



DENTAL BOARD OF CALIFORNIA

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

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**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL**

**NOTICE OF TELECONFERENCE MEETING
November 8, 2023**

Council Members

Traci Reed-Espinoza, RDAEF, Chair
Cara Miyasaki, RDA, RDHEF, MS, Vice Chair
De’Andra Epps-Robbins, RDA
Jeri Fowler, RDAEF, OA
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Kandice Rae Pliss, RDA

**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., on Wednesday, November 8, 2023, with the following location available for Council and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room #186
Sacramento, CA 95834

This meeting will be accessible via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).

To participate virtually in the WebEx Events meeting on Wednesday, November 8, 2023, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcb3ec885b41de6c973ca37a5507a5128>

**Event number: 2485 333 8533
Event password: DBC1182023 (32211820 from phones)**

Due to potential technical difficulties, please consider submitting written comments by November 1, 2023, 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 **[4]**
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 August 17, 2023 Meeting Minutes **[5-14]**
4. Executive Officer Report **[15-16]**
 - a. Update Regarding the Board's 2024 Sunset Review Report
5. Update on Dental Assisting Examination Statistics **[17-18]**
 - a. Registered Dental Assistant General Written and Law and Ethics Examinations
 - b. Registered Dental Assistant in Extended Functions General Written Examination
 - c. Orthodontic Assistant Written Examination
 - d. Dental Sedation Assistant Written Examination
6. Update on Dental Assisting Licensing Statistics **[19-29]**
 - a. Registered Dental Assistant License
 - b. Registered Dental Assistant in Extended Functions License
 - c. Orthodontic Assistant Permit
 - d. Dental Sedation Assistant Permit
7. Update on the Occupational Analysis of the Registered Dental Assistant Profession **[30-31]**
8. Presentation from the Board's Access to Care Committee **[32-33]**
9. Update, Discussion, and Possible Recommendations on Proposed Regulations
 - a. Discussion and Possible Action to Form an Advisory Working Group to Review and Revise the Dental Assisting Comprehensive Rulemaking (California Code of Regulations (CCR), Title 16, Sections 1014, 1067-1071, 1076-1077.3, 1080-1081.3, 1083, 1085-1087) **[34-40]**
 - b. Consideration of Proposed Regulatory Language, and Discussion and Possible Recommendation to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1080, 1080.3, 1081, and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 Related to Dental Assisting Examinations **[41-88]**
10. Update on Legislation **[89]**
 - a. Assembly Bill (AB) 481 (Wendy Carrillo, 2023) Dentistry: dental assistants
11. Election of 2024 Council Chair and Vice Chair **[90]**
12. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. 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.

In accordance with Government Code section 11133(b)(2)(A), the teleconference locations from which Council members may participate in the meeting may not be identified in the notice and agenda of the meeting.

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. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

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 issue before the Council, but the Council Chair may, at their discretion, 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 accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, Executive Officer at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes

**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
August 17, 2023**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met on Thursday, August 17, 2023, at the following location available for Council and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room #186
Sacramento, CA 95834

Members Present:

Traci Reed-Espinoza, RDAEF, Chair
Cara Miyasaki, RDA, RDHEF, MS, Vice Chair
Jeri Fowler, RDAEF, OA
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Kandice Rae Pliss, RDA

Members Absent:

De'Andra Epps-Robbins, RDA

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Paige Ragali, Chief of Dental Programs and Customer Support
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Joe Tippins, Investigator
Kelly Silva, Investigator
Mirela Taran, Administrative Analyst
Alex Cristescu, Office of Public Affairs, Department of Consumer Affairs (DCA)
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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

Council Chair, Ms. Traci Reed-Espinoza, called the meeting to order at 8:38 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

There were no public comments made on this item.

Agenda Item 3: Discussion and Possible Action on May 18, 2023 Meeting Minutes

Ms. Taran advised the Council of a proposed amendment requested by the [Dental Assisting Alliance] to the meeting minutes on page 7, Agenda Item 8, third paragraph, first line, to strike “and the California Dental Extended Functions Association”.

Motion/Second/Call the Question (M/S/C) (Miyasaki/Fowler) to approve the May 18, 2023 Meeting Minutes as revised.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comments.

Shari Becker, representing the Alliance, and Joan Greenfield, clarified the request for an amendment to the meeting minutes on page 7, Agenda Item 8, third paragraph, first line, to strike and replace “California Dental Extended Functions Association” with “California Extended Functions Association (CEFA)”.

Vice Chair Cara Miyasaki accepted the revisions to the motion to strike and replace “California Dental Extended Functions Association” with “California Extended Functions Association (CEFA)” on page 7, Agenda Item 8, third paragraph, first line, of the meeting minutes, and Council Member Jeri Fowler seconded the revised motion.

Chair Reed-Espinoza requested public comment on the revised motion before the Council acted on the motion. There were no public comments on the revised motion.

Chair Reed-Espinoza called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins.

Recusals: None.

The motion passed and the minutes were approved.

Agenda Item 4: Executive Officer Report

Dr. Tracy Montez shared that she has been meeting regularly with the Chair and Vice Chair to review agenda minutes and discuss any pertinent items that are coming up for the Council. Additionally, she has been working with the various associations, including the Alliance and the California Dental Association (CDA), on Assembly Bill (AB) 481 [(Wendy Carrillo, 2023)]. Dr. Montez mentioned that she is excited about the progress that was made on feedback. Dr. Montez added that staff have been processing

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applications very efficiently, and that while staff has gone a little outside of the 30-day window, they should be back within that window very shortly.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Update on Dental Assisting Examination Statistics

Rikki Parks provided the report, which is available in the meeting materials.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Dental Assisting Licensing Statistics

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

Vice Chair Miyasaki asked if an RDA licensee receives an automatic waiver on the pit and fissure sealant course requirement for RDA license renewal if the RDA has taken the pit and fissure sealant course while attending a registered dental hygiene program.

Ms. Parks replied that they would be required to complete a Board-approved course for RDA license renewal and believed this is one of the items that Board staff have been researching internally as far as revamping the requirements. Vice Chair Miyasaki asked whether a student would still need to take the eight-hour infection control course, as RDH programs have a comprehensive infection control class, although not Board approved. Ms. Parks responded that they would.

Dr. Montez commented that on page 22 of the meeting materials, the RDA 22/23 Dental Assistant Applications Approved by Month table shows a total of 3,831 approved applications, which is a substantial amount. She gave Ms. Parks and her team credit as they have been working extremely hard despite the vacancies that their unit has had recently.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Update on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals

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

Chair Reed-Espinoza asked how many site investigations or visits the Board is planning on doing every quarter or a year. Ms. Parks responded that the Board has two pending provisional visits and hopes to establish a prospective date to conduct these visits sometime in August as they become eligible for a site visit, meaning that their application is complete, and that this would pertain to the programs for RDA and registered dental assistant in extended functions (RDAEF).

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Chair Reed-Espinoza asked if the two pending visits are for new applicants and asked for confirmation that this is not going to be past education centers. Ms. Parks responded that is correct.

Dr. Montez shared that the Board did have its program and course approvers, subject matter experts, onsite recently, and Ms. Parks and her team were working with them. As a result, the Board has had some additional programs and courses approved. She noted that Board staff also are reviewing the criteria for doing those site visits while working very closely with its subject matter experts and making sure that they are staying close to the Board's laws and regulations. She voiced that there has been a slight delay in doing the site visits, as Board staff are revamping the process to make sure that it is very clear and transparent.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update, Discussion, and Possible Recommendation on Criteria to Become a Subject Matter Expert or Site Evaluator for Board Approval of Dental Auxiliary Educational Programs and Course

Chair Reed-Espinoza stated this item had been pulled from the agenda and may be discussed at the November Council meeting.

Agenda Item 9: Discussion and Possible Recommendation Regarding Penalties for Fraudulent Advertising and Misinformation of Dental Assistant Educational Programs and Courses

Dr. Montez provided the report, which is available in the meeting materials.

Chair Reed-Espinoza asked Dr. Montez for guidance on what she would like to do in regard to disciplinary action.

Tara Welch voiced that the Council needs to be clear about the terminology it is using since there is no license or permit issued to educational programs and courses, and the proposal is for an enforcement action, not a disciplinary action. She stated that an enforcement action would look like issuing to a program or course in violation of false or misleading advertising a citation with an administrative penalty. Due to the significant harm to program and course students who receive false information from the program or course, on which the students then rely and are subsequently in trouble later when they are applying for their license or permit, and the negative impact on consumers with that false advertising impact on students, it seems like the Legislature should potentially look at significant fines.

Vice Chair Miyasaki voiced that this is a good Board direction, and it is a barrier to licensure if a candidate or student goes to a program and they are not getting the appropriate information. She hoped that this would transfer over to the basic life support

certifications. Now and again, she has heard from educators that students many times are directed to take a cardiopulmonary resuscitation (CPR) or basic life support (BLS) class, and the courses advertise something in really small print that they are similar to American Heart Association or the American Red Cross, but the course is all online and no hands-on training. The students, as much as they are given direction and copies of appropriate CPR certificates, still occasionally take the wrong course and do not find out until after they apply for their RDA license, resulting in a delay in their application process. Vice Chair Miyasaki has heard from educators and has had phone calls at least three times this year regarding students who are interested in going through dental assisting but have been told by a program that has dental assisting and dental hygiene that they have to go through their dental assisting program before they go through their dental hygiene program. She believes that the Board could use this language for instances or circumstances like that.

Council Member Kandice Pliss indicated it is imperative to take action on this topic, as there is a ripple effect on not only the student's finances but also their family and their time. She continued that as there is an evident issue trying to get people into the field, if students are misled or give up because of confusion on how to get licensed, there is no reason to not fine the programs/courses.

Vice Chair Miyasaki voiced that for Commission on Dental Accreditation (CODA) approved programs, the Board is required to post the cost of those programs online on its website as it is supposed to be public knowledge. All dental programs and dental hygiene programs do that because they are all CODA approved but not all dental assisting programs in California are CODA-approved programs. She added that the cost of the programs is often hidden for many of the programs that may be more expensive, and she hoped that at some point there can be a discussion or agenda item about posting the cost of the programs as public knowledge.

Dr. Montez communicated that is something Board staff needs to flag as they look at regulations for the RDA.

(M/S/C) (Miyasaki/Pliss) to recommend to the Board including this issue in the Board's Sunset Review Report and requesting that the California State Legislature create a clear enforcement action statute, with prescribed Board administrative enforcement actions, such as issuing to an educational program or course in violation of false or misleading advertising a citation with an administrative penalty to be determined by the Legislature, to combat fraudulent advertising and misinformation distributed by educational programs and course providers.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comment.

Ms. Becker, representing California Dental Assistants Association (CDAA), verbalized that this is great and has been needed for quite some time, and they appreciate the Council moving forward with this and seeing what comes in the future

Chair Reed-Espinoza called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins.

Recusals: None.

The motion passed.

Agenda Item 10: Update, Discussion, and Possible Recommendations on Proposed Regulations

Agenda Item 10.a.: Status Update on Pending Regulations

David Bruggeman provided the report, which is available in the meeting materials.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 11: Update, Discussion, and Possible Recommendation on Pending Legislation

David Bruggeman provided the report, which is available in the meeting materials.

Mr. Bruggeman stated that AB 481 has continued to proceed through the legislative process since the May Board meeting and is currently scheduled for a hearing before the Senate Appropriations Committee on August 21, 2023. At the May meeting, the Board voted to take a support if amended position on the bill, and Board staff prepared a letter that was submitted to the Legislature outlining those concerns, much of which was informed by the discussion from the Council at its May meeting. The bill has been amended twice since then, and those amendments revised several definitions in part addressing some but not all of the feedback the Board has received. Mr. Bruggeman expressed that there has been a lot of reorganization done to the bill, including some changes to the implementation dates. For instance, new permitted duties for the orthodontic assistant and dental sedation assistant permits were moved from January 1, 2026 to June 30, 2024. He noted that there is a significant interest from stakeholders in getting this bill passed and implemented soon compared to previous versions of the bill. Based on these amendments, the Board President and Vice President serving as the Board's Executive Committee did revise the Board's position from support if amended to support.

Chair Reed-Espinoza asked whether the bill could be revised in regard to the placement and removal of healing cap and transfer abutments to either put a slash or state “or impression coping.” She requested this revision because on the part that comes for doing the impression that an RDAEF2 can do as a master impression, that box states impression coping; it does not state on all of the systems, which there are several systems, transfer abutment. Dr. Montez advised Chair Reed-Espinoza to state the line of the bill that Chair Reed-Espinoza is referencing and to phrase this in a “I would like to recommend” as this is not the Board’s bill. The discussion would go to the Board to convey any recommendations that the Council has to CDA, who is the sponsor of the bill. Chair Reed-Espinoza clarified that she was referencing section 24, line item four number (2), which states “Place and remove healing caps and transfer abutments.” She requested adding an addition to state “or impression coping”.

Council Member Jeri Fowler noticed that some of the duties for the RDAEF were added back in and that there were two that were still left off. Previously, it was Business and Professions Code (BPC) section 1753.5, subdivision (b), line item (4), Size and fit endodontic master points and accessory points, and line item (5), Cement endodontic master points and accessory points. She noted that by removing these, the bill removed the end operation from the RDAEF allowable duties. She requested those duties be added to the bill under section 24, BPC section 1753.1 by adding on an item (8) and item (9) under subdivision (b). Council Member Fowler asked whether there is a reason as to why that was left off. Mr. Bruggeman responded that he cannot speak to the specific reasons but that he has made note of the particular suggestion with respect to those duties.

Vice Chair Miyasaki voiced that BPC section 1747, subdivision (b), lines 30 to 32 state “Evidence of completion of eligibility requirements under this section shall be dated no more than five years immediately preceding application for licensure under Section 1748.” She inquired whether the word “application” should be replaced with “graduation,” if that is what the intent is. Regarding BPC section 1750.1, subdivision (a), line 11, which states that the dental assistant can “Cure dental materials used for orthodontic procedures with a light-curing device,” she expressed that this scope should be expanded to just say “procedures” and not just “orthodontic procedures.”

Regarding section 24, line 35, subdivision (c), that all the RDAEFs licensed on or after 2024 can perform these duties, Chair Reed-Espinoza asked whether there is any language regarding the RDAEFs who are already licensed. Mr. Bruggeman responded that as the bill is currently written, there would be no provisions for those licensed prior to that date to take the appropriate courses or other things that would be deemed necessary for them to perform these new additional duties. Based on what he is hearing, the recommendation is that there should be some provision in there for those licensed prior to June 1, 2024, to take appropriate steps to perform those duties. Dr. Montez clarified that the recommendation is not to simply grandfather them into the bill but to make sure that they take some sort of course work so that they can do those duties as stated.

Vice Chair Miyasaki recommended for the authors to add the language about posting their costs to their programs as public knowledge.

Ms. Welch responded that Vice Chair Miyasaki could include her suggestions in the Council's recommendation to the Board, which they will then discuss whether or not to include that in comments the Board provides to the author of the bill. She noted that those comments likely will get transmitted to the sponsor of the bill for potential revision.

Chair Reed-Espinoza requested public comment on this item. The Council received the following public comments.

Ms. Greenfield, representing that the Dental Assisting Alliance, noted that in the original BPC section 1753.4 that lists the RDAEF duties, number (1), the original duty was "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." The new function is number two in the new list of functions and what has been left out or changed is they are no longer intraoral evaluation of soft tissue. Currently, it reads, "Perform oral health assessments, including intraoral evaluations to identify oral lesions, extraoral evaluations of soft tissue, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist." In regards to Chair Reed-Espinoza's comment in number 10, place and remove healing caps and transfer abutments, in attempting to work with the author of this bill, the Dental Assisting Alliance has tried very hard to get them not to paint themselves in a corner with specific terminology that might change in the future. The Alliance feels that it might be better to use some different verbiage that would say "and/or other attachments" as those terms are going to change in the future. If more generalized terms could be utilized in that area that would probably be helpful in the future.

Vice Chair Miyasaki asked Ms. Greenfield what the section number for the first point she brought up was. Ms. Greenfield responded that it was BPC section 1753.4 (the original) relating to intraoral, and the new version for performing health assessment is the second item in the bill. In reference to the concern if additional education is required for individuals who are already licensed as an RDAEF2, Ms. Greenfield added that she would look very closely at a couple of these duties that personally they have already been teaching, assuming that it was part of a direct restoration; one of those would be performed post and core build up procedures. As they have already been teaching that, she is not sure that would add any time or requirement.

Tooka Zokaie, CDA representative, expressed that they appreciate the different comments that have been raised about language and verbiage in AB 481. If the CDA is going to look at endodontic duties, they can go back and make sure that that is clear. They also will look at the words "application" and "graduation" and discuss the difference between the verbiage there. Ms. Zokaie affirmed that the CDA does think that

posting cost is currently outside of the scope of the bill. In terms of the intraoral evaluation of soft tissue, she disclosed that it currently includes intraoral for lesions and extraoral for soft tissue, but CDA can review with the Council the importance of intraoral evaluation of soft tissue. In terms of implant terminology, if it changes in the future, that would be something to consider, as CDA cannot anticipate how language may change for implants. However, if there are recommendations from the Board for specific language, CDA will review that language and see if it is appropriate, but they cannot anticipate how language may change in the future.

Chair Reed-Espinoza commented that the Council wanted to make sure that everything that was already a duty is still included in that duty.

Dr. Bruce Whitcher, CDA representative, requested that the Council send any comments regarding specific changes to them in writing.

Vice Chair Miyasaki asked for clarification whether the endodontic duties of size and fit endodontic master points and accessory points and cement endodontic master points and accessory points are still included as a duty for RDAEFs. Mr. Bruggeman replied that he would need to review the bill and will provide Vice Chair Miyasaki with a response.

(M/S/C) (Miyasaki/Reed-Espinoza) to recommend to the Board the following comments for potential amendments to AB 481: 1) in BPC section 1753.4, under the charting, that the verbiage concerning the evaluation of soft tissue include intraoral evaluation; 2) the language used for healing caps and transfer abutments include language, such as other attachments, and that the verbiage for the eligibility for an RDA be looked at to include possibly “graduation” versus the term “application;” 3) to confirm that the RDAEF duties of sizing and fitting and endodontic master points and accessory points and cement endodontic master points and accessory points are still part of the RDAEF functions; 4) for BPC section 1750.1, subdivision (a)(11), the language of “cure dental materials used for orthodontic procedures with a light-curing device” be changed to “cure dental materials used for procedures with a light-curing device,” which would delete the word “orthodontic;” and 5) that additional education requirements would be required for graduates who have graduated prior to June 1, 2024, in order to perform the additional duties that they did not learn in their prior education.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comments.

Melodi Randolph, Dental Assisting Alliance representative, noted that as an example, if an individual takes a coronal polish course now on the 15-month dental assisting track, and they took it after 10 months in December; starting January 1, they will not have had 15 months’ work experience yet. She expressed that there is going to be a gray area there between what is current regulation and what is new regulation and when all of that is cleaned up and implemented and asked if that is something the Council is going to be

creating regulations for. Mr. Bruggeman responded that should the law be passed this year and signed by the Governor, the effective date would be January 1, 2024, unless there are specific provisions in the bill that stated a different implementation date. To his knowledge, that would not apply to the provisions that Ms. Randolph discussed. The new pathways that are created by the bill would come into effect as of January 1, 2024. Therefore, those requirements would have the force of law.

Ms. Randolph asked that if in the new bill, an individual who takes a coronal polishing course after they have completed their 15 months' work experience and the 1,280 hours, can immediately coronal polish without becoming an RDA, and if an individual has their coronal polish in December after 10 months work experience, when will they be able to start coronal polishing. She inquired whether they would have to become an RDA to coronal polish, as that is what it is currently, or would they be able to start coronal polishing after they have achieved their 15 months' work experience. Ms. Welch advised that those comments should be provided to the author and the sponsor of the bill and stated that implementation is a concern because it can take two to four years to revise regulations. She noted that if there is a concern about regulatory amendments, that needs to be properly considered with the effective date of the bill.

Dr. Montez added that the Board is hesitant to give specifics because of the ever-evolving changes in the bill, and they are trying to address things as they come up in this kind of context and share the information with the author.

Chair Reed-Espinoza called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins.

Recusals: None.

The motion passed.

Agenda Item 12: Adjournment

Chair Reed-Espinoza adjourned the meeting at 9:39 a.m.



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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (October 23, 2023, Members of the Dental Assisting Council, Mirela Taran, Administrative Analyst Dental Board of California, Agenda Item 4.: Executive Officer Report)

Background

Dr. Tracy Montez will provide an update regarding the Dental Board of California’s (Board) Sunset Review Report.

By statute (Business and Professions Code section 1601.1), the Board has the authority to operate until January 1, 2025. This sunset date provision is applied to all Department of Consumer Affairs (DCA) boards and bureaus on a staggered basis so that the California Legislature can review each entity and its operations and adjust that entity’s laws as it sees fit. This is called the sunset review process, and the Board last went through this review in the 2018-2019 timeframe.

The process starts with the Board preparing a Sunset Review Report to submit to the Legislature. Following a format provided by the Legislature, the report summarizes the Board’s activities (including licensing, enforcement, finances, legislation, and regulations) during the period since the last report was submitted. The report addresses any issues identified by the Legislature in the previous review, presents new issues to the Legislature for its consideration, and covers any other matters as requested.

Board staff prepared a draft report for the Board’s consideration at its October 12, 2023 meeting. The final report will be submitted to the Legislature by the end of calendar year 2023. The report covers Board activities from the 2018-2019 fiscal year through the 2022-2023 fiscal year. This report covers five years because the Legislature amended the Board’s sunset review date in 2022 to account for a backlog in the sunset review process for all DCA boards and bureaus brought on by the COVID-19 pandemic.

After the Board has submitted the report, the policy committees overseeing the Board (Assembly Business and Professions Committee and Senate Business, Professions and Economic Development Committee) will schedule a sunset review hearing for the early

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spring of 2024. Committee staff will prepare a background paper, based in part on the Board's Sunset Review Report, and release it prior to the hearing. At this joint hearing, the legislators will hear testimony from the Board President and Executive Officer, ask questions, and take public comment. Additionally, stakeholders and the public will have the opportunity to submit written comment prior to the hearing.

This hearing will inform what is called a 'sunset bill' – legislation that would reauthorize the Board for a specified period (typically four years, though this can vary, or be adjusted by subsequent legislation). Besides reauthorizing the Board, the sunset bill usually makes changes to sections of the Dental Practice Act to address issues raised during the sunset review process. For instance, the legislative proposals approved by the Board could inform provisions of the sunset bill.

The Board took action to approve the proposed draft Sunset Review Report and authorized the Executive Officer to take all steps necessary to finalize the report, make any non-substantive changes to the text, and take all steps necessary to submit the report to the California Legislature.

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	October 18, 2023
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 5.: Update on Dental Assisting Examination Statistics

Background

The following table provides the examination statistics for candidates who attempted dental assisting examinations this current fiscal year from July 1, 2023, to September 30, 2023, and the past three fiscal years (FYs).

License Type		RDA	OA	DSA	RDAEF		
		Written	Written	Written	Clinical	Practical	Written
FY 2023/24	Total 1st Time Candidates Tested	635	27	N/A	N/A	N/A	62
	1st Time Candidates Pass	506	19	N/A	N/A	N/A	48
	1st Time Candidates Pass %	80%	70%	N/A	N/A	N/A	77%
	1st Time Candidates Fail	129	8	N/A	N/A	N/A	14
	1st Time Candidates Fail %	20%	30%	N/A	N/A	N/A	22%
	Total Repeat Candidates Tested	275	26	N/A	N/A	N/A	32
	Repeat Candidates Pass	121	9	N/A	N/A	N/A	17
	Repeat Candidates Pass %	44%	35%	N/A	N/A	N/A	53%
	Repeat Candidates Fail	154	17	N/A	N/A	N/A	15
	Repeat Candidates Fail %	56%	65%	N/A	N/A	N/A	47%
	Total Candidates Tested	910	53	N/A	N/A	N/A	94
	Total Candidates Passed	627	28	N/A	N/A	N/A	65
	Total Candidates Pass %	69%	53%	N/A	N/A	N/A	69%
	Total Candidates Failed	283	25	N/A	N/A	N/A	29
Total Candidates Failed %	31%	47%	N/A	N/A	N/A	31%	
FY 2022/23	Total 1st Time Candidates Tested	2,107	255	8	N/A	N/A	194
	1st Time Candidates Pass	1,644	189	7	N/A	N/A	155
	1st Time Candidates Pass %	78%	74%	88%	N/A	N/A	80%
	1st Time Candidates Fail	463	66	1	N/A	N/A	39
	1st Time Candidates Fail %	22%	26%	12%	N/A	N/A	20%
	Total Repeat Candidates Tested	774	100	2	N/A	N/A	130
	Repeat Candidates Pass	342	54	2	N/A	N/A	52
	Repeat Candidates Pass %	44%	54%	100%	N/A	N/A	40%
	Repeat Candidates Fail	432	46	N/A	N/A	N/A	78
	Repeat Candidates Fail %	56%	46%	N/A	N/A	N/A	60%

Agenda Item 5.: Update on Dental Assisting Examination Statistics
Dental Assisting Council Meeting
November 8, 2023

	Total Candidates Tested	2,881	355	10	N/A	N/A	324
	Total Candidates Passed	1,986	243	9	N/A	N/A	207
	Total Candidates Pass %	69%	68%	90%	N/A	N/A	64%
	Total Candidates Failed	895	112	1	N/A	N/A	117
	Total Candidates Fail %	31%	32%	10%	N/A	N/A	36%
FY 2021/22	Total 1 st Time Candidates Tested	1,556	137	5	54	58	160
	1 st Time Candidates Pass	1,077	102	4	37	46	111
	1 st Time Candidates Pass %	69%	74%	80%	69%	79%	69%
	1 st Time Candidates Fail	479	35	1	17	12	49
	1 st Time Candidates Fail %	31%	26%	20%	31%	21%	31%
	Total Repeat Candidates Tested	1,001	130	1	14	19	108
	Repeat Candidates Pass	411	66	1	9	12	43
	Repeat Candidates Pass %	41%	51%	100%	64%	63%	40%
	Repeat Candidates Fail	590	64	N/A	5	7	65
	Repeat Candidates Fail %	59%	49%	N/A	36%	37%	60%
	Total Candidates Tested	2,557	267	6	68	77	268
	Total Candidates Passed	1,488	168	5	46	58	154
	Total Candidates Pass %	58%	63%	80%	68%	75%	57%
	Total Candidates Failed	1,069	99	1	22	19	114
	Total Candidates Fail %	42%	37%	20%	32%	25%	43%
FY 2020/21	Total 1 st Time Candidates Tested	1,665	162	3	N/A	N/A	156
	1 st Time Candidates Pass	1,285	82	2	N/A	N/A	133
	1 st Time Candidates Pass %	77%	51%	67%	N/A	N/A	85%
	1 st Time Candidates Fail	380	80	1	N/A	N/A	23
	1 st Time Candidates Fail %	23%	49%	33%	N/A	N/A	15%
	Total Repeat Candidates Tested	854	184	2	N/A	N/A	28
	Repeat Candidates Pass	368	51	1	N/A	N/A	20
	Repeat Candidates Pass %	43%	28%	50%	N/A	N/A	71%
	Repeat Candidates Fail	486	133	1	N/A	N/A	8
	Repeat Candidates Fail %	57%	72%	50%	N/A	N/A	29%
	Total Candidates Tested	2,519	346	5	N/A	N/A	184
	Total Candidates Passed	1,653	133	3	N/A	N/A	153
	Total Candidates Pass %	66%	38%	60%	N/A	N/A	83%
	Total Candidates Failed	866	213	2	N/A	N/A	31
	Total Candidates Fail %	34%	62%	40%	N/A	N/A	17%

The Office of Professional Examination Services (OPES) monitors the passing rates for the dental assistant examinations. OPES works with subject matter experts (i.e., actively practicing licensees who are in good standing) to build a bank of quality questions that adhere to professional guidelines and technical standards for use on occupational licensing examinations.

Additional information regarding written examination is 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.

Agenda Item 5.: Update on Dental Assisting Examination Statistics
Dental Assisting Council Meeting
November 8, 2023



MEMORANDUM

DATE	October 18, 2023
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 6.: Update on Dental Assisting Licensing Statistics

Dental Assistant License Application Statistics

The following tables provide monthly dental assistant license application statistics for fiscal year 2020–2021, 2021–2022, 2022–2023 and 2023-2024. The data provided for 2023-24 is through September 30, 2023.

Dental Assistant Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	128	120	288	409	134	210	263	120	215	239	195	340	2,661
RDA 21/22	212	220	246	256	176	174	172	159	222	199	278	331	2,645
RDA 22/23	265	213	138	184	156	100	187	155	190	272	281	183	2,324
RDA 23/24	329	277	224										830
RDAEF 20/21	3	13	17	2	4	0	1	11	12	36	13	14	126
RDAEF 21/22	4	7	27	14	21	13	9	9	5	42	10	29	190
RDAEF 22/23	4	14	11	24	10	8	4	10	20	29	31	40	205
RDAEF 23/24	16	15	4										35
OA 20/21	14	16	15	21	9	25	10	15	28	21	23	29	226
OA 21/22	14	24	26	25	30	28	18	14	25	26	22	20	272
OA 22/23	16	28	23	16	18	8	27	19	19	25	17	13	228
OA 23/24	19	21	19										59
DSA 20/21	0	0	1	0	0	0	1	1	0	0	0	4	7
DSA 21/22	0	0	1	5	0	2	0	1	2	6	1	0	18
DSA 22/23	0	4	3	8	0	1	0	0	1	3	1	0	21
DSA 23/24	1	1	0										2
Dental Assistant Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	65	47	248	188	69	89	261	239	219	244	146	92	1,907
RDA 21/22	225	273	225	209	176	108	71	118	114	139	118	121	1,897
RDA 22/23	129	271	846	378	480	338	180	140	286	252	247	284	3,831
RDA 23/24	171	332	232										735

Agenda Item 6.: Update on Dental Assisting Licensing Statistics
Dental Assisting Council Meeting
November 8, 2023

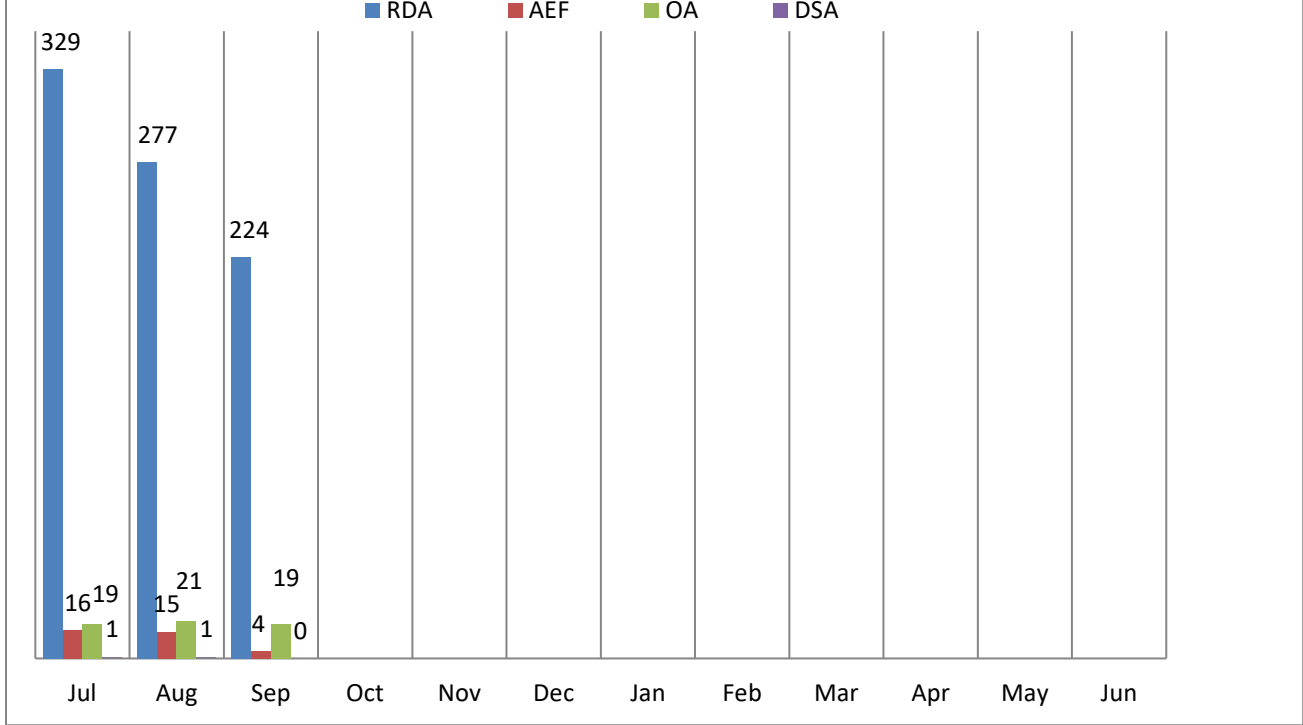
Dental Assistant Applications Approved by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDAEF 20/21	36	19	23	17	1	5	2	3	19	10	23	20	178
RDAEF 21/22	18	1	4	22	25	12	3	11	9	7	24	35	171
RDAEF 22/23	25	20	0	21	18	10	17	4	32	26	20	33	226
RDAEF 23/24	12	18	6										36
OA 20/21	0	4	22	12	13	7	18	28	17	31	14	7	173
OA 21/22	20	18	13	6	23	12	10	10	7	13	11	14	157
OA 22/23	22	22	36	56	26	19	20	15	35	23	19	13	306
OA 23/24	3	8	12										23
DSA 20/21	3	0	0	0	0	0	0	0	0	0	0	0	3
DSA 21/22	2	0	0	0	0	0	0	1	2	0	1	0	6
DSA 22/23	2	1	0	2	1	4	1	2	0	0	1	3	17
DSA 23/24	0	0	1										1
Dental Assistant Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	179	19	263	90	215	67	87	124	204	167	137	181	1,733
RDA 21/22	244	151	126	149	155	181	79	97	99	97	121	100	1,599
RDA 22/23	115	126	117	248	221	222	153	165	221	136	166	159	2,049
RDA 23/24	215	173	259										647
RDAEF 20/21	1	2	0	0	1	1	0	0	0	0	0	0	5
RDAEF 21/22	0	46	1	1	0	0	262	0	2	6	7	4	329
RDAEF 22/23	39	20	19	8	14	24	11	8	25	21	18	30	237
RDAEF 23/24	15	14	25										54
OA 20/21	11	7	9	16	9	5	8	10	11	12	22	9	129
OA 21/22	10	17	2	0	32	19	22	13	15	17	11	11	169
OA 22/23	18	20	12	30	28	34	19	16	24	21	20	25	267
OA 23/24	15	8	6										29
DSA 20/21	0	1	0	2	0	0	0	0	0	0	0	0	3
DSA 21/22	0	0	0	0	0	2	0	0	0	2	0	1	5
DSA 22/23	0	1	1	0	0	2	0	2	0	0	1	3	10
DSA 23/24	1	0	0										1
Cancelled Dental Assistant Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	0	0	0	1	0	1	2	1	2	0	3	1	11
RDA 21/22	0	1	4	2	0	6	1	0	0	2	4	5	25
RDA 22/23	1	3	3	0	1	1	1	2	1	0	0	0	13
RDA 23/24	2	0	4										6
RDAEF 20/21	0	1	0	0	1	1	2	0	1	0	0	2	8
RDAEF 21/22	8	0	0	1	0	0	0	0	0	0	1	0	10
RDAEF 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 23/24	0	0	0										0

Cancelled Dental Assistant Applications by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 21/22	0	0	1	1	0	0	0	0	0	0	0	1	3
OA 22/23	2	0	0	0	1	0	0	0	0	0	0	0	3
OA 23/24	0	1	1										2
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 23/24	0	0	0										0
Withdrawn Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	0	3	7	2	1	3	1	1	2	0	0	1	21
RDA 21/22	3	2	0	0	4	3	4	5	4	2	1	5	33
RDA 22/23	4	8	2	9	0	0	0	3	1	1	0	2	30
RDA 23/24	2	0	1										3
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	2	0	2
RDAEF 21/22	1	0	1	1	0	0	1	0	0	0	0	0	4
RDAEF 22/23	0	0	0	0	0	1	0	1	1	0	0	1	4
RDAEF 23/24	0	0	0										
OA 20/21	1	0	0	0	0	0	0	0	0	0	0	0	1
OA 21/22	0	2	0	0	1	0	1	0	3	1	1	1	10
OA 22/23	0	0	3	1	0	0	0	0	4	0	0	1	9
OA 23/24	0	0	1										1
DSA 20/21	0	0	0	0	0	0	0	1	0	0	0	0	1
DSA 21/22	0	0	0	0	1	0	0	0	0	0	0	0	1
DSA 22/23	1	0	0	0	0	0	0	0	1	0	0	0	2
DSA 23/24	0	0	0										0
Denied Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 20/21	1	0	0	0	0	0	1	0	3	2	0	2	9
RDA 21/22	1	0	0	0	0	1	0	0	0	0	4	0	6
RDA 22/23	2	1	0	0	0	2	0	2	0	0	5	2	14
RDA 23/24	0	1	3										4
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 23/24	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	0	0	0	0	0	0	0	0	0
OA 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 23/24	0	0	0										0

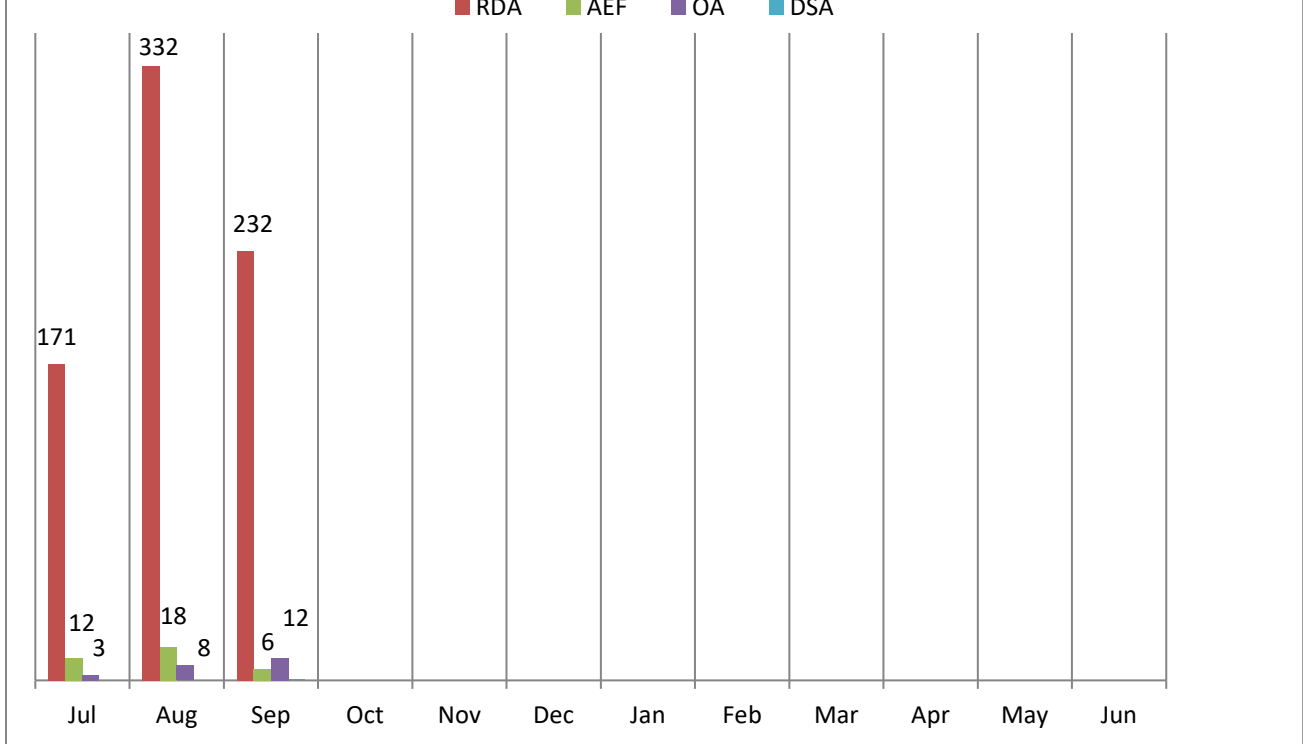
Denied Dental Assistant Applications by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 23/24	0	0	0										0

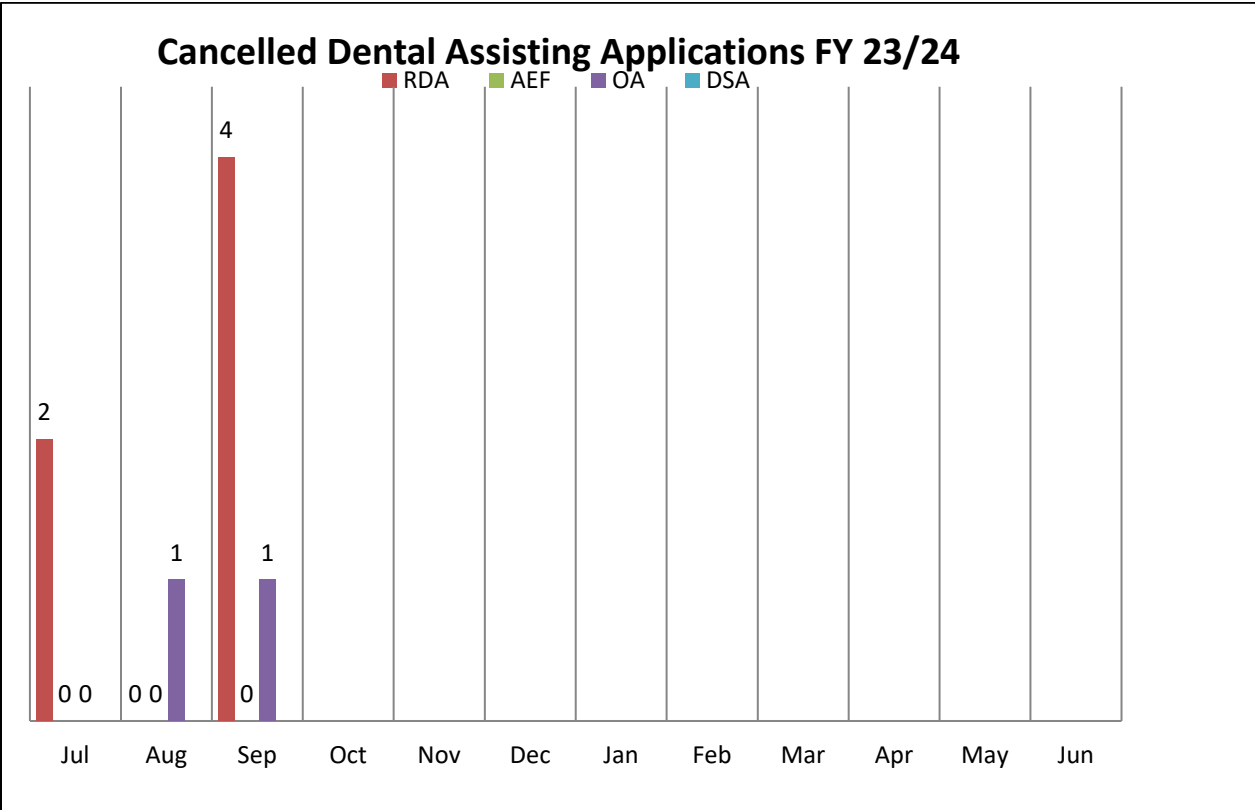
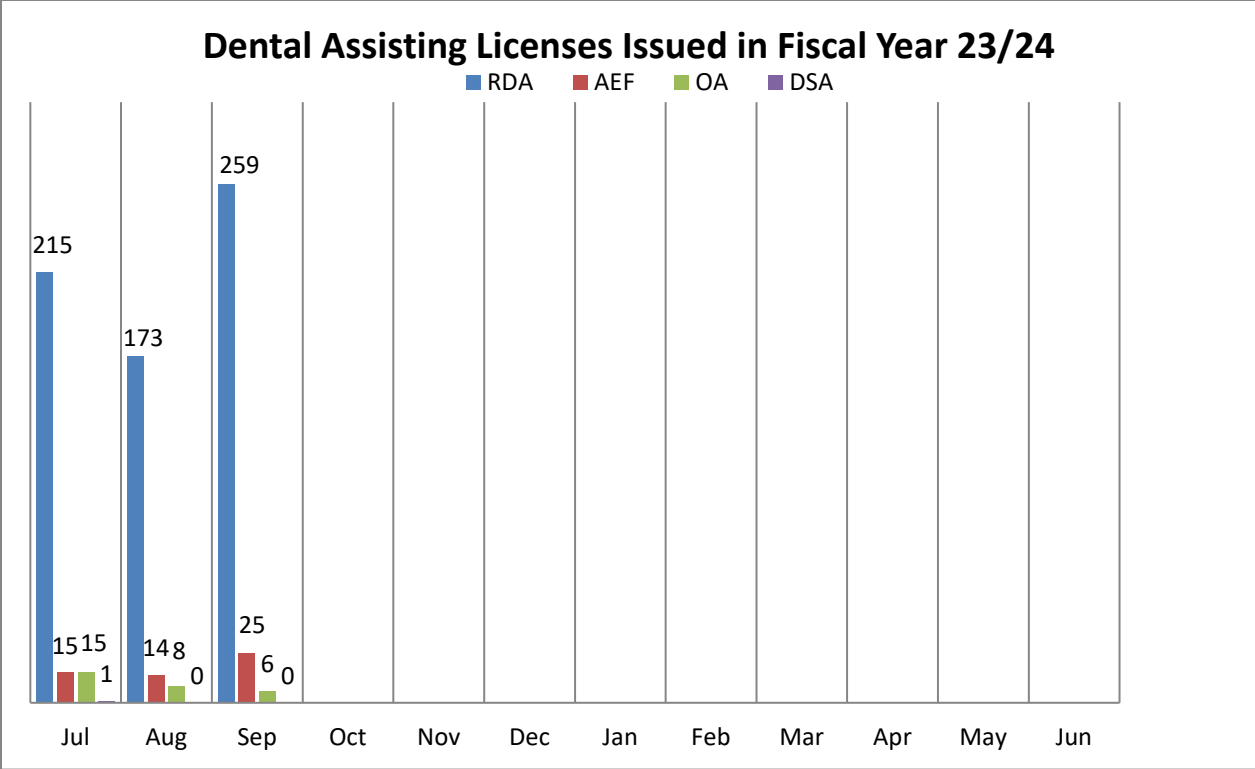
Application Definitions	
Received	Application received in paper format or electronically through BreZE system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved 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 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.

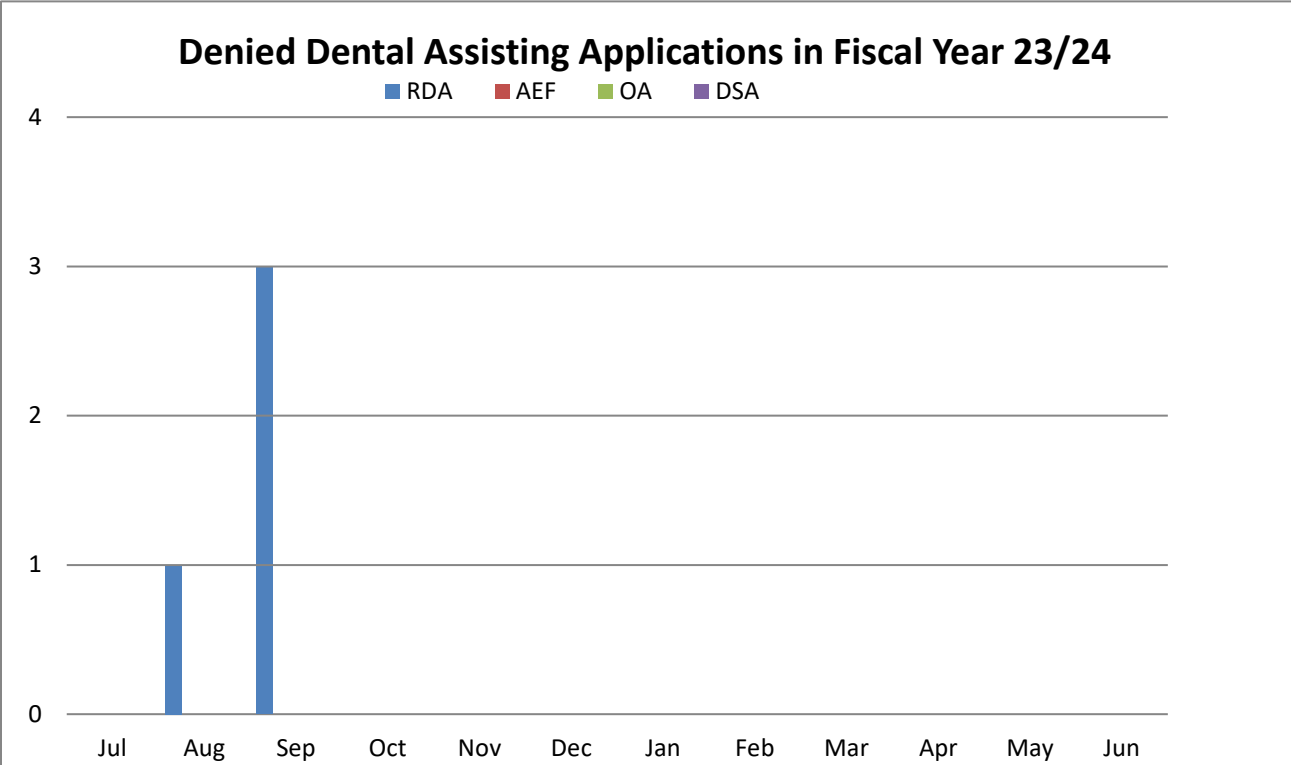
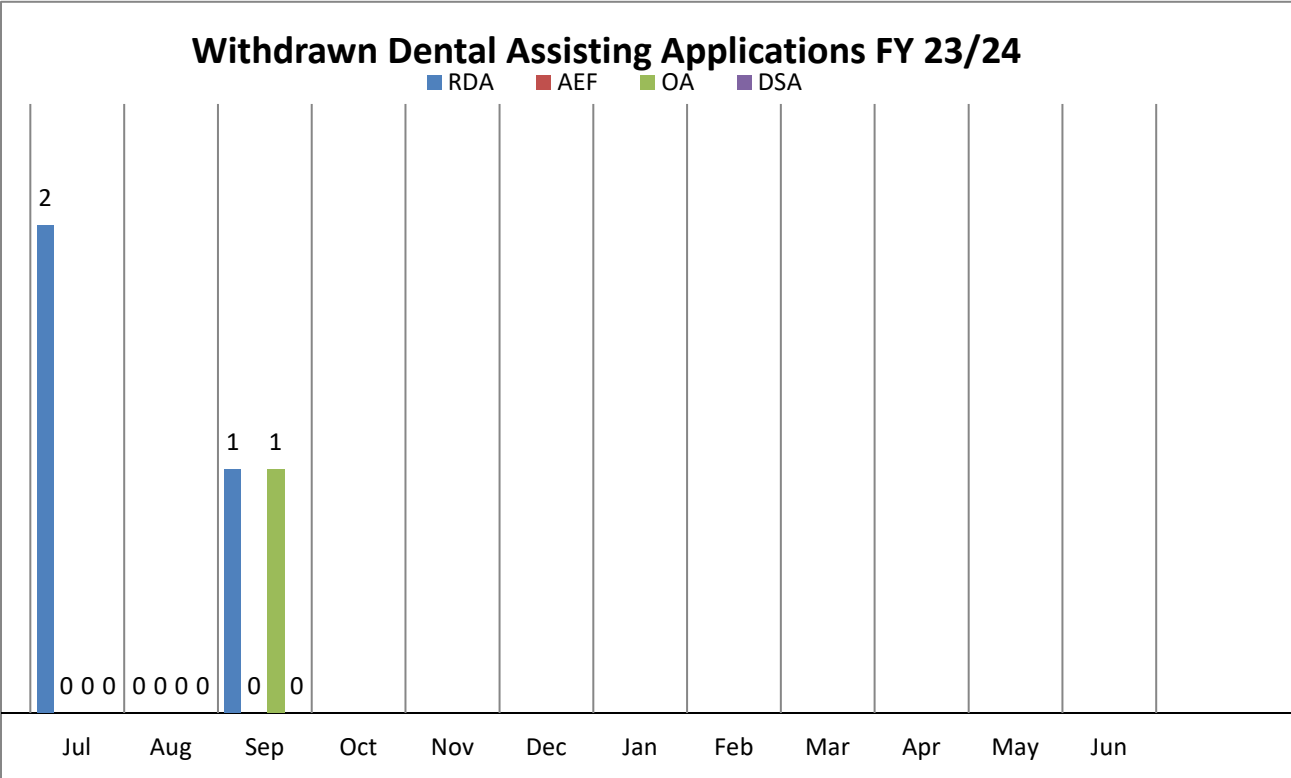
Dental Assisting Applications Received in Fiscal Year 23/24



Dental Assisting Applications Approved FY 23/24







Dental Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years 2020–21, 2021–22, 2022–23 and 2023-24

License Type	License Status	2020–21	2021–22	2022–23	2023-24
Registered DentalAssistant	Active	30,317	28,902	28,437	28,321
	Inactive	4,155	3,991	3,790	3,751
	Delinquent	11,802	12,992	13,543	13,942
	Cancelled	49,700	51,512	53,712	54,093
License Type	License Status	2020–21	2021–22	2022–23	2023-24
Registered Dental Assistant in ExtendedFunctions	Active	1,522	1,756	1,950	1,978
	Inactive	74	75	77	79
	Delinquent	251	298	305	325
	Cancelled	379	420	462	468
License Type	License Status	2020–21	2021–22	2022–23	2023-24
Orthodontic Assistant	Active	1,340	1,407	1,602	1,592
	Inactive	34	44	46	52
	Delinquent	211	286	333	363
	Cancelled	13	27	51	53
License Type	License Status	2020–21	2021–22	2022–23	2023-24
Dental Sedation Assistant	Active	38	38	45	45
	Inactive	3	2	4	4
	Delinquent	13	16	17	16
	Cancelled	4	7	9	10

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 2020–21, 2021–22, 2022–23 and 2023-24

County	RDA 21/22	Pop. 21/22	Pop. Per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23	RDA 23/24	Pop. 23/24	Pop. Per RDA 23/24	DDS 23/24	RDA to DDS Ratio 23/24
Alameda	1,185	1,651,979	1,394	1,492	1:1	1,221	1,651,979	1,352	1,485	0:1	1,100	1,636,194	1,487	1,499	0:1
Alpine	0	1,200	N/A	1	0:1	0	1,200	0	0	0	0	1,184	0	0	0
Amador	55	40,297	732	22	2:1	78	40,297	516	21	2:1	52	39,837	766	20	2:1
Butte	250	201,608	806	124	2:1	291	201,608	692	124	2:1	274	205,592	750	121	2:1
Calaveras	55	40,297	732	18	3:1	69	45,049	652	21	2:1	63	44,890	712	21	2:1
Colusa	28	21,807	779	6	4:1	28	21,807	778	6	4:1	26	21,771	837	6	4:1
Contra Costa	1,224	1,156,555	944	1,098	1:1	1320	1,156,555	876	1,103	1:1	1238	1,147,653	927	1,094	1:1
Del Norte	26	27,218	1,046	13	2:1	30	27,218	907	11	2:1	28	26,599	949	10	2:1
El Dorado	205	190,465	929	157	1:1	257	190,465	741	152	1:1	205	189,006	921	148	1:1
Fresno	884	1,011,273	1,143	613	1:1	962	1,011,273	1,051	620	1:1	890	1,011,499	1,136	634	1:1
Glenn	46	28,750	625	6	7:1	46	28,750	625	7	7:1	42	28,636	681	7	7:1
Humboldt	162	135,168	834	64	2:1	162	135,168	834	63	2:1	165	134,047	812	62	2:1
Imperial	83	179,329	2,161	38	2:1	102	179,329	1,758	39	2:1	85	179,476	2,111	39	2:1
Inyo	9	18,978	2,109	8	1:1	8	18,978	2,372	5	1:1	8	18,896	2,362	6	1:1
Kern	601	909,813	1,513	340	1:1	734	909,813	1,239	341	1:1	616	907,476	1,473	338	1:1
Kings	134	152,023	1,135	49	2:1	157	152,023	968	61	2:1	147	151,018	1,027	58	2:1
Lake	80	67,407	842	26	3:1	112	67,407	601	39	1:1	84	66,800	795	39	1:1
Lassen	40	30,274	756	23	1:1	40	30,274	756	22	1:1	40	28,275	706	23	1:1
Los Angeles	4,503	9,861,224	2,189	8,418	1:2	5099	9,861,224	1,933	8,416	0:1	4444	9,761,210	2,196	8,464	0:1
Madera	135	157,396	1,165	45	3:1	144	157,396	1,093	44	3:1	142	158,148	1,113	46	3:1
Marin	174	257,135	1,477	308	1:2	183	257,135	1,405	290	0:1	170	252,959	1,487	294	0:1
Mariposa	12	17,045	1,420	7	1:1	11	17,045	1,549	7	1:1	9	16,935	1,881	7	1:1
Mendocino	97	89,999	927	54	1:1	112	89,999	803	49	1:1	95	89,164	938	49	1:1

County	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23	RDA 23/24	Pop. 23/24	Pop. Per RDA 23/24	DDS 23/24	RDA to DDS Ratio 23/24
Merced	240	284,338	1,184	97	2:1	264	284,338	1,077	92	2:1	246	285,337	1,159	92	2:1
Modoc	2	8,690	4,345	3	1:2	3	8,690	2,896	3	0:1	3	8,527	2,842	4	0:1
Mono	6	13,379	2,229	5	1:1	5	13,379	2,675	5	1:1	5	13,156	2,631	5	1:1
Monterey	380	433,716	1,141	257	1:1	436	433,716	994	248	1:1	377	430,368	1,141	250	1:1
Napa	127	136,179	1,072	112	1:1	141	136,179	965	110	1:1	128	134,637	1,051	108	1:1
Nevada	88	101,242	1,150	77	1:1	100	101,242	1,012	72	1:1	87	100,720	1,157	71	1:1
Orange	1,742	3,162,245	1,815	4,044	1:2	1814	3,162,245	1,743	4,073	0:1	1619	3,137,164	1,937	4,123	0:1
Placer	465	409,025	879	466	1:1	534	409,025	765	472	0:1	470	410,305	872	466	0:1
Plumas	19	18,942	996	14	1:1	18	18,942	1,052	13	1:1	16	18,996	1,187	13	1:1
Riverside	1,982	2,435,525	1,228	1,122	1:1	2171	2,435,525	1,121	1,142	1:1	1947	2,439,234	1,252	1,156	1:1
Sacramento	1,619	1,576,618	973	1,175	1:1	1887	1,576,618	835	1,176	1:1	1587	1,572,453	990	1,203	1:1
San Benito	111	65,479	589	24	4:1	118	65,479	554	23	4:1	102	65,666	643	24	4:1
San Bernardino	1,505	2,187,665	1,453	1,370	1:1	1688	2,187,665	1,296	1,398	1:1	1501	2,182,056	1,453	1,424	1:1
San Diego	2,541	3,287,306	1,293	2,764	0:1	2808	3,287,306	1,170	2,820	0:1	2574	3,269,755	1,270	2,844	0:1
San Francisco	416	842,754	2,025	1,175	1:3	452	842,754	1,864	1,151	0:1	429	831,703	1,938	1,151	0:1
San Joaquin	777	784,298	1,009	371	2:1	873	784,298	898	376	1:1	757	786,145	1,038	388	1:1
San Luis Obispo	206	280,721	1,362	207	1:1	248	280,721	1,131	210	1:1	211	278,348	1,319	216	1:1
San Mateo	561	744,662	1,327	853	1:1	572	744,662	1,301	843	0:1	544	737,644	1,355	840	0:1
Santa Barbara	352	445,164	1,264	312	1:1	399	445,164	1,115	307	1:1	356	440,557	1,237	305	1:1
Santa Clara	1,598	1,894,783	1,185	2,284	1:1	1662	1,894,783	1,140	2,289	0:1	1507	1,886,079	1,251	2,305	0:1
Santa Cruz	214	266,564	1,245	166	1:1	225	266,564	1,184	168	1:1	199	262,051	1,316	174	1:1
Shasta	174	180,531	1,037	107	1:1	203	180,531	889	100	1:1	169	179,436	1,061	99	1:1
Sierra	2	3,229	1,614	0	4:0	2	3,229	1,614	0	0:1	2	3,193	1,596	0	0:1
Siskiyou	29	43,830	1,511	21	1:1	28	43,830	1,565	23	1:1	23	43,548	1,893	23	1:1
Solano	621	447,241	720	282	2:1	623	447,241	717	279	2:1	563	443,749	788	273	2:1
Sonoma	656	482,404	735	383	1:1	675	482,404	714	382	1:1	624	478,174	766	382	1:1

County	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23	RDA 23/24	Pop. 23/24	Pop. Per RDA 23/24	DDS 23/24	RDA to DDS Ratio 23/24
Stanislaus	587	549,466	936	271	2:1	665	549,466	826	274	2:1	569	545,939	959	276	2:1
Sutter	120	99,145	826	52	2:1	143	99,145	693	51	2:1	116	98,952	853	51	2:1
Tehama	83	65,052	783	31	2:1	95	65,052	684	31	2:1	80	64,271	803	30	2:1
Trinity	5	16,023	3,204	3	1:1	5	16,023	3,204	3	1:1	5	15,939	3,187	2	1:1
Tulare	425	475,014	1,117	218	1:1	491	475,014	967	217	2:1	458	475,064	1,037	216	2:1
Tuolumne	69	55,291	801	48	1:1	81	55,291	682	47	1:1	73	54,590	747	48	1:1
Ventura	513	833,652	1,625	666	1:1	590	833,652	1,412	627	0:1	502	825,653	1,644	636	0:1
Yolo	190	221,165	1,164	118	1:1	210	221,165	1,053	122	1:1	182	220,880	1,213	124	1:1
Yuba	90	82,275	914	6	15:1	104	82,275	791	7	13:1	90	82,677	918	8	13:1
TOTAL	30,119	39,371,318	1,307	32,034	N/A	31,499	39,185,605	66,100	32,080	N/A	28,044	38,940,231	72,571	32,315	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 (1:3,187)	Counties with Lowest Population per RDA:	Alpine County (No RDAs)
	Modoc County (1:2,842)		San Benito County (1:643)
	Mono County (1:2,631)		Glenn County (1:681)
	Inyo County (1:2,362)		Lassen County (1:706)
	Los Angeles County (1:2,196)		Calaveras County (1:712)

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	October 16, 2023
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 7.: Update on the Occupational Analysis of the Registered Dental Assistant Profession

Background

Business and Professions Code (BPC) section 139 sets forth the policy for examination development and validation, and occupational analysis. Licensing boards and bureaus within the Department of Consumer Affairs (DCA) are required to ensure that their examination programs comply with psychometric guidelines and legal standards. The Dental Board of California (Board) requested that the DCA Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the Registered Dental Assistant profession in California. The purpose of the OA was to define practice in terms of critical tasks that RDAs must be able to perform safely and competently at the time of licensure.

In 2022, OPES began conducting research on the RDA profession and held a series of workshops where RDAs licensed by the Board participated as Subject Matter Experts (SMEs). The purpose of these workshops was to identify the tasks performed by RDAs and specify the knowledge required to perform these tasks safely and competently. With the information gathered during the workshops, the OPES test specialist developed a questionnaire containing the final set of tasks and knowledge statements.

The questionnaire asked the RDAs to rate specific tasks by frequency and importance and knowledges by importance. A total of 2,609 RDAs responded to the OA questionnaire and through adjustments to exclude those not practicing in California and incomplete responses, the final number of responses were 968.

The OPES test specialist analyzed the data obtained. SMEs then assisted with the linkage between tasks and knowledge statements and creation of the examination outline/plan critical to entry level performance as an RDA.

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The examination outline is structured into four content areas weighted relative to each of the other content areas. The examination outline consists of the following content areas: Assessment and Diagnostic Procedures (15%), Dental Procedures (50%), Infection Control and Health and Safety (25%), and Laws and Regulations (10%). The revised examination will go into effect on March 1, 2024, and the corresponding examination plan will then replace the current version.

The results of this OA provide a description of practice for the RDA profession and provide a basis for constructing a valid and legally defensible RDA General and Law and Ethics Written Exam.

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	October 18, 2023
TO	Members of the Dental Assisting Council
FROM	Access to Care Committee Lilia Larin, DDS Yogita Thakur, DDS, MS
SUBJECT	Agenda Item 8.: Presentation from the Board's Access to Care Committee

Background

In early 2023, the Dental Board of California (Board) reestablished the Access to Care Committee (Committee). The Board President appointed Dr. Lilia Larin and Dr. Yogita Thakur to the Committee.

Recent Committee Actions

To generate ideas on improving access to dental service care across California, Drs. Larin and Thakur met with the State Dental Director on June 20, 2023. The State Dental Director, Dr. Jayanth Kumar, directs the Oral Health Program at the California Department of Public Health (CDPH), where he is responsible for the [California Oral Health Plan](#).

The Committee presented the following four recommendations to the Board at its August 17-18, 2023 meeting.

1. Explore strategies to improve licensure examination transparency. For example, add more content to candidate information bulletins to assist with examination preparation.
2. Evaluate the impact of examination administration time on candidates whose second language is English.
3. Survey candidates to determine how they study for examinations and why they are failing them.
4. Analyze the pathways to licensure for Registered Dental Assistants to determine if the pathways are facilitating access to practice in a fair and valid manner.

Specifically, the Committee requested that the Board move to authorize the Committee to take the four actions listed so that the Committee can work with Board staff and provide status reports at future Board meetings. The Board approved the request.

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	October 27, 2023
TO	Members of the Dental Assisting Council
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 9.a.: Discussion and Possible Action to Form an Advisory Working Group to Review and Revise the Dental Assisting Comprehensive Rulemaking (California Code of Regulations (CCR), Title 16, Sections 1014, 1067-1071, 1076-1077.3, 1080-1081.3, 1083, 1085-1087)

Background

The Dental Assisting Council (Council) held several stakeholder workshops in 2017 and 2018 to develop its comprehensive rulemaking proposal for dental assisting. The final stakeholder workshop took place on March 2, 2018. As a result of these workshops, Board staff developed proposed regulatory language to include changes to educational program and course requirements, examination requirements, and licensure requirements for dental assisting. Board staff presented the proposed language at a special meeting of the Council on July 26, 2019. Staff presented the updated rulemaking at the November 2019 Council meeting. The Council voted to accept the changes proposed by staff and moved for staff to present the proposed text to the full Board at that meeting.

A final Dental Assisting Comprehensive Rulemaking proposal from the Council was presented to the Board at its December 4, 2020 meeting for consideration; the Board approved initiation of the rulemaking process at that meeting.

Based on concerns identified by the Board's current Regulatory Counsel in Attachment A and the amount of time passed since the initial approval, Board staff recommended to the Board that the language be reviewed and updated. The Board approved such a review at its August 18, 2023 Board meeting with the following motion:

- (1) Rescind the Board's December 4, 2020 motion to initiate a rulemaking for this proposal,

Agenda Item 9.a: Discussion and Possible Action to Form an Advisory Working Group to Review and Revise the Dental Assisting Comprehensive Rulemaking (California Code of Regulations (CCR), Title 16, Sections 1014, 1067-1071, 1076-1077.3, 1080-1081.3, 1083, 1085-1087)
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- (2) Refer this proposal back to the Board's Dental Assisting Council for the appointment of a one or two-person working group to further review and revise this proposal in consultation with Regulations Counsel and Board staff; and,
- (3) Bring back a new proposal to a future meeting for Board consideration.

Action Requested

Based on the Board's motion at the August 18, 2023 Board meeting, the Council has been asked to form a one or two-person working group to work with Board staff and its Regulatory Counsel to review the previously proposed regulatory language noticed on today's agenda. Any suggested revisions to the rulemaking language by the working group will be presented to the Council at a future Council meeting for review and possible recommendation to the Board for action at a future Board meeting.

Suggested Motion Language:

Move to create a working group composed of **(name(s) of working group member(s))** to review and make recommendations to possibly revise the Board's regulations on dental assisting in consultation with Regulations Counsel and Board staff and bring back any revised text for discussion and possible action at a future Council meeting.

Attachment: Memo from Regulations Counsel dated August 15, 2023 Regarding Agenda Item 23.b. Consideration of Previously Approved Proposed Regulations and Possible Recommendation to Form an Advisory Working Group to Review the Dental Assisting Comprehensive Rulemaking Regulations (see also [Agenda Item 23.b. \(ca.gov\)](#))



MEMORANDUM

DATE	August 15, 2023
TO	Board Members Dental Board of California
FROM	Kristy Schieldge, Attorney IV <i>KS</i> Regulations Unit, Legal Affairs Division Department of Consumer Affairs
SUBJECT	Agenda Item 23.b. (REPLACES PREVIOUSLY POSTED MEMO) Consideration of Previously Approved Proposed Regulations and Possible Recommendation to Form an Advisory Working Group to Review the Dental Assisting Comprehensive Rulemaking Regulations

Background

The Dental Assisting Council (Council) of the Dental Board of California (Board) held several stakeholder workshops starting in 2015 to develop its comprehensive rulemaking proposal relative to dental assisting. The last workshop took place in March 2018. A final Dental Assisting Comprehensive Rulemaking proposal from the Council was presented to the Board at its December 4, 2020 meeting for consideration; the Board approved initiation of the rulemaking process at that meeting for the text attached to this memo (Attachment A – “proposal”).

In August 2021, the Board’s then-Executive Officer requested that I review the proposal. Based upon my review and recommendations, the former Executive Officer requested that the rulemaking be placed “on hold” temporarily due to staff resource issues. Your current Executive Officer has requested that this issue be brought back to the Board for discussion and possible action.

Administrative Review and Legal Standards for the Adoption of Regulations

The Office of Administrative Law (OAL) reviews all regulatory proposals to ensure that an agency regulation meets standards set by law in the Administrative Procedure Act (“APA” – Gov. Code, §§ 11340 and following). These include whether the regulation meets the following standards: (1) necessity, (2) authority, (3) clarity, (4) consistency, (5) reference, and (6) nonduplication. (Gov. Code, §§ 11349, 11349.1, subd. (a).)

Over the past 10 years, OAL has increased its scrutiny of regulatory proposals regarding the exact meaning of every word, particularly for clarity and necessity. In addition, the APA requires each regulatory amendment, addition, or repeal to be explained in the rulemaking package as part of an Initial Statement of Reasons document that is filed with the proposed regulatory text to demonstrate the need for the regulations by substantial evidence (Gov. Code, § 11359(a).)

Under the APA, the law specifically forbids adoption of regulations that are inconsistent and not reasonably necessary to effectuate the purpose of the underlying statutes, as follows:

Whenever by the express or implied terms of any statute a state agency has authority to adopt regulations to implement, interpret, make specific or otherwise carry out the provisions of the statute, no regulation adopted is valid or effective unless consistent and not in conflict with the statute and reasonably necessary to effectuate the purpose of the statute. (Gov. Code, § 11342.2.)

Board Authority to Promulgate Regulations for Board Approval of Dental Assisting Programs and Educational Courses

The Dental Practice Act (Act) establishes minimum educational requirements to perform specified dental assisting duties and obtain dental assisting licensure and permitting. (Business and Professions Code (BPC), §§ 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, 1753, 1752.55, 1753.6, and 1777.) To accommodate various ways for individuals to attain education, the programs and courses do not have to be provided by accredited colleges but must be Board-approved under the Act.

BPC section 1614 expressly authorizes the Board to adopt regulations regarding “the establishment of standards for the approval of dental colleges and dental assisting **programs** and educational **courses**.” (Emphasis added.) This means that the Board’s regulatory authority for dental assisting programs and educational courses involves programmatic approvals, rather than school or institutional approvals. This interpretation is further supported by the fee authority provided in BPC section 1725, which limits the Board’s authority to charging for registered dental assisting (RDA) educational program curriculum review and site evaluation (subd. (j)), as well as review of each course approval application or reevaluation (subd. (k)). Dental assisting educational programs and courses requiring Board

approval must satisfy curriculum and facility requirements established in regulation. (California Code of Regulations (CCR), tit. 16, §§ 1070-1071.)

Issues Identified

My review has identified possible issues with clarity, consistency, duplication, necessity, and authority throughout the Dental Assisting Comprehensive Rulemaking text proposal. However, the main concern with the current proposal is that it is unclear that all requirements are reasonably necessary and authorized to effectuate the purpose of requiring minimum programmatic and course standards to assure entry level competence to perform the basic supportive procedures and duties authorized by the Act.

Examples of issues identified include the following:

(1) The proposal uses words like “adequate”, “proof,” “evidence”, “satisfactory”, “substantially comply”, “qualified”, “calibration”, “competency assessment mechanism,” “competency statement,” “deemed equivalent thereto,” “including, but not limited to”, “ensuring” or “may” throughout without further explanation of what those terms mean, under what circumstances the educational program would be deemed compliant, or when the Board “may” take action.

(2) The proposal appears incomplete as it fails to specify what standards apply in certain sections. For example, in proposed CCR section 1070.2:

(k) **Optional Program Content:** A registered dental assisting program that desires to provide instruction in the following areas shall apply separately for approval to incorporate curriculum on an application form issued by the Board, herein incorporated by reference, (insert here):

(3) The proposal appears to set requirements unrelated to the practice of the dental assisting professions and not necessary to ensure minimum standards are met. For example, it is unclear why a program's failure to meet these standards would mean the students are not prepared to assume the duties of a dental assistant prescribed by the Act and upon what grounds the Board would argue it has authority to enforce these standards if not met by the program:

Students, faculty and appropriate support staff shall be encouraged to be immunized against and/or tested for infectious diseases in accordance with

current Centers for Disease Control and Prevention guidelines for Dental Healthcare Professionals, prior to contact with patients and/or infectious objects or materials, to minimize the risk to patients and personnel. (Emphasis added -- see proposed CCR Section 1070(h)(3).)

Curriculum Organization, Competency and Learning Resources. The **organization** of the curriculum for all courses and programs **shall be flexible**, creating opportunities for adjustments to and research of advancements and emerging technologies in the profession of dental assisting as provided in this Article. (Emphasis added -- see proposed CCR section 1070(i).)

(F) Ensuring opportunities have been provided by the institution or program for faculty and instructional staff of a program to continue their professional development in order to stay current with advancing technologies and educational theory. The program director **shall ensure that time and budget allocations are provided by the institution or program for professional association activities, continuing education, or practical experiences related to dental assisting education.** (Emphasis added -- see proposed CCR section 1070(f)(2)(F).)

- (4) The proposal leaves the current RDA examination regulation largely unaltered, at CCR section 1081, which conflicts with amendments made to BPC section 1752.1 for the Board to administer a Registered Dental Assistant Combined Written Law and Ethics Examination and the new examination plan for that examination, effective May 2018 ([RDA Examination Plan \(Revised January 2018\) General and Law/Ethics Combined \(ca.gov\)](#)). Changes to CCR section 1081 would possibly affect other regulations that set RDA course content requirements in this proposal (e.g., requirements for proposed "Dental Practice Management" and "Dental Office Communications" curriculum in CCR sections 1070.2(i)(7)-(8) that do not appear to be covered on the exam) since generally the exam plan should govern the content of required coursework to assure the Board that students are being prepared to pass the RDA examination.
- (5) There is no proposal to update the fees currently charged in CCR section 1022 for processing these educational program or course approval applications. This proposal would make significant programmatic changes to the duties staff will be expected to perform in reviewing and approving educational programs or courses (including entirely new applications) and therefore, a desk audit or fee study should be performed to determine whether fee increases in section 1022

are warranted considering the expanded scope of these new program and course approval requirements.

As a result, I have concerns that this proposal would not successfully pass OAL review under the APA standards and recommend that the proposal should be re-examined by the Council to determine whether to revise the proposal in Attachment A.

Action Requested:

Based upon the foregoing, I recommend the following actions:

- (1) Rescind the Board's December 4, 2020 motion to initiate a rulemaking for this proposal,
- (2) Refer this proposal back to the Board's Dental Assisting Council for the appointment of a one or two-person working group to further review and revise this proposal in consultation with Regulations Counsel and Board staff; and,
- (3) Bring back a new proposal to a future meeting for Board consideration.

I will be available at the meeting to answer any questions the Board members may have regarding this item.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (October 27, 2023; Members of the Dental Assisting Council; David Bruggeman, Legislative and Regulatory Specialist; Agenda Item 9.b.: Consideration of Proposed Regulatory Language, and Discussion and Possible Recommendation to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1080, 1080.3, 1081, and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 Related to Dental Assisting Examinations)

Background

In 2018, the Department of Consumer Affairs’ (DCA) Office of Professional Examination Services (OPES) conducted an occupational analysis of the dentistry profession in California as part of the process of ensuring that licensing exams are in compliance with Business and Professions Code Section 139. As part of this review, OPES recommended that the Dental Board of California (Board) not specify a passing score in regulations.

OPES recommends using a criterion-referenced passing score, which applies standards for competent practice to all candidates regardless of the form of the examination. Using this type of passing score increases the likelihood that candidates who pass the licensure examination have sufficient knowledge and experience to practice safely and competently.

OPES follows a criterion-referenced methodology called the “modified Angoff technique” for determining licensure examination passing scores. The technique is a group process, involving licensed practitioners representing aspects of a practice or profession, along with a test development specialist.

Based on this recommendation, the Board initiated a rulemaking at its February 2019 meeting to amend California Code of Regulations (CCR) Section 1031 to adopt a criterion-referenced passing score for the California Dentistry Supplemental Law and Ethics examination. This package was approved by the Office of Administrative Law and went

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into effect on July 1, 2022. In addition, many of the Board's dental assisting examination requirements in the Dental Practice Act (Act) have been substantially revised since the Board's regulations in Article 4 of Division 10 (commencing with CCR section 1080) were last adopted or amended. Staff recommend that conforming changes be adopted to update and implement requirements for the Board's dental assisting examinations consistent with the Act and the Board's testing administration requirements.

Discussion

The current regulations addressing the examinations for dental auxiliaries subject to Board jurisdiction (Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant, and Dental Sedation Assistant) either do not have a criterion-referenced passing score in regulation or do not have any passing score referenced in regulation. As a result, staff recommend that the Board's regulations be amended to specify the minimum content and passing score requirements for each of the dental assisting examinations it offers consistent with recommendations made by OPES. Please note that staff are recommending a March 1, 2024 effective or "effective on filing" if OAL approves this rulemaking after March 1, 2024 for the RDA Combined Written and Law and Ethics Examination regulation proposed at CCR section 1081 to coincide with the planned roll out of the new examination plan and outline for the examination on March 1, 2024.

Additionally, the regulations covering the exams for RDA and for RDAEF retain references to clinical and/or practical examinations that have been eliminated or cover requirements for written examinations that have administratively changed or been superseded by changes in law. Consequently, the regulations should be amended to reflect these changes to the Board's requirements for written examinations for RDAs and RDAEFs as well as other examinations currently required by the Act to be administered by the Board.

Existing law at Business and Professions Code section 1906 states:

"(d) Unless contrary to the provisions of this article, regulations adopted by the dental board shall continue to apply to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions until other regulations are adopted by the dental hygiene board. All references in those regulations to "board" shall mean the dental hygiene board, which shall solely enforce the regulations with respect to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions."

Since this statute was enacted, the Dental Hygiene Board of California (Hygiene Board) has adopted "other regulations" that largely duplicate the Board's regulations proposed to

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be repealed by staff in this proposal with the exception of CCR section 1082.2. For Section 1082.2, staff of the Hygiene Board are requesting that this Board retains Section 1082.2 until the Hygiene Board adopts new regulations that cover registered dental hygienists in extended functions examination requirements. As a result, staff are recommending repealing all other existing dental hygienist regulations in Article 4 of Division 10 of the CCR that have been superseded by other Dental Hygiene Board regulations in Division 11 of the CCR.

Staff proposes to repeal the passing grades regulation at CCR section 1083 since new language setting a “passing score” would be proposed, for user convenience, in other sections directly related to the particular examination in question in this proposal (see CCR sections 1081, 1081.2, 1081.3, and 1081.4), or existing language has been superseded by Dental Hygiene Board regulations covering this subject matter (see CCR section 1121). These provisions would therefore no longer be relevant or necessary.

Action Requested

The Council should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Council consider one of the following recommendations:

Motion A: (The Council has no suggested changes for the proposed regulatory text.)

Recommend to the Board approval of the proposed regulatory text in Attachment A and recommend the Board consider all of the following actions:

- (1) Direct staff to submit the text in Attachment A to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- (2) If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for title 16, California Code of Regulations sections 1080, 1080.3, 1081, 1081.2, 1081.3, and 1081.4, and repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083.

Motion B: (The Council has suggested changes for the proposed regulatory text.) Recommend approval of the proposed regulatory text in Attachment A with the following changes (describe what the Council would recommend changing here) and recommend the Board consider all the following actions:

- (1) Direct staff to submit the text in Attachment A to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- (2) If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for title 16, California Code of Regulations sections 1080, 1080.3, 1081,1081.2, 1081.3, and 1081.4, and repeal Sections 1080.1, 1080.2,1081.1, 1082, 1082.1, 1082.3, and 1083.

Attachments:

- Attachment A: Proposed Regulatory Text to amend CCR, Sections 1080, 1080.3, 1081 and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2,1081.1, 1082, 1082.1, 1082.3, and 1083.
- Attachment B: “Table 14 --Registered Dental Assistant Written Examination Outline,” which is published in the document entitled “Occupational Analysis of the Registered Dental Assistant Profession” by the Department of Consumer Affairs’ Office of Professional Examination Services, dated June 2023.
- Attachment C: “Table 16 -- Registered Dental Assistant In Extended Functions Written Examination Outline”, which is published in the document entitled “Occupational Analysis of the Registered Dental Assistant In Extended Functions Profession” by the Department of Consumer Affairs’ Office of Professional Examination Services, dated October 2021.
- Attachment D: “Table 13 – Orthodontic Assistant Examination Outline”, which is published in the document entitled “Occupational Analysis of the Orthodontic Assistant Practice” by the Department of Consumer Affairs’ Office of Professional Examination Services, dated April 2021.
- Attachment E: Board’s “Dental Sedation Assistant Examination Outline” issued August 2009.

**TITLE 16. PROFESSIONAL AND VOCATIONAL
REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING EXAMINATIONS**

PROPOSED TEXT

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Amend Sections 1080, 1080.3, 1081 and 1081.2, adopt Sections 1081.3 and 1081.4, and repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 in Article 4 of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1080. General Procedures for ~~Dental Auxiliary~~ RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant Written and Practical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all ~~dental auxiliary~~ RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant written and practical examinations.

- (a) The ability of an examination candidate (“examinee”) to read and interpret instructions and examination material is a part of the examination.
- (b) No ~~person~~ examinee shall be admitted to an examination room ~~or laboratory~~ unless he or she the examinee is wearing the appropriate badge allows a test center proctor at the examination site to photograph them, provides one form of an acceptable government-issued photographic identification, and presents their thumb for electronic scanning.
- (1) Each time an examinee leaves and returns to the examination site, they shall have their thumb scanned again. The resulting thumb print shall match the initial thumb print taken by the test center proctor at the examination site. Examinees needing an accommodation for thumb printing may meet the examination entry requirements in paragraph (2), as applicable.
- (2) If an examinee does not have a thumb, or the print cannot be captured, the test center proctor shall scan the pointer finger. If the examinee has no thumbs or

fingers, the test center proctor shall contact their manager to obtain verbal or written permission to allow the photo taken of the examinee to be used to identify them each time they leave and re-enter the examination room.

(c) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

- (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
- (2) Copying or otherwise obtaining examination answers from other persons during the course of an examination.
- (3) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.
- (4) Assisting another examinee during the examination process.
- ~~(5) Using the equipment, instruments, or materials belonging to another examinee.~~
- ~~(6) Copying, photographing or in any way reproducing or recording examination questions or answers.~~
- ~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory examination.~~
- ~~(6) Leaving the assigned examination area without the permission of an examtestcenter administratorproctor.~~
- ~~(9) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.~~

(8) Engaging in any other conduct specified in Section 123 of the Code.

(d) For the purposes of this section, “acceptable government-issued photographic identification” means, any of the following:

(1) Unexpired driver’s license or identification card issued by a U.S. state or territory,

(2) Unexpired United States military identification card including: active duty, retiree, or reservist military identification card (DD Form 2 or 2 A),

(3) Unexpired Passport from any country,

(4) Unexpired United States-issued passport card,

(5) Unexpired United States-issued Permanent Resident Card (Form I-551),

(6) Unexpired Mexican Consulate identification card, or,

(7) Unexpired United States-issued Employment Authorization Card (EAC -- Form I-766).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 123, 1750.2, 1750.4, 1752.1, and 1753, 1756, 1758 and 1761, Business and Professions Code.

~~§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.~~

~~The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.~~

~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry the procedures to completion. The board will provide chairs.~~

~~(b) A patient provided by an examinee must be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient’s physician or for the patient to be premedicated (e.g. high blood~~

pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, examinees or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.

~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the appropriate identification badge.~~

~~(d) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:~~

~~(1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.~~

~~(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.~~

~~(3) Assisting another examinee during the examination process.~~

~~(4) Using the equipment, instruments, or materials belonging to another examinee.~~

~~(5) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.~~

~~(6) Failing to comply with the board's infection control regulations.~~

~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~

~~(8) Premedicating a patient for purposes of sedation.~~

~~(9) Dismissing a patient without the approval and signature of an examiner.~~

~~(10) Leaving the assigned examination area without the permission of an exam administrator.~~

~~(11) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.~~

~~(e) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.~~

~~**§ 1080.2. Conduct of Dental Auxiliary Examinations.**~~

~~Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve anonymity of applicants.~~

~~(a) The board shall randomly assign each applicant a number, and said applicant shall be known by that number throughout the entire examination.~~

~~(b) Grading examiners shall not view examinees during the performance of the examination assignments.~~

~~(c) There shall be no communications between grading examiners and floor~~

~~examiners except for oral communications conducted in the presence of board staff. There shall be no communication between grading examiners and examinees except written communications on board approved forms.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.

§ 1080.3. Dental Auxiliary Licensure RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant Written Examination Review Procedures; Appeals.

(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which ~~he/she is~~ they were deficient in the practical or clinical phases of such examination.

(b) An unsuccessful examinee who has been informed of the areas of deficiency in ~~his/her~~ their performance on the practical or clinical phases of the examination and who has determined that one or more of the following errors was made during the course of ~~his/her~~ their examination and grading may appeal to the ~~Board~~ Board within ~~sixty~~ fifteen (~~60~~15) days following receipt of ~~his/her~~ their examination results:

- (1) Significant procedural error in the examination process;
- (2) Evidence of adverse discrimination;
- (3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Board's designee shall respond to the appeal in writing and may request a personal appearance by the examinee. The Board shall thereafter take such action as it deems appropriate.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2, 1750.4, 1752.1, and 1753, ~~1756, 1758 and 1761~~, Business and Professions Code.

§ 1081 RDA Registered Dental Assistant Combined Written and Law and Ethics Examination.

(a) Prior to issuance of a license, an applicant for licensure as an RDA shall complete and achieve a criterion-referenced passing score on the Board's Registered Dental Assistant Combined Written and Law and Ethics Examination. The Registered Dental Assistant Combined Written and Law and Ethics Examination ("examination") is a written, task-oriented examination encompassing all duties assignable to RDAs and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of RDAs, and the ability to recognize and apply ethical principles as they relate to the duties of RDAs.

(b) Such examination shall test applicants in also include any or all of the following subjects/content areas, tasks and associated knowledge statements listed in "Table 14 -- Registered Dental Assistant Written Examination Outline", which is hereby incorporated by reference and published in the document entitled "Occupational Analysis of the Registered Dental Assistant Profession" by the Department of Consumer Affairs' Office of Professional Examination Services, dated June 2023, which is hereby incorporated by reference.:

~~Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology; pharmacology; morphology; microbiology; dental assisting procedures in general and special dentistry; principles of business and practice management; legal/ethical aspects of dentistry; patient dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization; laboratory and office emergency procedures.~~

(c) As used in this section, "criterion-referenced passing score" is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of RDA licensees and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

(d) This section shall be effective on [OAL insert effective date of March 1, 2024 or effective date on filing if after March 1, 2024].

Note: Authority cited: Sections 1614, ~~and 1749.1~~, Business and Professions Code.
Reference: Sections 1614, 1749.1, and 1752.1 ~~and 1753~~, Business and Professions Code.

~~§ 1081.1. RDA Practical Examination--Requirements.~~

Dental Board of California
16 CCR 1080, 1080.1, 1080.2,
1080.3, 1081, 1081.1, 1081.2,
1081.3, 1081.4, 1082, 1082.1,
1082.3, and 1083

Proposed Text
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~~(a) In addition to the written examination, each applicant for licensure as an RDA shall also take a practical examination consisting of any or all of the procedures listed below. The specific procedures will be assigned by an RDA examination committee appointed by the board. The procedures shall be performed on a full articulated maxillary and mandibular typodont secured with a bench clamp and shall be graded by examiners appointed by the board for that purpose. Each applicant shall furnish the required materials necessary to complete all of the following procedures.~~

~~(1) Placement of a rubber dam;~~

~~(2) Placement of a matrix band for amalgam preparation;~~

~~(3) Placement of a base into a prepared tooth (For purposes of the examination, "prepared tooth" means a tooth from which material has been removed so as to simulate the surgical excision of dental caries);~~

~~(4) Placement of a liner into a prepared tooth;~~

~~(5) Placement of orthodontic separators;~~

~~(6) Placement of a periodontal dressing;~~

~~(7) Placement of a temporary sedative dressing into a prepared tooth.~~

~~(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.~~

~~(9) Temporary cementation of a temporary crown.~~

~~(10) Removal of excess cement from supragingival surfaces with a hand instrument or floss.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1753, Business and Professions Code.

§ 1081.2. RDAEF Written Examination Requirements.

(a) Prior to issuance of a license, an applicant for a permit as an RDAEF shall complete and achieve a criterion-referenced passing score on the Board’s Registered Dental Assistant in Extended Functions Written Examination (“examination”). The examination is a written, task-oriented examination encompassing duties assignable to an RDAEF and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of RDAEFs, and the ability to recognize and apply ethical principles as they relate to the duties of an RDAEF.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in “Table 16 -- Registered Dental Assistant In Extended Functions Written Examination Outline”, which is hereby incorporated by reference and published in the document entitled “Occupational Analysis of the Registered Dental Assistant In Extended Functions Profession” by the Department of Consumer Affairs’ Office of Professional Examination Services, dated October 2021.

(c) As used in this section, “criterion-referenced passing score” is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of RDA licensees and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

~~(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a patient consisting of the procedures set forth below.~~

~~(1) Cord retraction of gingivae for impression procedures;~~

~~(2) Taking impressions for cast restorations.~~

~~The total examination period shall not exceed two and one-half hours.~~

~~(b) Each applicant shall provide one patient upon whom the retraction and impression procedures shall be performed. If a patient is deemed unacceptable by the examiners, it~~

~~is the applicant's responsibility to provide another patient who is acceptable. The applicant's ability to select an appropriate patient is considered part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080.1 and the following additional criteria:~~

~~(1) Must have a minimum of ten teeth per arch.~~

~~(2) Must have a prepared tooth, which is a bicuspid or molar and which, prior to preparation, had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: $\frac{7}{8}$ crown, $\frac{3}{4}$ crown, or full crown, including porcelain fused to metal. Alginate impression materials alone are not acceptable.~~

~~(c) These procedures shall be graded by examiners appointed by the Board. These procedures may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by examiners appointed by the Board.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 17563, Business and Professions Code.

§ 1081.3 Orthodontic Assistant Written Examination.

(a) Prior to issuance of a permit, an applicant for a permit as an orthodontic assistant ("OA") shall complete and achieve a criterion-referenced passing score on the Board's Orthodontic Assistant Examination ("examination"). The examination is a written, task-oriented examination encompassing the knowledge, skills and abilities necessary to competently perform the duties of an OA specified in Section 1750.3 of the Code including, recognition of the duties assignable to an OA, knowledge of California and federal laws as they relate to the duties of OAs, and the ability to recognize and apply ethical principles as they relate to the duties of OAs.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in "Table 13 – Orthodontic Assistant Examination Outline", which is hereby incorporated by reference and published in the document entitled "Occupational Analysis of the Orthodontic Assistant Practice" by the Department of Consumer Affairs' Office of Professional Examination Services, dated April 2021.

(c) As used in this section, “criterion-referenced passing score” is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of OA permitholders and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1750.2, 1752.1 and 1753, Business and Professions Code.

§ 1081.4 Dental Sedation Assistant Written Examination.

(a) Prior to issuance of a permit, an applicant for a permit as a dental sedation assistant (“DSA”) shall complete and achieve a criterion-referenced passing score on the Board’s Dental Sedation Assistant Examination (“examination”). The examination is a written, task-oriented examination encompassing the knowledge, skills and abilities necessary to competently perform the duties of a DSA specified in Section 1750.5 of the Code, including recognition of the duties assignable to a DSA and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of DSAs, and the ability to recognize and apply ethical principles as they relate to the duties of DSAs.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in the Board’s “Dental Sedation Assistant Examination Outline” issued August 2009, which is hereby incorporated by reference.

(c) As used in this section, “criterion-referenced passing score” is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of DSA permitholders and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1750.4, 1752.1 and 1753, Business and Professions Code.

§ 1082. RDH Written Examination.

~~Each applicant for licensure as an RDH shall successfully complete the National Board of Dental Examiner's examination for dental hygienists and shall submit confirmation thereof to the board in sufficient time for the board to receive it prior to the date set for the practical examination.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1758, Business and Professions Code.

§ 1082.1. RDH Clinical Examination Requirements.

(a) Every applicant shall be given a clinical examination which shall consist of the examination of a patient, complete scaling of one or two quadrants (depending upon patient selection), and root planing. Scaling and root planing includes but is not limited to the complete removal of calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic, sonic, handpiece or other mechanical scaling devices may be used only at the direction of the Board. If so permitted, an applicant who chooses to use an ultrasonic or sonic scaling device shall bring to the exam and use the services of an assistant to perform high volume evacuation at all times when the ultrasonic or sonic scaling device is being used. Only the services of a dental assistant or registered dental assistant shall be permitted.

The clinical examination shall be completed within a two hour period. Such period shall commence with the acceptance or rejection of the initial patient presented by the applicant.

(b) One patient shall be provided by the applicant. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. The applicant's ability to select an appropriate patient is considered part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080.1 and the following additional criteria:

(1) Does not have extreme tissue or tooth sensitivity which would interfere with proper probing and exploring by examiners.

(2) Has at least one quadrant with the following:

(A) At least 6 natural teeth which are free of conditions which would interfere with evaluation, including but not limited to probing depths greater than 6mm, class 3 furcation, class 3 mobility, gross decay, faulty restorations, or full or partial veneer crowns. Crowns with smooth margins are acceptable. A patient will not be rejected because he/she has one tooth with a probing depth greater than 6mm.

(B) At least 3 of the natural teeth in the quadrant must be posterior teeth with interproximal pocket depths of 4 to 6mm. Two of these posterior teeth must be molars.

~~(C) Demonstrable, explorer-detectable moderate to heavy subgingival calculus must be present on a majority of the subgingival tooth surfaces and there must be some subgingival calculus on every tooth. Explorer-detectable moderate to heavy interproximal ledges must be present.~~

~~(c) If an applicant is unable to find a patient with one quadrant which meets the requirements of subsection (b)(2) above, the applicant may provide a patient in which those requirements can be found in two quadrants. An applicant who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.~~

~~(d) The applicant shall provide full mouth radiographs of the patient, which shall consist of 18 radiographs at least 4 of which must be bite-wing and the radiographs must be of diagnostic quality. All radiographs shall have been taken not more than one year prior to the examination at which they are presented.~~

~~(e) The applicant shall provide the following instruments:~~

~~(1) Color coded Marquis-type periodontal probe.~~

~~(2) Sharp explorers.~~

~~(3) Clear-plane mouth mirror.~~

~~(4) Saliva ejector.~~

~~(5) All necessary armamentarium for local anesthesia, including an aspirating syringe.~~

~~(6) Any other scaling or root planing instruments which he/she intends to use.~~

~~(f) The applicant shall offer to the patient the option of the administration of local anesthetic in the area(s) to be scaled, except that anesthesia shall not be administered to both mandibular quadrants of a patient during the same day.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1766, Business and Professions Code.~~

~~§ 1082.3. Supplemental Examinations in California Law and Ethics.~~

~~Prior to issuance of a license, an applicant for licensure as a registered dental hygienist shall successfully complete a supplemental written examination in California Law and Ethics.~~

~~(a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dental hygiene.~~

~~(b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dental hygiene.~~

~~(c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1749.1 and 1766, Business and Professions Code.~~

~~§ 1083. Passing Grades.~~

~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a grade of 75% in the practical examination designated by the Board shall be considered as having passed the examination.~~

~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall be deemed to have passed the required examination only if the applicant has obtained a score of at least 75 on the written examination and at least 75% on the practical examination; provided, however, that an applicant who attains a grade of less than 75% in any single procedure shall be considered to have failed the entire practical examination.~~

~~(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination.~~

~~(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination.~~

~~Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.~~



OCCUPATIONAL ANALYSIS OF THE
REGISTERED DENTAL ASSISTANT PROFESSION



TABLE 14 – REGISTERED DENTAL ASSISTANT WRITTEN EXAMINATION OUTLINE

Content Area 1. ASSESSMENT AND DIAGNOSTIC RECORDS (15%). This area assesses the candidate's knowledge of reviewing information about a patient's history and oral conditions as they relate to dental treatment. This area also assesses the candidate's knowledge of assisting with diagnostic records and chart information related to dental treatment. These activities are performed under the supervision of a dentist.

Section	Tasks	Associated Knowledge Statements
1A. Patient Information and Assessment (8%)	T1. Review patient medical and dental history to identify conditions that may affect dental treatment.	K1. Knowledge of common medical conditions and medications that may affect treatment Knowledge of dental conditions that affect treatment. K2. Knowledge of types of oral health conditions that may affect treatment. K3. Knowledge of types of medical conditions that may require premedication for dental treatment. K4. Knowledge of the relationship between allergic reactions or sensitivities and dental materials. K5. Knowledge of methods for gathering information regarding patient medical and dental history.
	T2. Obtain patient's blood pressure and vital signs to determine current status.	K6. Knowledge of standards regarding blood pressure ranges based on patient age. K7. Knowledge of signs of elevated or dangerous blood pressure readings. K8. Knowledge of vital signs that should be obtained before treatment. K9. Knowledge of techniques for taking patient blood pressure and vitals.
	T3. Perform mouth mirror inspection of oral cavity to identify obvious lesions, existing restorations, and missing teeth.	K10. Knowledge of types of basic oral structures and dental anatomy. K11. Knowledge of types of occlusions and malocclusions. K12. Knowledge of signs of plaque, calculus, and stain formations in the oral cavity. K13. Knowledge of the effects of dietary habits on oral health. K14. Knowledge of effects of substance use on oral health. K15. Knowledge of the effects of smoking or tobacco use on oral health. K16. Knowledge of methods for performing mouth mirror inspections.

Content Area 1. ASSESSMENT AND DIAGNOSTIC RECORDS (15%), continued. This area assesses the candidate's knowledge of reviewing information about a patient's history and oral conditions as they relate to dental treatment. This area also assesses the candidate's knowledge of assisting with diagnostic records and chart information related to dental treatment. These activities are performed under the supervision of a dentist.

Section	Tasks	Associated Knowledge Statements
1B. Diagnostic Tests and Records (7%)	T4. Use caries detection materials and devices to gather information for dentist.	K17. Knowledge of types of devices and materials for detecting caries. K18. Knowledge of procedures for using caries detection devices and materials.
	T5. Obtain intraoral images of patient's mouth and dentition to be assist with milling of computer-aided design (CAD) restorations.	K19. Knowledge of techniques for taking intraoral diagnostic imaging. K20. Knowledge of techniques for patient management during imaging. K21. Knowledge of factors that impact digital imaging and quality.
	T6. Prepare patient for radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining oral conditions.	K22. Knowledge of types of radiographic imaging (i.e., panoramic, bitewing, FMX). K23. Knowledge of procedures for taking digital or conventional radiographs. K24. Knowledge of methods for patient management during radiograph procedures. K25. Knowledge of factors that impact radiographic imaging and quality.
	T7. Chart evaluation information to document oral conditions related to treatment.	K26. Knowledge of types of dental terminology and morphology. K27. Knowledge of universal numbering and Palmer quadrant notation systems. K28. Knowledge of methods for charting oral conditions.

Content Area 2. DENTAL PROCEDURES (50%). This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2A. Treatment Preparation (15%)	T8. Identify types and stages of treatment to prepare for dental procedures.	K29. Knowledge of types and stages of dental treatment. K30. Knowledge of methods for preparing tray and equipment set-up for dental procedures. K31. Knowledge of types of materials used in dental procedures.
	T9. Prepare instruments to facilitate use in dental treatment.	K32. Knowledge of types of dental instruments and their associated uses. K33. Knowledge of methods for preparing, handling, and storing dental instruments.
	T10. Select components and materials to be used in dental treatment.	K34. Knowledge of types of dental components and their functions. K35. Knowledge of types of materials used in dental treatment and their functions. K36. Knowledge of methods for selecting dental components and materials.
	T11. Isolate oral cavity to preserve integrity of restorative area.	K37. Knowledge of types of materials used to isolate restorative area. K38. Knowledge of types of techniques for isolating restorative area. K39. Knowledge of methods for isolating tooth or cavity preparations.
	T12. Place bases and liners to reduce irritation and microleakage.	K40. Knowledge of types of base and liner materials and their uses. K41. Knowledge of procedures for applying or placing bases and liners.
	T13. Place matrices and wedges to create a seal and form contacts during restorative procedures.	K42. Knowledge of types of wedges and their uses. K43. Knowledge of techniques for placing wedges during restorative procedures. K44. Knowledge of types of matrix bands and their uses. K45. Knowledge of techniques for placing matrix bands during restorative procedures.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2B. Direct and Indirect Restorations (10%)	T14. Place temporary filling material to protect tooth during transitional treatment.	K46. Knowledge of types of temporary filling materials and their uses. K47. Knowledge of techniques to mix, place, and contour temporary filling material.
	T15. Apply etchant to prepare tooth surface for direct and indirect restorations.	K48. Knowledge of types of etchants and their uses. K49. Knowledge of indications and contraindications for the use of etching agents. K50. Knowledge of techniques for applying etchants.
	T16. Place bonding agent to prepare tooth surface for restoration.	K51. Knowledge of types of bonding agents and their use. K52. Knowledge of indications and contraindications for the use of bonding agents. K53. Knowledge of techniques for applying bonding agents.
	T17. Fabricate indirect provisional restorations to protect tooth during restoration processes	K54. Knowledge of types of materials used for indirect provisional restorations. K55. Knowledge of techniques for fabricating indirect provisional restorations.
	T18. Adjust indirect provisional restorations to ensure proper fit.	K56. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies of indirect provisional restorations. K57. Knowledge of techniques for adjusting indirect provisional restorations.
	T19. Cement indirect provisional restorations to provide coverage of tooth preparation.	K58. Knowledge of types of cements and their use. K59. Knowledge of techniques for placing and removing indirect provisional restorations. K60. Knowledge of techniques for mixing provisional materials.
	T20. Place and adjust direct provisional restorations to ensure proper fit.	K61. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies of direct provisional restorations. K62. Knowledge of techniques for adjusting direct provisional restorations.
	T21. Finish direct provisional restorations to provide a smooth surface or prevent irritation.	K63. Knowledge of techniques for finishing direct provisional restorations. K64. Knowledge of the effects of improper or incomplete finishing of direct restorations.

T22. Remove excess cement from surfaces of teeth to prevent irritation.	K65. Knowledge of instruments used to remove cement from teeth surfaces. K66. Knowledge of signs of irritation associated with residual cement.
T23. Assist in the administration of nitrous oxide and oxygen to provide analgesia or sedation when ordered by a dentist.	K67. Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide and oxygen. K68. Knowledge of signs of medical emergencies associated with the use of nitrous oxide.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2C. Preventative and Aesthetic Procedures (10%)	T24. Perform coronal polishing to remove plaque and extrinsic stains from surfaces of teeth.	K69. Knowledge of techniques for performing coronal polishing. K70. Knowledge of indications and contraindications for performing coronal polishing.
	T25. Apply pit and fissure sealants to prevent dental caries.	K71. Knowledge of types of pit and fissure sealants and their uses. K72. Knowledge of factors that impact retention of pit and fissure sealants. K73. Knowledge of indications and contraindications for using pit and fissure sealants. K74. Knowledge of techniques for applying pit and fissure sealants.
	T26. Perform in-office bleaching to whiten teeth.	K75. Knowledge of types of bleaching agents and their use. K76. Knowledge of indications and contraindications for using bleaching agents. K77. Knowledge of techniques for applying bleaching agents.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2D. Patient Education (10%)	T27. Educate patients about oral hygiene to promote dental health.	K78. Knowledge of the effects of poor oral hygiene and care related to dental health. K79. Knowledge of methods for educating patients about oral hygiene.
	T28. Provide patients with pre- and post-treatment instructions to promote patient compliance.	K80. Knowledge of symptoms patients may encounter after treatment. K81. Knowledge of techniques for pain management after treatment. K82. Knowledge of methods for educating patients about pre- and post-treatment instructions.
	T29. Educate patients about dietary recommendations to promote oral health.	K83. Knowledge of the effects of foods and beverages on oral health. K84. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2E. Specialty Procedures (5%)	T30. Test pulp vitality to identify baseline pulp health or level of pain.	K85. Knowledge of the relationship between pain responses and pulp vitality. K86. Knowledge of methods for testing pulp vitality.
	T31. Dry canals with absorbent points to assist with endodontic treatment.	K87. Knowledge of techniques for using absorbent points to dry canals.
	T32. Place periodontal dressings to protect extraction and periodontal surgical sites.	K88. Knowledge of types of periodontal dressings and their use. K89. Knowledge of the relationship between dressing medicaments and post-surgical healing.
		K91. Knowledge of signs of infection or irritation associated with periodontal and surgical dressings.
		K92. Knowledge of techniques for applying dressings to surgical sites.
	T33. Place archwires to move teeth to dentist's prescribed position.	K93. Knowledge of the types of archwires and their functions.
K94. Knowledge of methods for placing archwires.		
K95. Knowledge of types of instruments used to place orthodontic archwires.		
T34. Place ligatures to connect archwires to orthodontic brackets.	K96. Knowledge of types of ligatures and their functions.	
	K97. Knowledge of techniques for placing ligatures based on dentist's instructions.	
	K98. Knowledge of types of instruments used to place orthodontic ligatures.	
T35. Remove post-extraction and post-surgical sutures as directed by dentist.	K99. Knowledge of techniques for removing post-surgical sutures.	
T36. Adjust removable prosthetic appliances extraorally to verify fit or retention.	K100. Knowledge of types of removable prosthetic appliances and their functions.	
	K101. Knowledge of methods for verifying removable prosthetic appliance fit or retention.	
	K102. Knowledge of techniques for adjusting prosthetic appliances extraorally.	

Content Area 3. INFECTION CONTROL AND HEALTH AND SAFETY (25%). This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section	Tasks	Associated Knowledge Statements
3A. Patient Safety and Prevention of Disease Transmission (15%)	T37. Provide patient with safety precautions to ensure protection during dental treatment.	K103. Knowledge of methods for using safety precautions with patients. K104. Knowledge of types of safety equipment for protecting patients. K105. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
	T38. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K106. Knowledge of equipment for providing protective barriers and air evacuation systems. K107. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T39. Sanitize hands according to protocols to prevent the transmission of diseases.	K109. Knowledge of techniques for sanitizing hands during dental treatments. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T40. Wear personal protective equipment to prevent contamination.	K110. Knowledge of techniques for using personal protective equipment. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T41. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K111. Knowledge of techniques for preventing the spread of infectious diseases. K112. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T42. Identify signs of medical emergencies to address situations that require immediate intervention.	K113. Knowledge of signs of allergic reaction or anaphylactic shock. K114. Knowledge of signs of medical crisis or emergency. K115. Knowledge of methods for obtaining emergency medical assistance. K116. Knowledge of methods for administering emergency first aid and CPR.

Content Area 3. INFECTION CONTROL AND HEALTH AND SAFETY (25%), continued. This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section	Tasks	Associated Knowledge Statements
3B. Equipment Disinfection and Cross-Contamination Prevention (10%)	T43. Disinfect treatment area and equipment to prepare for or complete dental treatment.	K117. Knowledge of methods for disinfecting treatment areas and equipment. K118. Knowledge of barrier techniques for protecting treatment areas and equipment. K119. Knowledge of methods for monitoring dental waterlines and water quality. K120. Knowledge of methods for disinfecting evacuation lines. K121. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
	T44. Sterilize instruments to prevent patient-to-patient disease transmission.	K122. Knowledge of types of sterilization processes and related equipment. K123. Knowledge of procedures for sterilizing instruments. K124. Knowledge of techniques for storing instruments before and after sterilization.
	T45. Adhere to disposal safety protocols to discard of contaminated materials or sharps.	K125. Knowledge of techniques for the safe disposal of contaminated materials. K126. Knowledge of techniques for the safe disposal of sharps.

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Content Area 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.

Tasks	Associated Knowledge Statements
T46. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K127. Knowledge of laws regarding patient consent.
T47. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K128. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T48. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K129. Knowledge of signs of child abuse or neglect. K130. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K131. Knowledge of signs of elder adult abuse, neglect, or exploitation. K132. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T49. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K133. Knowledge of legal standards for patient record-keeping and documentation. K134. Knowledge of laws regarding the storage and disposal of patient charts or records.
T50. Comply with laws about professional conduct to maintain professional integrity.	K135. Knowledge of laws regarding professional conduct.
T51. Comply with laws about scope of practice to maintain professional boundaries.	K136. Knowledge of laws regarding scope of practice.

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OCCUPATIONAL ANALYSIS OF THE
REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
PROFESSION



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.

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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.

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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.



OCCUPATIONAL ANALYSIS OF THE
ORTHODONTIC ASSISTANT PRACTICE

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

TABLE 13 – ORTHODONTIC ASSISTANT EXAMINATION OUTLINE

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

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

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

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

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

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

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

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

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

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

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

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

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**Dental Board of California
Dental Sedation Assistant Examination Outline**

- I. **Patient Monitoring (40%)** – This area assesses the candidate’s ability to monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation (i.e., pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices) and visual signs and symptoms of patient’s physiological functioning.

Job Task	Associated Knowledge Statements
T1. Monitor patient by utilizing physical and clinical signs related to levels of anesthesia. (8%)	K1. Knowledge of physical signs and symptoms of cardiovascular functions related to levels of anesthesia. K2. Knowledge of physical signs and symptoms of respiratory functions related to levels of anesthesia. K3. Knowledge of physical signs and symptoms of central and peripheral nervous system related to levels of anesthesia (i.e., levels of consciousness, etc.). K4. Knowledge of physical signs and symptoms of metabolic functions related to levels of anesthesia. K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.
T2. Monitor patient by utilizing data from noninvasive devices related to levels of anesthesia. (32%)	T2A. Routine Physiological Changes (18%)
	K5. Knowledge of noninvasive devices and data utilized to monitor cardiovascular functions related to levels of anesthesia (i.e., EKG, BP monitor, etc.). K6. Knowledge of noninvasive devices and data utilized to monitor respiratory functions related to levels of anesthesia (i.e., pulse oximeter, capnography, precordial stethoscope, etc.). K7. Knowledge of noninvasive devices and data utilized to monitor metabolic functions related to levels of anesthesia (i.e., capnography, etc.). K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.
	T2B. Dental Sedation Emergencies and Complications (14%)
	K8. Knowledge of physical signs and symptoms indicating complications or a medical emergency related to sedation (i.e., airway, respiratory, cardiovascular, neurological). K9. Knowledge of noninvasive device data indicating complications or a medical emergency. K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.

Dental Board of California
Dental Sedation Assistant Examination Outline

II. **Drug Identification and Draw (30%)** – This area assesses the candidate’s ability to identify and draw drugs, limited to identification of appropriate medications, ampule and vial handling in preparation for drug and medication draw, and withdrawing drugs of correct amount as verified by the supervising licensed dentist.

Job Task	Associated Knowledge Statements
<p>T3. Identify and verify drugs and medications ordered by the licensed provider. (20%)</p>	<p>K10. Knowledge of overview (pharmacology, contraindications, adverse reactions and characteristics, etc.) of classes of drugs and medications used in contemporary sedation and general anesthesia.</p> <p>K11. Knowledge of overview (pharmacology, contraindications, adverse reactions and characteristics, etc.) of classes of drugs and medications used in contemporary medical emergency treatment (i.e., reversal agents, oxygen, epinephrine, etc.).</p> <p>K12. Knowledge of procedures to identify and verify drugs and medications ordered (i.e., expiration date, concentration, generic versus brand name, etc.).</p> <p>K25. Knowledge of scope of practice and supervisory requirements related to identifying and verifying drugs.</p>
<p>T4. Draw drugs and medications ordered by the licensed provider. (10%)</p>	<p>K13. Knowledge of ampule and vial handling in preparation for drug and medication draw.</p> <p>K14. Knowledge of techniques and measurement for drug and medication drawing and syringe labeling.</p> <p>K15. Knowledge of characteristics of syringes and needles including use, types, gauges, lengths, and components.</p> <p>K26. Knowledge of scope of practice and supervisory requirements related to drawing drugs and medications.</p>

**Dental Board of California
Dental Sedation Assistant Examination Outline**

III. **Adding Drugs, Medications and Fluids to Intravenous Lines (22%)** – This area assesses the candidate’s ability to add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval.

Job Task	Associated Knowledge Statements
T5. Add drugs, medications, and fluids to intravenous lines using a syringe. (12%)	K16. Knowledge of procedures and techniques for adding drugs, medications, and fluids to IV lines, including infusion and IV bolus, drug amounts and time intervals between doses. K17. Knowledge of armamentaria for adding drugs, medications and fluids to IV lines (i.e., injection ports, syringe types, etc.). K27. Knowledge of scope of practice and supervisory requirements related to administering drugs, medications and fluids.
T6. Determine patency of intravenous line. (10%)	K18. Knowledge of techniques to evaluate patency of IV lines. K19. Knowledge of recognition and management of IV related complications (patency, air in line, etc.). K20. Knowledge of armamentaria for IV set-ups, including types of fluid, IV lines, and connectors.

IV. **Removal of intravenous lines (8%)** – This area assesses the candidate’s ability to remove intravenous lines.

Job Task	Associated Knowledge Statements
T7. Remove intravenous lines. (8%)	K21. Knowledge of signs and symptoms of complications associated with IV site during removal. K22. Knowledge of procedures (timing, indications, etc.) for the removal of IV lines.



MEMORANDUM

DATE	October 5, 2023
TO	Members of the Dental Assisting Council
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 10.: Update on Legislation

Background

AB 481 (Wendy Carrillo) was introduced in February 2023, and later amended to be a significant overhaul of the Dental Practice Act chapter on Dental Auxiliaries. The Dental Assisting Council provided comments on the legislation at both its May and August 2023 meetings, making recommendations to the Board on possible amendments based on those comments.

The bill did not move out of the Senate Appropriations Committee and did not pass the Legislature this year. As of this writing, it has not been designated as a two-year bill. The bill could be introduced as new legislation in 2024 (and would start the legislative process from the beginning), or stakeholders could use the upcoming sunset review process to recommend that the Legislature incorporate language from this bill into the Board's sunset bill. The sunset review process will be covered in a separate agenda item.

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 11: Election of 2024 Council Chair and Vice Chair

Background

The Dental Board of California (Board) Dental Assisting Council members will elect a Chairperson and a Vice-Chairperson for 2024.

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.

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.