23
T14.	Take final impression to capture oral conditions for tooth-borne removable prosthesis.	3.91	4.41	12.29
T10.	Place retraction cord or retraction paste to prepare tissue for impression procedures.	4.35	4.37	12.10
T15.	Isolate oral cavity to preserve integrity of restorative area.	4.53	4.64	11.58
T8.	Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	2.77	3.48	10.93
T9.*	Select retraction cord or retraction material to displace ~~sulcus~~ **tissue**.	4.29	4.31	10.75

**NOTE: SMEs in the August 2021 workshop changed "sulcus" to "tissue" for increased accuracy.*

Content Area 3: Health and Safety

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T29.	Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	4.16	4.46	21.58
T30.	Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	4.69	4.80	20.73
T28.	Identify signs of medical emergencies to address situations that require immediate intervention.	2.97	4.26	20.48
T31.	Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	4.34	4.60	20.30

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T33.	Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	4.66	4.65	21.66
T37.	Comply with laws about scope of practice to maintain professional boundaries.	4.62	4.66	21.53
T36.	Comply with laws about professional conduct to maintain professional integrity.	4.64	4.66	21.40
T34.	Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	1.93	4.35	21.39
T35.	Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	4.53	4.64	21.05
T32.	Comply with laws regarding consent to respect patient's right to make informed treatment decisions.	4.56	4.57	20.54

*NOTE: SMEs in the August 2021 workshop changed “document patient treatment” to “document, store, and dispose of patient chart or records” for increased accuracy.

APPENDIX C | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Knowledge Number	Knowledge Statement	Importance
K2.	Knowledge of dental conditions that affect treatment.	3.50
K21.	Knowledge of types of radiographic imaging.	3.37
K1.	Knowledge of common types of medical conditions or medications that may affect treatment.	3.36
K25.	Knowledge of methods for charting oral conditions and problems.	3.32
K5.	Knowledge of signs of decay or stain formations that cause oral health problems.	3.30
K22.	Knowledge of criteria for determining type of digital or X-ray images to be performed.	3.30
K3.	Knowledge of methods for collecting information about patient medical and dental history.	3.27
K6.	Knowledge of signs of periodontal disease.	3.26
K15.	Knowledge of signs of healthy hard and soft tissue.	3.22
K4.	Knowledge of methods for evaluating conditions of the oral cavity.	3.22
K9.	Knowledge of effects of smoking or tobacco use on oral health.	3.21
K24.	Knowledge of universal numbering and Palmer quadrant notation systems.	3.19
K16.	Knowledge of signs of intraoral and extra-oral pathology.	3.15
K8.	Knowledge of effects of substance use on oral health.	3.15
K20.	Knowledge of effects of occlusion and malocclusion on oral health.	3.14
K14.	Knowledge of types of anatomical structures and landmarks of the oral cavity.	3.09

Content Area 1: Preliminary Patient Evaluations (continued)

Knowledge Number	Knowledge Statement	Importance
K23.	Knowledge of types of dental nomenclature and morphology.	3.07
K7.	Knowledge of effects of dietary habits on oral health.	3.06
K17.	Knowledge of methods for performing intraoral and extra-oral evaluations.	3.04
K19.	Knowledge of classifications of occlusion and malocclusion.	2.98
K18.	Knowledge of the relationship between facial or oral abnormalities and dental problems.	2.90
K13.	Knowledge of signs of temporal mandibular dysfunction.	2.71
K10.	Knowledge of types of muscles and physiological structures in the head and neck.	2.63
K11.	Knowledge of techniques for performing evaluations of myofunction of the head and neck.	2.53
K12.	Knowledge of signs of abnormal or limited myofunction of the head and neck.	2.51

Content Area 2: Treatment Procedures

Knowledge Number	Knowledge Statement	Importance
K51.	Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	3.65
K52.	Knowledge of techniques for adjusting direct restorations.	3.61
K49.	Knowledge of techniques for placing and contouring direct restorations.	3.60
K41.	Knowledge of techniques for taking final impressions.	3.58
K50.	Knowledge of methods for evaluating form and function of direct restorations.	3.58
K43.	Knowledge of methods for managing impression materials and conditions that impact quality of impression.	3.56
K44.	Knowledge of techniques for isolating restorative area.	3.56
K57.	Knowledge of techniques for cementing indirect restorations.	3.56
K53.	Knowledge of techniques for finishing and polishing direct restorations.	3.55
K62.	Knowledge of the relationship between occlusion and potential for damage or decay.	3.55
K42.	Knowledge of methods for managing sulcular fluids during final impressions.	3.54
K54.	Knowledge of effects of improper or incomplete finishing and polishing.	3.54
K59.	Knowledge of techniques for removing subgingival cement.	3.54
K46.	Knowledge of types of material used for direct restorations and their indications.	3.53
K61.	Knowledge of signs of infection or inflammation associated with residual subgingival cement.	3.53
K63.	Knowledge of signs of postoperative complications.	3.53
K56.	Knowledge of types of cement and their indications.	3.52

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K55.	Knowledge of techniques for adjusting indirect restorations.	3.52
K47.	Knowledge of methods for selecting material based on location and type of direct restoration.	3.49
K60.	Knowledge of instruments used to remove subgingival cement.	3.47
K36.	Knowledge of signs of irritation or tissue damage during cord retraction.	3.46
K45.	Knowledge of types of devices and materials used to isolate restorative area.	3.39
K48.	Knowledge of contraindications associated with direct restoration materials.	3.38
K34.	Knowledge of techniques for placing retraction cords or retraction paste.	3.37
K37.	Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	3.35
K30.	Knowledge of types of retraction cords and their sizing.	3.31
K31.	Knowledge of criteria for selecting retraction cords based on clinical indications.	3.30
K58.	Knowledge of types of instruments used to cement indirect restorations.	3.29
K40.	Knowledge of methods for preventing tissue damage during cord removal.	3.24
K65.	Knowledge of types of preparation characteristics associated with indirect restorations.	3.24
K35.	Knowledge of types of instruments used to place retraction cords or retraction paste.	3.23
K38.	Knowledge of the relationship between retraction time and periodontal response.	3.23
K64.*	Knowledge of enamel and ~~dental~~ **oral** histology.	3.21
K39.	Knowledge of techniques for removing retraction cords.	3.14
K28.	Knowledge of types of chemical compounds associated with impregnated cords.	3.02
K27.	Knowledge of types of medical conditions contraindicated for chemical retraction.	2.98

**NOTE: SMEs in the August 2021 workshop changed "dental" to "oral" for increased accuracy.*

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K29.	Knowledge of physiological effects of chemical compounds used in cord retraction.	2.94
K26.	Knowledge of types of periodontal conditions contraindicated for chemical retraction.	2.87
K33.	Knowledge of criteria for selecting retraction paste based on clinical indications.	2.73
K32.	Knowledge of types of retraction pastes.	2.71
K68.	Knowledge of types of endodontic cement material.	2.27
K66.	Knowledge of materials associated with master and accessory points.	2.25
K69.	Knowledge of techniques for cementing endodontic master and accessory points.	2.21
K67.	Knowledge of techniques for fitting master points and accessory points.	2.18

Content Area 3: Health and Safety

Knowledge Number	Knowledge Statement	Importance
K78.	Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	3.86
K72.	Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	3.79
K71.	Knowledge of signs of medical crisis or emergency.	3.74
K77.	Knowledge of methods for preventing the spread of infectious and communicable pathogens.	3.74
K73.	Knowledge of guidelines for providing for patient safety during dental health care procedures.	3.72
K80.	Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	3.71
K74.	Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	3.69
K79.	Knowledge of types of waste associated with dental treatments and their contamination potential.	3.68
K70.	Knowledge of signs of allergic reaction or anaphylactic shock.	3.67
K76.	Knowledge of types of infections or communicable diseases and their route of transmission.	3.64
K75.	Knowledge of the types of adverse events or injury that can result from inadequate dental health care safety precautions.	3.58

Content Area 4: Laws and Regulations

Knowledge Number	Knowledge Statement	Importance
K90.	Knowledge of laws regarding scope of practice.	3.77
K89.	Knowledge of laws regarding professional conduct.	3.50
K87.	Knowledge of legal standards for patient record-keeping and documentation.	3.48
K81.	Knowledge of laws regarding patient consent.	3.45
K82.	Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	3.44
K83.	Knowledge of signs of child abuse or neglect.	3.43
K84.	Knowledge of signs of dependent adult abuse, neglect, or exploitation.	3.39
K85.	Knowledge of signs of elder adult abuse, neglect, or exploitation.	3.39
K86.	Knowledge of methods for reporting child, elder, or dependent adult abuse.	3.37
K88.	Knowledge of laws regarding the storage and disposal of patient charts or records.	3.22

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

Dear Registered Dental Assistants in Extended Functions:

Thank you for opening this online survey. You have been selected to participate in a study of the RDAEF profession by the Dental Board of California (DBC). The DBC is collecting information on the tasks performed by RDAEFs in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that RDAEF licensing examinations reflect current practice in California.

We worked with a group of RDAEFs to develop a survey to capture this information. The survey should take less than an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped 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 weblink 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 from other RDAEFs, and only group data will be analyzed.

If you have any questions or need assistance with the survey, please contact [redacted] with the Office of Professional Examination Services at [redacted]

To begin the survey, click "Next". Please submit the completed survey by **Friday, July 23, 2021**.

We welcome your feedback and appreciate your time!

Thank you!

Dental Board of California

Begin Survey

Please do not forward this email as its survey link is unique to you.
Privacy | Unsubscribe

APPENDIX E | QUESTIONNAIRE

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

1. Message from the Dental Board of California

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

Dear RDAEF:

We are conducting an occupational analysis (OA) of the Registered Dental Assistant in Extended Functions (RDAEF) profession in California. An OA is a comprehensive study of a profession. Using this survey, the Board will identify the tasks currently performed by licensed professionals, the importance of those tasks, and the knowledge required to perform them safely and competently.

With your help, the Board is surveying licensed RDAEF professionals who collectively represent the profession based on their geographic location, years of experience, and practice specialty.

The results of the OA will be used to update the description of practice that provides the basis for the California Registered Dental Assistant in Extended Functions Written Examination.

The survey was developed by test specialists from the Office of Professional Examination Services (OPES) with the participation of licensed RDAEF professionals serving as subject matter experts (SMEs).

This survey does not need 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 access the survey from the same computer using the same browser. The survey will save responses only from fully completed pages; responses to items on partially completed pages will not be saved.

We understand that your time is valuable. The survey is available online 24/7 and you can complete it at any time before the deadline of **July 23, 2021**.

If you need assistance, please contact [redacted] at [redacted]@dca.ca.gov.

We value your contribution and appreciate your time!

Respectfully,

Karen M. Fischer

Karen M. Fischer, MPA
Executive Officer

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

2. Part I - Personal Data

Complete this survey only if you currently hold a license and are working as a Registered Dental Assistant in Extended Functions (RDAEF) in California.

The DBC recognizes that every RDAEF 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 RDAEF 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 RDAEFs practicing in California.

*** 1. Are you currently licensed and practicing as a Registered Dental Assistant in Extended Functions (RDAEF) in California?**

- ○ Yes
- ○ No

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

3. Part I - Personal Data

2. How long have you held an RDAEF license in California?

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

3. How long did you work as a Registered Dental Assistant (RDA) before obtaining your RDAEF license?

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

4. How long did you work as a dental assistant before obtaining your RDA license?

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

5. How would you describe your primary work setting?

- ○ Private dental practice with one dentist
- ○ Private dental practice with two or more dentists
- ○ Public health dentistry
- ○ Dental school clinic
- ○ Military
- ○ Other (please specify)

6. How would you describe the dental practice of your primary work setting?

- ( ) General dentistry
- ( ) Orthodontic Dentistry
- ( ) Endodontic dentistry
- ( ) Periodontic dentistry
- ( ) Pedodontic dentistry
- ( ) Prosthodontic dentistry
- ( ) Oral surgery
- ( ) Other (please specify)

7. How many other licensed RDAEFs work in your primary work setting (not including yourself)?

- ( ) 0
- ( ) 1
- ( ) 2
- ( ) 3

8. Which of the following licenses or certificates do you possess in addition to your RDAEF license? (Select all that apply.)

- [ ] Not applicable (N/A)
- [ ] Registered Dental Assistant (RDA)
- [ ] Orthodontic Assistant Permit (OAP)
- [ ] Dental Sedation Assistant Permit (DSA)
- [ ] Ultrasonic Scaling Certificate
- [ ] Other (please specify)

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021

4. Part I - Personal Data

9. How many licensed RDAs who do not hold an RDAEF license work in your primary work setting?

- 0
- 1
- 2–3
- 4–5
- More than 5

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

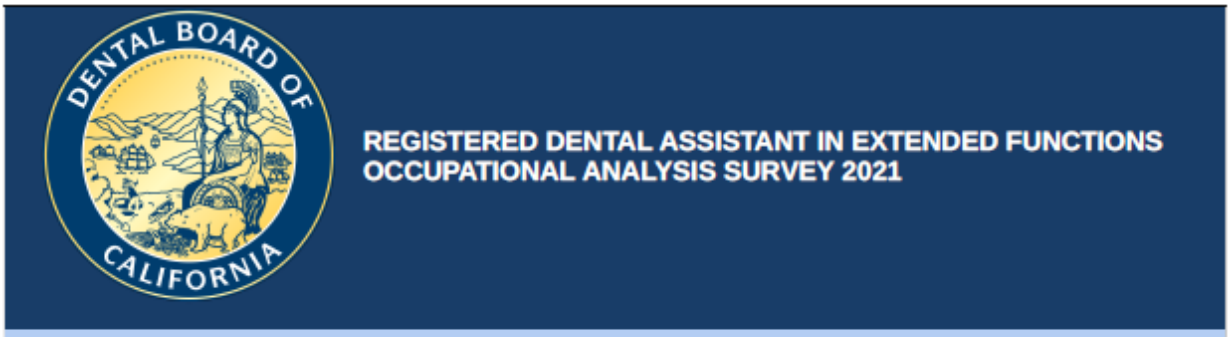
- 0
- 1
- 2–3
- 4–5
- More than 5

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

- [ ] Not applicable (N/A)
- [ ] Digital scan impressions
- [ ] Manual impressions
- [ ] CAD/CAM restorations
- [ ] Silver Diamine Fluoride
- [ ] Other (please specify)

12. How would you describe the location of your primary work setting?

- ( ) Urban (population greater than 50,000)
- ( ) Rural (population less than 50,000)



5. Part I - Personal Data

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

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

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021

6. Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

In this part of the questionnaire you will be presented with 37 task statements. Please rate each task as it relates to your current practice as an RDAEF 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. I perform this task less often than most other tasks I perform in my current practice.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current practice.

4 - OFTEN. I perform this task 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 for effective 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 current 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 for effective performance 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 for effective performance 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.

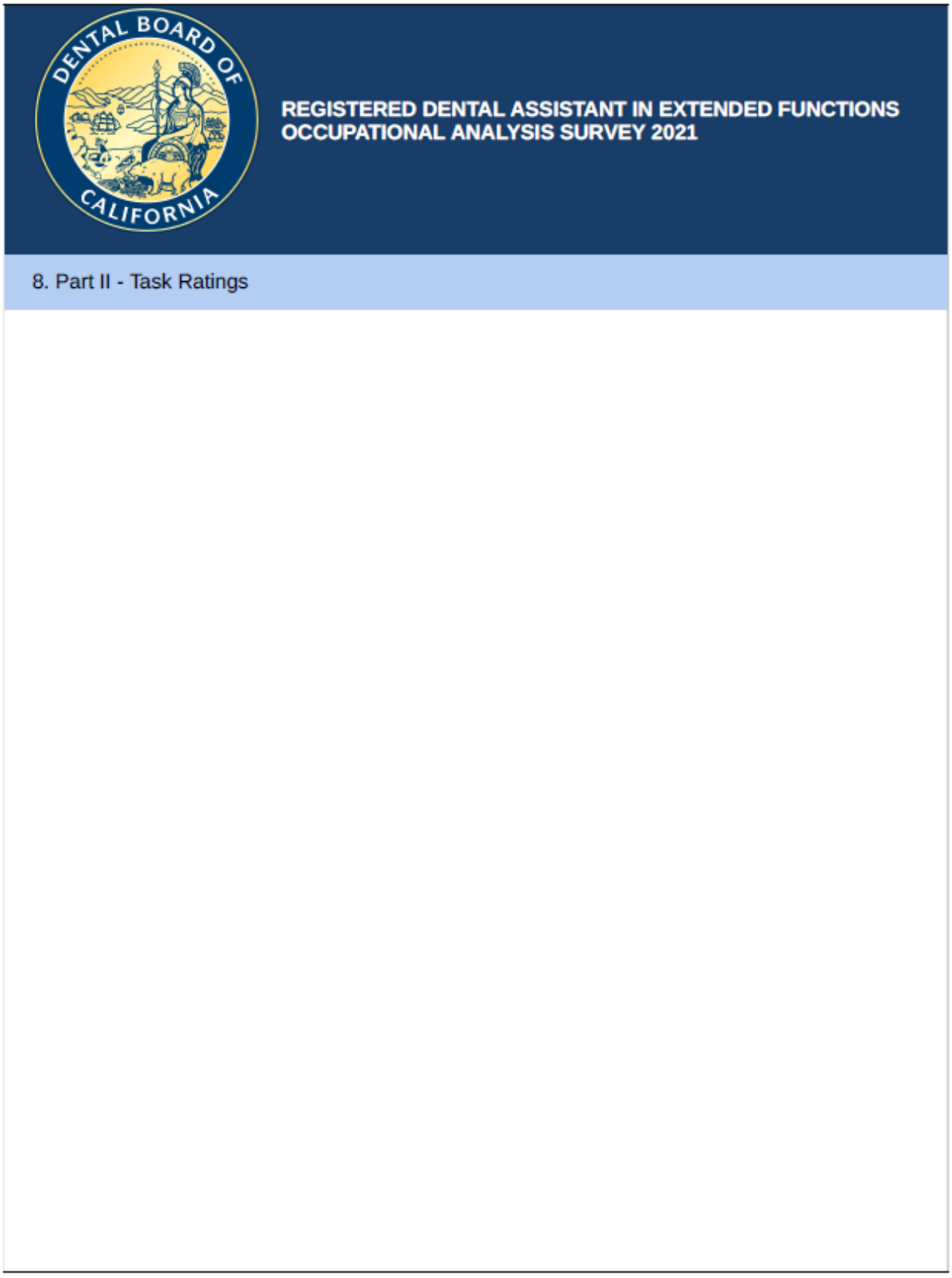
REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

7. 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 1. Patient Evaluations

	Frequency	Importance
T1. Review patient medical and dental history to determine implications for treatment.		
T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.		
T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.		
T4. Perform intraoral and extraoral evaluation of soft tissue to identify conditions related to patient's oral health.		
T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.		
T6. Determine type of imaging needed to assist in gathering diagnostic information.		
T7. Chart oral conditions to document patient characteristics for treatment.		


DENTAL BOARD OF CALIFORNIA
REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021
8. 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. Treatment Procedures

	Frequency	Importance
T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.		
T9. Select retraction cord or retraction material to displace sulcus.		
T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.		
T11. Observe patient during retraction process to monitor tissue or physiological responses.		
T12. Remove retraction cord according to guidelines to prevent soft tissue damage.		
T13. Take final impression to capture oral conditions for fixed indirect restorations.		
T14. Take final impression to capture oral conditions for tooth-borne removable prostheses.		
T15. Isolate oral cavity to preserve integrity of restorative area.		
T16. Select materials for direct restoration to address clinical indications.		
T17. Place and contour direct restorations to restore proper tooth form, function, and margins.		
T18. Adjust direct restorations to customize them to patient's oral conditions.		
T19. Finish direct restorations to provide a smooth surface or prevent irritation.		
T20. Adjust indirect restorations to ensure proper fit.		
T21. Cement final indirect restorations to restore tooth function.		
T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.		
T23. Identify factors impacting proper placement of restorations to prevent damage or decay.		
T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.		
T25. Select endodontic master and accessory points to fill canal.		
T26. Verify size of master points to ensure proper cone fit for canal.		
T27. Cement endodontic master and accessory points to seal canal.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

9. 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 3. Health and Safety

	Frequency	Importance
T28. Identify signs of medical emergencies to address situations that require immediate intervention.		
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.		
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.		
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

10. 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 4. Law and Regulations

	Frequency	Importance
T32. Comply with laws regarding consent to respect patient's right to make informed treatment decisions.		
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.		
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.		
T35. Comply with laws about record-keeping to document patient treatment.		
T36. Comply with laws about ethical conduct to maintain ethical integrity.		
T37. Comply with laws about scope of practice to maintain professional boundaries.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

11. Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

In this part of the questionnaire, you will be presented with 90 knowledge statements. Please rate each knowledge statement based on how important you believe that knowledge is to the effective performance of tasks in your current practice as an RDAEF.

If the knowledge does **NOT** apply to your current 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 effective 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 effective performance.

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

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

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

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

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

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

12. Part III - Knowledge Ratings

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

Content Area 1. Patient Evaluations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of common medical conditions or medications that may affect treatment.	○	○	○	○	○	○
K2. Knowledge of dental conditions that may affect treatment.	○	○	○	○	○	○
K3. Knowledge of methods for collecting information about patient medical and dental history.	○	○	○	○	○	○
K4. Knowledge of methods for evaluating conditions of the oral cavity.	○	○	○	○	○	○
K5. Knowledge of signs of decay or stain formations that cause oral health problems.	○	○	○	○	○	○
K6. Knowledge of signs of periodontal disease.	○	○	○	○	○	○
K7. Knowledge of effects of dietary habits on oral health.	○	○	○	○	○	○
K8. Knowledge of effects of substance use on oral health.	○	○	○	○	○	○
K9. Knowledge of effects of smoking or tobacco use on oral health.	○	○	○	○	○	○
K10. Knowledge of types of muscles and physiological structures in the head and neck.	○	○	○	○	○	○
K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck.	○	○	○	○	○	○

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K12. Knowledge of signs of abnormal or limited myofunction of the head and neck.	○	○	○	○	○	○
K13. Knowledge of signs of temporal mandibular dysfunction.	○	○	○	○	○	○
K14. Knowledge of types of anatomical structures and landmarks of the oral cavity.	○	○	○	○	○	○
K15. Knowledge of signs of healthy hard and soft tissue.	○	○	○	○	○	○
K16. Knowledge of signs of intraoral and extraoral pathology.	○	○	○	○	○	○
K17. Knowledge of methods for performing intraoral and extraoral evaluations.	○	○	○	○	○	○
K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.	○	○	○	○	○	○
K19. Knowledge of classifications of occlusion and malocclusion.	○	○	○	○	○	○
K20. Knowledge of effects of occlusion and malocclusion on oral health.	○	○	○	○	○	○
K21. Knowledge of types of radiographic imaging.	○	○	○	○	○	○
K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.	○	○	○	○	○	○
K23. Knowledge of types of dental nomenclature and morphology.	○	○	○	○	○	○
K24. Knowledge of universal numbering and Palmer quadrant notation systems.	○	○	○	○	○	○
K25. Knowledge of methods for charting oral conditions and problems.	○	○	○	○	○	○

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021

13. Part III - Knowledge Ratings

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

Content Area 2. Treatment Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction.	○	○	○	○	○	○
K27. Knowledge of types of medical conditions contraindicated for chemical retraction.	○	○	○	○	○	○
K28. Knowledge of types of chemical compounds associated with impregnated cords.	○	○	○	○	○	○
K29. Knowledge of physiological effects of chemical compounds used in cord retraction.	○	○	○	○	○	○
K30. Knowledge of types of retraction cords and their sizing.	○	○	○	○	○	○
K31. Knowledge of criteria for selecting retraction cords based on clinical indications.	○	○	○	○	○	○
K32. Knowledge of types of retraction pastes.	○	○	○	○	○	○
K33. Knowledge of criteria for selecting retraction paste based on clinical indications.	○	○	○	○	○	○
K34. Knowledge of techniques for placing retraction cords or retraction paste.	○	○	○	○	○	○
K35. Knowledge of types of instruments used to place retraction cords or retraction paste.	○	○	○	○	○	○
K36. Knowledge of signs of irritation or tissue damage during cord retraction.	○	○	○	○	○	○

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	○	○	○	○	○	○
K38. Knowledge of the relationship between retraction time and periodontal response.	○	○	○	○	○	○
K39. Knowledge of techniques for removing retraction cords.	○	○	○	○	○	○
K40. Knowledge of methods for preventing tissue damage during cord removal.	○	○	○	○	○	○
K41. Knowledge of techniques for taking final impressions.	○	○	○	○	○	○
K42. Knowledge of methods for managing sulcular fluids during final impressions.	○	○	○	○	○	○
K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.	○	○	○	○	○	○
K44. Knowledge of techniques for isolating restorative area.	○	○	○	○	○	○
K45. Knowledge of types of devices and materials used to isolate restorative area.	○	○	○	○	○	○
K46. Knowledge of types of material used for direct restorations and their indications.	○	○	○	○	○	○
K47. Knowledge of methods for selecting material based on location and type of direct restoration.	○	○	○	○	○	○
K48. Knowledge of contraindications associated with direct restoration materials.	○	○	○	○	○	○
K49. Knowledge of techniques for placing and contouring direct restorations.	○	○	○	○	○	○
K50. Knowledge of methods for evaluating form and function of direct restorations.	○	○	○	○	○	○
K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	○	○	○	○	○	○
K52. Knowledge of techniques for adjusting direct restorations.	○	○	○	○	○	○
K53. Knowledge of techniques for finishing and polishing direct restorations.	○	○	○	○	○	○

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K54. Knowledge of effects of improper or incomplete finishing and polishing.	○	○	○	○	○	○
K55. Knowledge of techniques for adjusting indirect restorations.	○	○	○	○	○	○
T56. Knowledge of types of cement and their indications.	○	○	○	○	○	○
T57. Knowledge of techniques for cementing indirect restorations.	○	○	○	○	○	○
T58. Knowledge of types of instruments used to cement indirect restorations.	○	○	○	○	○	○
K59. Knowledge of techniques for removing subgingival cement.	○	○	○	○	○	○
K60. Knowledge of instruments used to remove subgingival cement.	○	○	○	○	○	○
K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.	○	○	○	○	○	○
K62. Knowledge of the relationship between occlusion, margin, and potential for damage or decay.	○	○	○	○	○	○
K63. Knowledge of signs of postoperative complications.	○	○	○	○	○	○
K64. Knowledge of enamel and dental histology.	○	○	○	○	○	○
K65. Knowledge of types of preparation characteristics associated with indirect restorations.	○	○	○	○	○	○
K66. Knowledge of materials associated with master and accessory points.	○	○	○	○	○	○
K67. Knowledge of techniques for fitting master points and accessory points.	○	○	○	○	○	○
K68. Knowledge of types of endodontic cement material.	○	○	○	○	○	○
K69. Knowledge of techniques for cementing endodontic master and accessory points.	○	○	○	○	○	○

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

Content Area 3. Health and Safety

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K70. Knowledge of signs of allergic reaction or anaphylactic shock.	○	○	○	○	○	○
K71. Knowledge of signs of medical crisis or emergency.	○	○	○	○	○	○
K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	○	○	○	○	○	○
K73. Knowledge of guidelines for providing for patient safety during dental health care procedures.	○	○	○	○	○	○
K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	○	○	○	○	○	○
K75. Knowledge of the types of adverse events or injury that can result from inadequate dental health care precautions.	○	○	○	○	○	○
K76. Knowledge of the types of infections or communicable diseases and their route of transmission.	○	○	○	○	○	○
K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens.	○	○	○	○	○	○
K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	○	○	○	○	○	○
K79. Knowledge of types of waste associated with dental treatments and their contamination potential.	○	○	○	○	○	○
K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	○	○	○	○	○	○

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

15. Part III - Knowledge Ratings

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

Content Area 4. Law and Regulations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K81. Knowledge of laws regarding patient consent.	○	○	○	○	○	○
K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	○	○	○	○	○	○
K83. Knowledge of signs of child abuse or neglect.	○	○	○	○	○	○
K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation.	○	○	○	○	○	○
K85. Knowledge of signs of elder adult abuse, neglect, or exploitation.	○	○	○	○	○	○
K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.	○	○	○	○	○	○
K87. Knowledge of legal standards for patient record-keeping and documentation.	○	○	○	○	○	○
K88. Knowledge of laws regarding the storage and disposal of patient charts or records.	○	○	○	○	○	○
K89. Knowledge of laws regarding ethical conduct.	○	○	○	○	○	○
K90. Knowledge of laws regarding RDAEF scope of practice.	○	○	○	○	○	○

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021

16. Thank you!

Thank you for taking the time to complete this survey. The Dental Board values your contribution to this study.

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DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	October 27, 2021
TO	Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 9:** Update Regarding RDAEF Licensure Requirements and Administration of New RDAEF Written Examination

Background:

Update Regarding RDAEF Licensure Requirements:

Senate Bill (SB) 607 (Min, Chapter 367, Statutes of 2021) was signed by Governor Newsom on September 28, 2021, and will become effective on January 1, 2022. Among other things, this bill removes the clinical and/or practical examination requirements to become a California Registered Dental Assistant in Extended Functions (RDAEF).

Effective January 1, 2022, the Dental Board of California (Board) may license as an RDAEF a person who submits written evidence, satisfactory to the Board, of all the following eligibility requirements:

1. Current licensure as a Registered Dental Assistant (RDA) or completion of the requirements for licensure as a RDA;
2. Successful completion of a Board-approved course in the application of Pit & Fissure Sealants;
3. Successful completion of a Board-approved RDAEF program;
4. Successful passage of a written examination administered by the Board; and
5. Submission of fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation.

The Board worked with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct an occupational analysis of the RDAEF profession. Based on the results of the occupational analysis, a new RDAEF written examination will be launched on January 1, 2022, that will incorporate additional content that measures competencies related to cord retraction and final impression, which were previously measured by the practical and clinical examinations. RDAEF applicants who have already taken and passed the current RDAEF written examination will not be required to take the new exam.

The Board continues to accept and process applications for RDAEF licensure. Applicants who submit complete applications will be issued eligibility to take the current RDAEF Written Examination. However, licenses will not be issued to those who successfully complete the current RDAEF Written Examination until after January 1, 2022, when the requirement for the clinical and/or practical examination is removed.

For those who currently have an application on file with the Board for RDAEF licensure, the Board will be:

1. Issuing refunds for the practical and clinical examination fees ($500) to applicants who have paid the fee and have not taken the examination(s). Refunds were processed in mid-October and applicants can expect to receive refunds in 8 to 10 weeks. There is no need to contact the Board to request a refund.

2. Beginning January 3, 2022 (Monday), the Board will begin issuing licenses to applicants who have successfully met all licensure requirements in effect as of January 1, 2022.

Administration of New RDAEF Written Examination

Effective January 1, 2022, applicants for RDAEF licensure will be required to take the new RDEAF Written Examination. Based in the findings of the occupational analysis, OPES developed an examination outline (attached) that 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 RDAEF practice in California at the time of license issuance. The examination outline will be available on the Board's website.

Candidates who fail the current RDAEF Written Examination and retake the examination after January 1, 2022, will be required to take the new RDAEF written examination. Please note, examinee scores for the new RDAEF written examination will be held pending evaluation of examination performance. The Board anticipates having the results released by mid-February 2022.

<u>Action Requested:</u>
No action requested.

1. *Preliminary Patient Evaluations (25%) – This area assesses the candidate's knowledge of evaluating the patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. *Treatment Procedures (57%) – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
	T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.

2. *Treatment Procedures (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient's oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
2C. Treatment Specialty Area (5%)	T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.
	T26. Verify size of master points to ensure proper cone fit for canal	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. *Infection Control and Health and Safety (8%) – This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.*

Section	*Task Statement*	*Knowledge Statement*
	T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
	T29. Implement safety precautions to minimize risk to patient and dental healthcare personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
	T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
	T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. *Laws and Regulations (10%) – This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.*

Section	*Task Statement*	*Knowledge Statement*
	T32. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
	T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery	K82. 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.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. 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.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
	T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
	T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.

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DENTAL BOARD OF CALIFORNIA
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P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	November 1, 2021
TO	Members of the Dental Assisting Council (Council)
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California (Board)
SUBJECT	**Agenda Item 10:** Discussion and Possible Action Regarding Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 to Specify Time Limits for Acceptance of Course Certifications for Orthodontic Assistant (OA) Permit and Dental Sedation Assistant (DSA) Permit Applications and Clarify Board-Approved Course Requirements for Registered Dental Assistant (RDA) Applicants

Background:
As applicable to the Council, the Board licenses and regulates RDAs, registered dental assistants in extended functions (RDAEF), OAs, and DSAs. Application requirements for each of these licenses and permits is found in Article 7 of Chapter 4 of Division 2 of the Business and Professions Code (BPC). Board staff have identified an inconsistency with the statutory application requirements that may pose a public protection concern.

Existing law, BPC section 1752.1, among other things, requires an applicant for an RDA license to provide written evidence of successful completion of all of the following within five years prior to the date of application to the Board: (1) a Board-approved course in the Dental Practice Act (DPA); (2) a Board-approved course in infection control; and (3) a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

Existing law, BPC sections 1750.2 and 1750.4, among other things, require applicants for OA and DSA permits to provide evidence of: (1) successful completion of a two-hour Board-approved course in the DPA and an eight-hour Board-approved course in infection control; and (2) successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. However, there is no requirement for these courses to be completed within a specified time frame prior to the date of application.

Board staff recommend the Council consider whether a recommendation should be forwarded to the Board to amend BPC sections 1750.2 and 1750.4 to specify a time frame within which these courses should be successfully completed prior to applying to the Board

for an OA or DSA permit. Additionally, the Council may wish to consider whether BPC section 1752.1 should be amended to specify that it is a two-hour course in the DPA and an eight-hour course in infection control that is required for licensure as a RDA.

Action Requested:
The Council is asked to discuss and consider recommending to the Board a legislative proposal to amend BPC sections 1750.2, 1750.4, and 1752.1 to clarify the RDA, OA, and DSA course completion requirements for license and permit application.

Attachment: Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1750.2, 1750.4, AND 1752.1

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

1750.2. (a) The board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Successful completion *within five years prior to application* of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

1750.4. (a) The board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Successful completion *within five years prior to application* of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on the Registered

Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(b) For purposes of this section, “satisfactory work experience” means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program’s curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

(1) A *two-hour* board-approved course in the Dental Practice Act.

(2) A*n eight-hour* board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an “RDA with orthodontic assistant permit,” or “RDA with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (i) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination.

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

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MEMORANDUM

DATE	November 1, 2021
TO	Members of the Dental Assisting Council (Council)
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California (Board)
SUBJECT	**Agenda Item 11:** Discussion and Possible Action Regarding RDAEF Administration of Local Anesthesia and Nitrous Oxide

Background

At its November 2018 meeting, the Council heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEF) licensed on or after January 1, 2010, as an optional post-licensure permit with conditions determined by the Board. During this meeting, the Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed concern for public protection.

The Council directed staff to conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the Council directed the formation of a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate the proposal, and recommended the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

Update

At its August 2021 meeting, staff advised the Board that it does not have sufficient staff resources to carry out the Council's direction regarding the development of a survey and the formation of a working group. Board staff determined that to move forward with the Council's request, a Board member would be needed to assist staff with the surveys and working groups. The Board members held a robust discussion of the issues, and the Board considered whether to move forward with developing a survey and forming a Board member and staff working group to study the need for expanding the RDAEF scope of practice to allow administration of local anesthesia and nitrous oxide. Board members expressed concern that it was unclear as to what the Council wanted to be studied. Some Board members favored moving forward with the Council's recommendation but would need additional information from the Council. A motion failed that would have moved forward with the Council's recommendation to conduct more in-depth surveys of both

dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

Action Requested

The Council is asked to reevaluate whether a survey and study of these issues need to be performed, and if so, the Council is asked to define the specific issues to be studied and surveyed, with a list of pertinent survey questions, regarding allowing RDAEF administration of local anesthesia and nitrous oxide. Given the lack of Board staff resources and complexity of these issues, the Council may wish to establish a two-member working group to discuss the specific issues to be studied, create relevant survey questions, and return to the Council with a list of the specific issues to be studied and survey questions.

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DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	October 28, 2021
TO	Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 12:** Discussion and Possible Action Regarding Administration of Written Examinations in Different Languages

Background:
Members of the Dental Assisting Council have requested information regarding administration of written examinations in different languages. Tracy Montez, Ph.D., Department of Consumer Affairs Programs and Policy Review Chief, has provided the attached information and will be providing a presentation at the meeting.

Attachments:
1. Memo Regarding Adapting Examinations in Multiple Languages, Dated October 26, 2021
2. OPES Informational Series No. 9: Translating Examinations
3. *Adapting Examinations in Multiple Languages*, PowerPoint Presentation Slides for November 18, 2021 Dental Assisting Council Meeting, by Tracy Montez, Ph.D.

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Division of Programs and Policy Review
1625 N. Market Blvd., Ste. N-112, Sacramento, CA 95834
P (916) 574-7970 F (916) 574-8613 | www.dca.ca.gov

MEMORANDUM

DATE	October 26, 2021
TO	Karen Fischer, Executive Officer Dental Board of California Board
FROM	Tracy Montez Tracy Montez, Chief Programs and Policy Review
SUBJECT	**Adapting Examinations in Multiple Languages**

The purpose of this memo is to respond to a request for information about translating examinations.

Licensure examinations may be translated (adapted) from English into another language or languages to provide equal consideration to candidates whose first language is not English. However, examination adaptation does not imply a literal word-to-word translation. The examination adaptation process provides for recognition of cultural, content, and language differences so that the intended meaning is retained.

During test adaptation, test taker characteristics and cultural differences must be considered during all phases of examination validation to ensure scores and resulting decisions are valid.

Attached is an Office of Professional Examination Services (OPES) informational handout about translating examinations.

I look forward to presenting additional information at the November 18, 2021 Dental Assisting Council meeting.

Attachment:
OPES Informational Series No. 9: Translating Examinations

TRANSLATING EXAMINATIONS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
OFFICE OF PROFESSIONAL EXAMINATION SERVICES

PURPOSE

Licensure examinations may be translated (adapted) from English into another language or languages to provide equal consideration to candidates whose first language is not English.

PROCESS

Examination adaptation does not imply a literal word-to-word translation. The examination adaptation process provides for recognition of cultural, content, and language differences so that the intended meaning is retained. The Office of Professional Examination Services' (OPES') process includes the use of subject matter experts (SMEs) in a series of adaptation workshops. In these workshops, the examination is adapted and then independently reviewed to ensure that the final adapted examination is equivalent to the original examination.

KEY FACTORS

When a licensing board, bureau, or committee under the Department of Consumer Affairs (DCA) is faced with the decision of whether or not to adapt an examination, the following must be taken into consideration:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited-English-speaking candidates, an examination may be adapted.[1]
- If English is an essential aspect of a profession, an examination will not be adapted.[2]
- If the candidate population is too small to produce reliable data for determining equivalency, an unadapted examination may be most valid.

STANDARDS AND GUIDELINES

During the adaptation process, there are well established psychometric standards, guidelines, and statistical procedures that should be applied to evaluate its equivalency.

- *The Standards for Educational and Psychological Testing* emphasize that linguistic and cultural differences should be taken into full account, as cultural behaviors and thinking may not be comparable between languages, and translated words may appear to be the same but can have significantly different meanings.[3]
- *The Guidelines for Translating and Adapting Tests* set forth by the International Test Commission outline the process and the evaluation procedures for examination adaptation.[4]

Failure to adhere to these standards, guidelines, and procedures can lead to offering an examination that is not equivalent in content, difficulty level, reliability, and validity, which may result in erroneous licensure.

1. California Government Code sections 7295.4 and 7296.2.
2. California Business and Professions Code sections 853, 855, 1630, 2103, 3053, 8023.5, 8565, 10153.
3. American Educational Research Association, Standards for Educational and Psychological Testing, Washington, DC, (2014).
4. International Test Commission (2010). International Test Commission *Guidelines for Translating and Adapting Tests. [http://www.intestcom.org].*

(Continued on back)

TRANSLATING EXAMINATIONS (CONTINUED)

TIME AND COST

Adaptation can take several months depending on various factors. Estimated costs of adapting an examination are as follows:

- 100-item multiple choice exam, per language $25,000–$40,000
- 200-item multiple choice exam, per language $55,000–$75,000

CONTACT

To learn more about these and other examination-related services, please contact OPES at (916) 575-7240.

The Dental Board of California

Dental Assisting Council

November 18, 2021

Adapting Examinations in Multiple Languages

Tracy A. Montez, Ph.D., Division Chief
Department of Consumer Affairs

1

Topics

- Examination Adaptation versus Translation
- Purpose of Adapting Examinations
- Licensure Guidelines and Standards
- Considerations
- Questions

2

Adaptation Versus Translation

- Examination adaptation is a technical term used to describe the *process* of preparing a test in one language and culture to use for a different language and culture.
- Examination translation is *only* one step in the adaptation process.

3

Purpose of Adapting Examinations

- The purpose or decision to adapt an examination is often tied to **fairness** – a fundamental validity issue in the use of tests.
- The impact of individual characteristics associated with the persons being tested should be considered throughout the validation process (e.g., development, administration, scoring).
- The goal is to ensure test results produce valid scores and decisions.

4

Licensure Guidelines and Standards

- Standards for Educational and Psychological Testing (AERA, APA & NCME, 2014)
- International Test Commission Guidelines for Translating and Adapting Tests (ITC, 2017)

5

Licensure Guidelines and Standards (cont.)

The *Standards for Educational and Psychological Testing* emphasize that linguistic and cultural differences should be taken into full account, as cultural behaviors and thinking may not be comparable between languages and translated words may appear to be the same but can have significantly different meanings.

The Guidelines for Translating and Adapting Tests set forth by the ITC outline the process and the evaluation procedures for examination adaptation.

Failure to adhere to these standards, guidelines, and procedures can lead to offering an examination that is not equivalent in content, difficulty level, reliability, and validity, which may result in erroneous licensure.

6

Considerations

When faced with the decision of whether to adapt an examination, the following considerations must be considered:

- If a language survey has been conducted and a target language group has been identified to have a substantial number (5%) of non- or limited-English-speaking candidates, an examination may be adapted.
- If English is an essential aspect of a profession, an examination will not be adapted.
- If the candidate population is too small to produce reliable data for determining equivalency, an unadapted examination may be most valid.
- Ongoing costs to maintain adapted examinations and item banks

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Thank you!

Questions?

8

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MEMORANDUM

DATE	October 19, 2021
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California (Board)
SUBJECT	**Agenda Item 13:** Election of 2022 Council Chair and Vice Chair

Background:
The Dental Assisting Council members will elect a Chairperson and a Vice-Chairperson for 2022.

Roles and Responsibilities:

Chair:

- In consultation with the Executive Officer and the Board President, develops the Dental Assisting Council agenda.
- Calls the Council meeting to order, takes roll and establishes a quorum.
- Facilitates Council meetings.
- Recommends to the Board President, Council subcommittees to work on issues as appropriate.
- Reports activities of the Council to the full Board.

Vice-Chair:

- In the absence of the presiding Chair, fulfills the Chairs responsibilities.

The following members have expressed an interest in serving in 2022:

Jeri Fowler, CDA, RDAEF, OA – Chair

Traci Reed-Espinoza, RDAEF – Vice-Chair

Pursuant to the Board's Policy and Procedure Manual, the Board's Executive Officer shall conduct the election of officers and shall set the general election procedure. The Executive Officer will ask for nominations for each office. The election of the Chair will occur first, followed by the Vice-Chair.