



DENTAL ASSISTING COUNCIL MEETING

November 21, 2013



**SPORTSMEN'S LODGE EVENTS CENTER
REGENCY ROOM
4234 COLDWATER CANYON AVENUE
STUDIO CITY, CA 91604**



DENTAL ASSISTING COUNCIL MEETING AGENDA November 21, 2013

Sportsmen's Lodge Events Center
Regency Room
4234 Coldwater Canyon Avenue
Studio City, CA 91604
(916) 263-2300 (Board Office)

Members of the Dental Assisting Council

Judith Forsythe, RDA, Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Michele Jawad, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Bruce Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Council may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Council meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

9:00 A.M. MEETING OF THE DENTAL ASSISTING COUNCIL

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the August 26, 2013 Dental Assisting Council Meeting Minutes
3. Chair Report/Staff Report

4. Discussion and Possible Action Regarding the Staff Report on the Status of Dental Assisting Program and Course Applications
 - A. Overview of Evaluation Process for Dental Assisting Program and Course Applications
 - B. Subject Matter Expert (SME) Qualifications
 - C. Number of Approved Programs and Courses
 - D. Table of Programs/Courses Approved Since the Last Meeting
5. Discussion and Possible Action Relating to the Dental Assisting Licensure and Permit Program Statistics
6. Discussion and Possible Action Relating to the Dental Assisting Examination Program Statistics
 - A. Examination Statistics
 - B. 2014 Examination Dates
 - C. Future Examination Dates and Locations
 - D. Examination Application Filing Periods
7. Report on Staff Recommendations for the Dental Assisting Educational Program and Course Requirements Regulatory Proposal
8. Election of Dental Assisting Council Chair and Vice-Chair
9. Public Comment of Items Not on the Agenda
The Council may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
10. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Council at a future meeting.
11. Council Member Comments for Items Not on the Agenda
The Council may not discuss or take action on any matter raised during the Council Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
12. Adjournment



**DENTAL ASSISTING COUNCIL
MEETING MINUTES**

August 26, 2013

Department of Consumer Affairs
Hearing Room, HQ2

1747 North Market Blvd., Sacramento, CA, 95834

DRAFT

Members Present

Judith Forsythe, RDA – Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Michele Jawad, RDA
Teresa Lua, RDAEF
Bruce Whitcher, DDS

Members Absent

Emma Ramos, RDA

Staff Present

Karen Fischer, Executive Officer
Jennifer Thornburg, Assistant Executive Officer
Kim Trefry, Enforcement Chief
April Alameda, Dental Assisting Unit and Investigative Analysis Unit Manager
Marla Rocha, Dental Assisting Program Examination Coordinator
Sharon Langness, Dental Assisting Educational Programs
Sarah Wallace, Legislative and Regulatory Analyst
Linda Byers, Executive Assistant
Spencer Walker, DCA Senior Staff Counsel

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

Judith Forsythe, Chair, called the Dental Assisting Council meeting to order at 9:17 a.m. Roll was called and a quorum established.

2. **Welcome and Introduction of New Dental Assisting Council Member Michele Jawad, RDA, and Administration of Oath of Office**

Dr. Le, Dental Board President administered the oath of office to Ms. Jawad. Judith Forsythe, Chair, welcomed her and gave a brief biography of her education and accomplishments.

3. **Welcome and Introduction of New Dental Assisting Program Analyst Marla Rocha**

Judith Forsythe, Chair, introduced Ms. Rocha and gave a brief biography of her education, accomplishments and responsibilities as a new staff member at the Dental Board.

4. **Approval of the February 28, 2013 Dental Assisting Council Meeting Minutes**
Moved/Seconded/Carried (M/S/C) (Lua/Davis-Washington) to approve the February 28, 2013 Dental Assisting Council minutes. The motion passed unanimously with Ms. Jawad abstaining.
5. **Chair Report**
Ms. Forsythe recognized Karen Fischer, Executive Officer of the Dental Board of California and thanked her for assembling such a great team. She commented that elections for Chair and Vice Chair of the Dental Assisting Council will be held at the November meeting.
6. **Update Regarding the Status of Dental Assisting Program and Course Applications**
Sharon Langness, analyst for programs and courses in the Dental Assisting Program, introduced herself and provided an update on the status of course and program applications currently being processed, as well as those that have received approval for 2013. LaDonna Drury-Klein, Executive Director of the California Association of Dental Assisting Teachers (CADAT), requested a more detailed status report of all pending programs and courses.
7. **Dental Assisting Program Licensure and Permit Statistics**
Sharon Langness provided an update of the statistics. There was a discussion regarding whether the statistics for the number of new Registered Dental Assistants with Extended Functions (RDAEF) licenses was accurate. Karen Fischer, Dental Board Executive Officer, directed Dental Assisting staff to re-evaluate what/how information is gathered to produce the statistics.
8. **Dental Assisting Program Examination Statistics**
Sharon Langness provided an update of written and practical examination statistics for all dental assisting examinations. There was a discussion regarding the way RDAEF examination statistics are reported for northern and southern locations. Michele Jawad, RDA, requested a comparison of the pass rates between the northern and southern regions. Joan Greenfield, Director of Continuing Education for the Dental Health Department at Sacramento City College, requested that the pass rates be broken down even further by school. There was discussion regarding the Dental Sedation Assistant examination, and whether the current re-evaluation of the examination by a contracted vendor will provide relevant information.
9. **Update on Consultant Contracts Regarding Dental Assisting Examinations**
April Alameda, Interim Dental Assisting Manager, provided an update on the contracts for the re-evaluation of the Registered Dental Assistant Written examination, and the Dental Sedation Assistant (DSA) examination. She reported that the final reports on these examinations are due in April of 2014. LaDonna Drury-Klein expressed concern that the subject matter experts being used to develop the DSA examination were employees from the same offices that were providing the examinations. There was discussion regarding whether re-evaluation of the DSA examination is premature considering there is such a small number of permit holders.

10. **Report on a Plan for Registered Dental Assistant (RDA) Program Site Visits**
Sharon Langness reported on the plan for staff to begin re-evaluations of all RDA programs, which are required by regulation approximately every seven years. She reported that training has begun with new subject matter experts who will be assisting in the re-evaluation process. Additionally, she reported that staff will incorporate dental assisting courses into the re-evaluations in the future.

11. **Update on Amending California Code of Regulations, Title 16, Section 1004 Relative to the Abandonment of Applications to Split the Retake of the Registered Dental Assistant in Extended Functions (RDAEF) Examination**
Marla Rocha provided an update on the status and progress of the amendment. Sarah Wallace, Legislative Analyst for the Board, reported that the Board had already directed staff to move forward with this regulation and this was an update only. No action was required by the Council.

12. **Staff Update on the Proposed Regulatory Amendments to California Code of Regulations, Title 16, Sections 1014 and 1014.1, Relevant to Radiation Safety Course Requirements**
Marla Rocha provided an update on the status of the amendments. With the hiring of a new analyst in the dental assisting program, there are now the available staff resources to dedicate to the development of dental assisting regulatory proposals. Staff has been able to further review the need for radiation safety course amendments, as well as the need for other dental assisting education course and program amendments.

Staff recommended that the Council discontinue work on the individual regulatory proposal for radiation safety course requirements, and begin moving forward with the development of one regulatory proposal for needed amendments to all courses and programs, in addition to the radiation safety course requirements.

Staff thanked CADAT for their dedication and participation in discussions regarding the amendments to the radiation safety course requirements, and will consider all the work previously accomplished when developing the radiation safety course requirements as part of the larger regulatory package.

The Council discussed staff's recommendation to discontinue the work on the radiation safety course requirements.

M/S/C (Lua/Jawad) to direct staff to discontinue work on the individual regulatory proposal for radiation safety course requirements and begin moving forward with the development of one regulatory proposal pertaining to all dental assisting programs and courses in addition to the radiation safety course requirements once it is prioritized by the Council and the Board. LaDonna Drury-Klein, CADAT, commented that they support this and would like to see it move forward as quickly as possible. The motion passed unanimously.

13. **Discussion and Possible Action Regarding Recommendation to the Board for Dental Assisting Regulatory Priorities for Fiscal Year 2013/14**

Sharon Langness presented staff recommendations of regulatory priorities for the Council to consider and recommend to the Board its top priorities for FY 2013/14. There were three recommendations:

1. Dental Assisting Educational Programs and Courses
2. Dental Assisting Program Application and Examination Requirements
3. Dental Assisting Program Duties and Settings

Staff identified Dental Assisting Educational Programs and Courses as their top priority to be forwarded to the Board.

Staff suggested that a one-day 'working' meeting (workshop) be considered to facilitate stakeholders input to the proposal, if the Board approved this recommendation.

The Council discussed staff's recommendation to set the Dental Assisting Programs and Courses as its top priority and forward to the Board for its consideration.

M/S/C (Lua/Jawad) to recommend that the Board consider Dental Assisting Programs and Courses as its top priority when the Board develops its regulatory priorities for Fiscal Year 2013-14. There was no public comment. The motion passed unanimously.

14. **Public Comment of Items Not on the Agenda**

There was no public comment.

15. **Future Agenda Items**

Joan Greenfield requested regulations to allow Registered Dental Assistants in Extended Functions to administer Local Anesthesia and Nitrous oxide be placed on a future agenda.

LaDonna Drury-Klein, CADAT, requested that the manner in which examination statistics are managed and collected be an action item on a future agenda.

LaDonna Drury-Klein, CADAT, requested the Council's consideration and selection of examination sites and the frequency of Registered Dental Assistant (RDA) examinations in 2015-16 be placed on a future agenda as an action item.

LaDonna Drury-Klein, CADAT, requested that regulatory requirements for Dental Assisting (non-RDA) programs be placed on a future agenda.

16. **Council Member Comments for Items Not on the Agenda**

There were no further Council member comments.

17. **Adjournment**

The meeting adjourned at 11:49 a.m.



MEMORANDUM

DATE	October 22, 2013
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item DAC 3: Chair Report/Staff Report

Judith Forsythe, RDA, Chair of the Dental Assisting Council, will provide a verbal report.



MEMORANDUM

DATE	October 23, 2013
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst
SUBJECT	Agenda Item DAC 4A: Overview of Evaluation Process for Dental Assisting Educational Program and Course Applications

The Dental Board has the responsibility to review and evaluate applications for dental assisting program and course approval, to ensure compliance with regulations. When an application for approval is received by the Board it is initially reviewed by staff for completeness. Every application requires additional documentation be attached pertinent to the individual applicant and location. If there are components missing from the package, the applicant is notified in writing and asked to provide the missing items. Once the application package is complete, it is then forwarded to a subject matter expert (SME) for curriculum evaluation. Upon completion of the evaluation, the SME will generate a report for Board staff either recommending approval, or noting deficiencies that need to be cleared before approval can be recommended. If approval is recommended, the applicant is notified in writing and issued a provider number specific to the type of course, or a number specific to an RDA program. If there are deficiencies, the applicant is notified in writing of the deficiencies and allowed a timeframe to clear them. Once the deficiencies are cleared, an approval letter and approval number are issued. Applications are processed in the order they are initially received, and deficiencies are reviewed in the order they are returned. During the deficiency phase, an application might move to a position behind others that were received at a later date, depending on the time it takes to clear deficiencies. The following table shows processing times set forth in regulation for educational programs and courses; however the Board makes every effort to process applications as soon as possible after receipt.

Educational Program & Course Review and Approval Times		
Application Title	Maximum time in which the Board will notify applicant that application is complete or deficient and what information is required	Maximum time after filing a complete application in which the Board will notify applicant of decision
RDA Program	120 days	150 days
DA Courses	90 days	120 days
Radiation Safety	60 days	75 days

Processing times for programs and courses have not been updated or amended since 2001, and many of the current courses were not offered as stand-alone at that time. The Board uses the processing times for coronal polish and ultrasonic scaler for other stand-alone courses.

The Dental Board is also mandated to conduct a re-evaluation of all approved RDA programs and dental assisting courses approximately once every seven years, to ensure compliance with all regulations for continuance of approval. The Board currently oversees 101 RDA programs, and 470 stand-alone courses. Some programs, and many courses, have not been visited or audited by the Board since their initial approval.

The re-evaluation process will require submission of a new program or course application, and may include a site visit. Typically, site visits are limited to programs, due to travel and budgetary restrictions; however the Board's re-evaluation plan will include visits to courses as well, when it is deemed necessary. Re-evaluations will begin primarily with programs, however courses will be incorporated soon after implementation. The Board will use SME consultants to conduct curriculum review and site evaluations for this process, as they now do for the initial applications. The Board has recruited additional SME consultants who are currently being trained in curriculum review and site evaluation.

The following is a **tentative** timeline for general procedures of the re-evaluation process:

- A letter will be sent to the program/course explaining the re-evaluation process, and will include instructions for submission of a new application and other applicable requirements. They will be given 60 days to comply.
- Upon receipt of the application packet, the Board and/or SME consultant will review it for accuracy. Up to 90 days will be allowed for this phase to facilitate multiple program/course submissions.
- Upon completion of the review, a letter will be sent to the program/course advising them whether a site visit will be required, and specifying deficiencies, if applicable. A tentative site visit schedule will be provided which will be at least 30 days from the date of the letter.
- If there are no deficiencies and a site visit will not be required, the program/course will receive a letter advising them that their approval will continue, and that a re-evaluation will be conducted in approximately seven years.



MEMORANDUM

DATE	October 23, 2013
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst
SUBJECT	Agenda Item DAC 4B: Subject Matter Expert (SME) Qualifications

Subject Matter Experts (SMEs) and Site Evaluators evaluate educational curriculum submitted by applicants who wish to become approved for one or more of the following: RDA Educational Program, RDAEF Educational Program, Radiation Safety Course, Coronal Polishing Course, Pit and Fissure Sealant Course, Ultrasonic Scaling Course, Infection Control Course, Dental Sedation Assistant Course, and Orthodontic Assistant Course. The Board is not currently accepting additional SME consultants for dental assisting; however, following is the selection process for a SME/Site Evaluator for the dental assisting program.

An interested applicant must submit an application and resume, and must meet the qualifications below for SME/Site Evaluator as posted on the Board's website:

- Teach or has taught full-time in a Dental Board approved school in California for at least five years.
- Possesses current licensure by the Board as a Registered Dental Assistant for a minimum of five years.
- Has no record of prior discipline or criminal convictions.
- Has an equivalent of three (3) years full-time clinical practice as an RDA.
- Possesses an associate's degree, bachelor's degree or higher, teaching credential in vocational education; or equivalent work experience.
- Has completed comprehensive methodology training.
- Is knowledgeable and has developed the following components of an RDA curriculum:
 - Course outline
 - RDA program hour configuration for lecture, laboratory, pre-clinical and clinical instruction

- General program objectives
- Lesson plan development
- Criteria for evaluation of laboratory and clinical competency
- Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure, including those used for examinations.
- Standards of performance that state the minimum number of satisfactory performances which are required for each performance-evaluated procedure.
- Guidelines for homework assignments
- Written test construction that includes objective examination and item analysis
- Performance and evaluation of faculty practicum including lecture, laboratory, pre-clinical and clinical format
- Distance learning and correspondence course instructional materials
- Classroom management skills that include: time management, diversity issues, remedial assistance and dealing with student management problems

The application is reviewed by the Board to ensure all criteria have been met. It is then forwarded to the SME team lead who will conduct an interview with the applicant. Interview questions have been developed by Board staff in conjunction with the lead SME, and are the same for every applicant. A recommendation is made to the Board whether to offer the applicant the position of SME, based on the outcome of the interview. When a SME is selected to join the team, they are required to participate in extensive curriculum review and site evaluation training.



MEMORANDUM

DATE	October 21, 2013
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst
SUBJECT	Agenda Item DAC 4C: Approved Dental Assisting Programs and Courses

The table below identifies the total number of approved dental assisting programs and stand-alone courses as of this date.

Total Number of Dental Assisting Programs and Courses

	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Course Totals	12	89	5	103	56	111	25	92	57	21	571



MEMORANDUM

DATE	October 23, 2013
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst
SUBJECT	Agenda Item DAC 4D: Table of Programs and Courses Approved Since Last Board Meeting

The first table below identifies the number of applications which are currently moving through the approval process. The second table identifies the total number of applications approved for calendar year 2013. Attached are the names of the applicants that have received approval since the last Board meeting.

DA Program & Course Applications Processed Since Last Board Meeting						
Program or Course Title	Approved	Denied	Withdrawn		Received	Currently Processing
			By Provider	By Board		
RDA Program/Prov			1		1	5
RDA Program/Full	1				n/a	n/a
Radiation Safety					3	5
Coronal Polish					2	3
Pit and Fissure		1			2	2
Ultrasonic Scaler					1	1
Infection Control	1				1	7
OA Permit	7				1	6
DSA Permit						4
Totals	9	1	1	0	11	33

DA Program and Course Applications Approved YTD for 2013											
	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Course Totals	3	3	0	5	1	0	1	4	20	5	42



MEMORANDUM

DATE	November 8, 2013
TO	Dental Assisting Council
FROM	Sharon Langness, Associate Governmental Program Analyst
SUBJECT	Agenda Item DAC 5: Dental Assisting Program Licensure and Permit Statistics

The following table provides current statistics by **license** type as of November 3, 2013

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)	Total Licenses
Active	34,685	1,325	36,010
Inactive	8,511	120	8,631
Renewal in Process	643	17	660
Fingerprinting Hold	638	27	665
Delinquent	8,851	172	9,023
Suspended No Coronal Polish/X-ray	1,336	0	1,336
Total Current Population	54,674	1,661	56,335
Total Cancelled Since Implementation	35,543	165	35,708

New RDAEF licenses issued since January 1, 2010 = 170.

Existing RDAEF licenses enhanced since January 1, 2010 = 150.

The following table provides current statistics by **permit** type as of November 3, 2013

Permit Type	Dental Sedation Assistant (DSA)	Orthodontic Assistant (OA)
Active	23	106
Inactive	N/A	N/A
Renewal in Process	0	2
Fingerprinting Hold	0	0
Delinquent	0	2
Total Current Population	23	110
Total Cancelled Since Implementation	0	0



MEMORANDUM

DATE	November 13, 2013
TO	Dental Assisting Council
FROM	Marla Rocha, Examination Analyst
SUBJECT	Agenda Item DAC 6A: Discussion and Possible Action to the Dental Assisting Examination Program Statistics/Examination Statistics

Written Examination Statistics for 2013 ALL CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	2737	62%	38%
RDA Law & Ethics	3661	78%	22%
RDAEF	109	52%	48%
Orthodontic Assistant	115	52%	48%
Dental Sedation Assistant	9	89%	11%

Written Examination Statistics for 2013 FIRST TIME CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	1854	70%	30%
RDA Law & Ethics	2723	82%	18%
RDAEF	63	56%	44%
Orthodontic Assistant	85	55%	45%
Dental Sedation Assistant	7	86%	14%

Written Examination Statistics for 2013 REPEAT CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	883	46%	54%
RDA Law & Ethics	938	64%	36%
RDAEF	46	48%	52%
Orthodontic Assistant	30	43%	57%
Dental Sedation Assistant	2	100%	0%

RDA Practical Examination Statistics for **2013 ALL CANDIDATES**

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	297	92%	8%
RDA – February South	314	82%	18%
RDA – April North	250	84%	16%
RDA – April South	304	77%	23%
RDA – August North	503	90%	10%
RDA – August Central	218	84%	16%
RDA – August South	462	83%	17%
RDA – Nov – North*	441		
RDA – Nov – South*	535		
Total for Year	2348	85%	15%

*Scheduled. Exam results pending – Not included in Total for Year

RDA Practical Examination Statistics for **2013 FIRST TIME CANDIDATES**

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	249	84%	16%
RDA – February South	253	81%	19%
RDA – April North	219	88%	12%
RDA – April South	258	78%	22%
RDA – August North	476	85%	15%
RDA – August Central	213	84%	16%
RDA – August South	415	75%	25%
RDA – Nov - North			
RDA – Nov - South			
Total for Year	2083	82%	18%

RDA Practical Examination Statistics for **2013 REPEAT CANDIDATE**

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	48	60%	40%
RDA – February South	61	85%	15%
RDA – April North	31	87%	13%
RDA – April South	46	76%	24%
RDA – August North	27	85%	15%
RDA – August Central	5	100%	0%
RDA – August South	47	77%	23%
RDA – Nov - North			
RDA – Nov - South			
Total for Year	265	82%	18%

RDAEF Clinical/Practical Examination Statistics for **2013 ALL CANDIDATES**

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – January North	21	86%	14%
RDAEF – June North	24	63%	37%
RDAEF – June South	34	26%	74%
RDAEF – Sep -North	30	70%	30%
RDAEF – Oct - South	33	61%	39%
RDAEF – Dec - North			
Total for Year	142	61%	39%

RDAEF Clinical/Practical Examination Statistics for **2013** FIRST TIME CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – January North	18	94%	6%
RDAEF – June North	20	60%	40%
RDAEF – June South	30	30%	70%
RDAEF – Sep - North	20	80%	20%
RDAEF – Oct - South	9	67%	33%
RDAEF – Dec - North			
Total for Year	97	66%	34%

RDAEF Clinical/Practical Examination Statistics for **2013** REPEAT CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – January North	3	33%	67%
RDAEF – June North	4	75%	25%
RDAEF – June South	4	0%	100%
RDAEF – Sep - North	10	50%	50%
RDAEF – Oct - South	24	58%	42%
RDAEF – Dec - North			
Total for Year	45	43%	57%

- Since the implementation of the new RDA Law and Ethics examination in May 2013, the overall passing score average is 83% for all candidates taking the exam. First-time candidate passing scores average 86%, and Repeat candidate passing scores average 74%.



November 11, 2013

Ms. Karen Fischer
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Request for Agenda Item – November 21, 2013 Dental Assisting Council Meeting

Proposed Agenda Items:

- *Discussion and Possible Action Regarding the Reporting of Approved Programs and Courses to the Council*
- *Discussion and Possible Action Regarding the Data Collected for All Dental Assisting Examination Statistics Used for Reporting to the Board*

Dear Ms. Fischer:

CADAT would like to request discussion items with possible action pertaining to all pre- and post-examination data derived, collected and processed and how that data is reported to the Council, the Board, the dental assisting community, stakeholders and the educational providers.

Together with staff, the Council and the community need the opportunity to openly discuss, identify and define what exam data is relevant, how the targeted data will be used in a meaningful manner and what is important to summarize in published reports. We believe the Council and the dental assisting community need to inform the Board as to what data they need rather than continue with the current process. If there are limitations to the database or computer programs used by the Board staff in assembling statistical data determined to be relevant and important, we all need to hear what those limitations are and how to find a solution.

Given that the data currently collected has been the driving force for decision-making around relevancy of the dental assisting exams, specifically the RDA examination, and that we have identified errors in the data reported to the Board, we believe it necessary to openly vet the process and work to develop a meaningful data collection system that can better serve the Council and the Board in determining if and when examination review is necessary.

Respectfully,

Executive Director - CADAT



MEMORANDUM

DATE	November 8, 2013
TO	Dental Assisting Council
FROM	Marla Rocha, Examination Analyst
SUBJECT	Agenda Item DAC 6B: 2014 Examination Dates

The following dates and locations have been secured for the 2014 RDA practical examination.

Examination Date	Examination Location
February 1 and 2, 2014	UC, San Francisco
February 8 and 9, 2014	Carrington College, Pomona
April 12 and 13, 2014	UC, San Francisco
April 26 and 27, 2014	Carrington College, Pomona
August 2 and 3, 2014	Allan Hancock College, Santa Maria
August 16 and 17, 2014	UC, San Francisco
August 23 and 24, 2014	Carrington College, Pomona
November 1 and 2, 2014	UC, San Francisco
November 15 and 16, 2014	Carrington College, Pomona

The following dates and locations are in the process of being confirmed for the 2014 RDA in Extended Functions examination.

Examination Date	Examination Location
May 10 and 11, 2014	Sacramento City College
May 17, 2014	University of California, Los Angeles
September 20, 2014	University of California, Los Angeles



MEMORANDUM

DATE	November 13, 2013
TO	Dental Assisting Council
FROM	Dental Board Staff
SUBJECT	Agenda Item DAC 6C: Discussion and Possible Action Regarding Future Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Examination Dates and Locations

Background

The California Association of Dental Assisting Teachers (CADAT) requested that this item be placed on the agenda. Please refer to the attachment for additional information.



November 11, 2013

Ms. Karen Fischer
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Request for Agenda Items – November 21, 2013 Dental Assisting Council Meeting

Proposed Agenda Items:

- *Discussion and Possible Action Regarding Selection of Future RDA Examination Sites, Locations and Dates Beginning 2015.*
- *Discussion and Possible Action Regarding RDA Examination Application Filing Periods.*

Dear Ms. Fischer:

The California Association of Dental Assisting Teachers (CADAT) has, for several years, expressed concern to appropriate staff of the Board regarding the application process for and the testing of the Registered Dental Assisting Practical Examination in the following areas:

- The selection process for sites used as testing locations
- The locations of the Practical examination
- The availability of the examination to all potential candidates and applicants
- The filing periods established by the Board for application to sit for all RDA examinations (both written and practical)

CADAT would like the current Council members to better understand the Board process used for site selection, establishment of application filing periods, and the rationale for limitations to examination availability throughout the State.

Upon obtaining such information, CADAT would like the Council to discuss and consider whether the current examination schedule and filing process is in the best interests of all candidates. Specifically, we propose the following:

- Consider establishing a broader range of site locations to include Sacramento, San Diego and Fresno beginning 2015.
- Consider establishing a filing period that is more accommodating to graduates of the 109 Registered Dental Assisting programs particularly for the Summer and Fall examinations.

- Consider offering the examination in multiple sites during the Summer and Fall examination periods which are traditionally the examinations requiring the most locations and dates for testing.

We believe it also important for the Council and the Board to be aware of the process all schools must undergo to validate students impending graduation in order to meet the filing period timeframe and the repeated process once the student has graduated. The imposition on the schools and the candidates has reached a point where we believe the filing periods for graduates cannot be met without potential for application rejections, candidate and program director confusion, and duplication of a verification process that is not favorable to the schools or the graduates.

We look forward to the opportunity to discuss these matters fully with the Council during the November meeting.

Respectfully,

A handwritten signature in cursive script, appearing to read "Donna Gruy-Alvin".

Executive Director - CADAT



MEMORANDUM

DATE	November 13, 2013
TO	Dental Assisting Council
FROM	Dental Board Staff
SUBJECT	Agenda Item DAC 6D: Discussion and Possible Action Regarding the Registered Dental Assistant (RDA) and Registered Dental Assistant (RDAEF) in Extended Functions Examination Application Filing Periods

Background

The California Association of Dental Assisting Teachers (CADAT) requested that this item be placed on the agenda. Please refer to the attachment for additional information.



November 11, 2013

Ms. Karen Fischer
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Request for Agenda Items – November 21, 2013 Dental Assisting Council Meeting

Proposed Agenda Items:

- *Discussion and Possible Action Regarding Selection of Future RDA Examination Sites, Locations and Dates Beginning 2015.*
- *Discussion and Possible Action Regarding RDA Examination Application Filing Periods.*

Dear Ms. Fischer:

The California Association of Dental Assisting Teachers (CADAT) has, for several years, expressed concern to appropriate staff of the Board regarding the application process for and the testing of the Registered Dental Assisting Practical Examination in the following areas:

- The selection process for sites used as testing locations
- The locations of the Practical examination
- The availability of the examination to all potential candidates and applicants
- The filing periods established by the Board for application to sit for all RDA examinations (both written and practical)

CADAT would like the current Council members to better understand the Board process used for site selection, establishment of application filing periods, and the rationale for limitations to examination availability throughout the State.

Upon obtaining such information, CADAT would like the Council to discuss and consider whether the current examination schedule and filing process is in the best interests of all candidates. Specifically, we propose the following:

- Consider establishing a broader range of site locations to include Sacramento, San Diego and Fresno beginning 2015.
- Consider establishing a filing period that is more accommodating to graduates of the 109 Registered Dental Assisting programs particularly for the Summer and Fall examinations.

- Consider offering the examination in multiple sites during the Summer and Fall examination periods which are traditionally the examinations requiring the most locations and dates for testing.

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November 11, 2013

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Executive Director - CADAT



MEMORANDUM

DATE	November 14, 2013
TO	Dental Assisting Council Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	Agenda Item DAC 7: Report on Staff Recommendations for the Dental Assisting Educational Program and Course Requirements Regulatory Proposal

Background:

At its August meeting, the Board voted unanimously to accept the Dental Assisting Council's recommendation that the Dental Assisting Educational Program and Course Requirements be included as a regulatory priority for Fiscal Year 2013-14. This proposal would include:

- General Provisions Governing All Dental Assistant Educational Programs and Courses (Cal. Code of Regs., Title 16, Section 1070);
- Educational Program and Course Definitions and Instructor Ratios (Cal. Code of Regs., Title 16, Section 1070.1);
- Approval of Registered Dental Assistant Educational Programs (Cal. Code of Regs., Title 16, Section 1070.2);
- Approval of Pit and Fissure Sealant Courses (Cal. Code of Regs., Title 16, Section 1070.3);
- Approval of Coronal Polishing Courses (Cal. Code of Regs., Title 16, Section 1070.4);
- Approval of Ultrasonic Scaling Courses (Cal. Code of Regs., Title 16, Section 1070.5);
- Approval of Infection Control Courses (Cal. Code of Regs., Title 16, Section 1070.6);
- Approval of Orthodontic Assistant Permit Courses (Cal Code of Regs., Title 16, Section 1070.7);
- Approval of Dental Sedation Assistant Permit Courses (Cal Code of Regs., Title 16, Section 1070.8);
- Radiation Safety Course Requirements for Dental Assistants, Registered Dental Assistants, and Registered Dental Assistants in Extended Functions (New Regulation – Separate from Section 1014 and 1014.1);
- Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational Programs (Cal. Code of Regs., Title 16, Section 1071); and

- Educational Methodology Course Requirements (New Regulation).

The Council agreed to hold noticed “working meetings” apart from Board meetings so that the Council may work in unison with stakeholders and members of the public to develop the regulatory proposal to forward to the Board.

Dental Assisting Council “Working” Meeting – Thursday, December 12, 2013:

The Dental Assisting Council will be meeting on Thursday, December 12, 2013 in Sacramento California at 2005 Evergreen Street, Lake Tahoe Conference Room, Suite 1290, Sacramento, CA 95815. The specific meeting times will be noticed in the agenda. Staff anticipates this to be the first of several meetings of the Council to discuss and develop the Dental Assisting Educational Program and Course Requirements regulatory proposal. This meeting’s agenda will be posted on the Board’s web site and mailed to interested parties in accordance with the Open Meeting Act.

Staff Recommendations for Draft Proposed Language:

Board staff has conducted a preliminary review of the existing regulatory language relating to Dental Assisting Educational Program and Course Requirements and has provided the attached draft proposed language for the Council’s review prior to the December 12th meeting. Please note that this is a “working document” and is not a final staff proposal. This document is only intended to provide preliminary staff input to help facilitate the initial discussions related to this proposal.

Staff recommendations include amendments to provide clarity and consistency with other regulatory provisions and to eliminate duplication. Additionally, staff has presented questions for the Council’s consideration to assist staff in further language development.

The proposed requirements for the educational methodology are based on language considered by the Board at its April 2009 meeting.

Board staff will continue to develop recommendations and compile questions for the Council’s consideration during the December 12th meeting.

Action Requested:

No action necessary.

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TITLE 16. DENTAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

DRAFT PROPOSED LANGUAGE

CHAPTER 3. DENTAL AUXILIARIES

ARTICLE 2. EDUCATIONAL PROGRAMS AND COURSES

§ 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit ~~programs or courses~~ to secure and maintain approval by the Board as provided in this Article.
- (2) The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation ~~may~~shall include a ~~site visit~~ or written documentation and may include a site visit that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.
- (3) Program and course records shall be subject to inspection by the Board at any time.
- (4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program or course. ~~Provisional approval shall not be granted for a period which exceeds the length of the program.~~ When the Board provisionally approves a program or course, it shall state the reasons therefore. Provisional approval shall be limited to those programs or courses which substantially comply with all existing standards for full approval. A program or course given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program or course, the specific reasons

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therefore shall be provided to the program by the Board in writing within 90 days after such action.

Question for the Council - Should provisions be added for the Board's withdrawal of approval of previously approved programs and courses if it becomes evident that a program or course is not in compliance with the Board's laws and regulations?

Question for the Council – Should provisions be added to address how a program or course may re-apply for Board approval? What would be required for re-approval (e.g. application incorporated by reference, applicable fees, proof of re-accreditation, etc.)?

Question for the Council – Should provisions be added to requirements for a program or course's voluntary withdrawal of Board approval upon closure or discontinuance of the program or course? Additionally, if a program or course voluntarily withdraws its Board approval, should provisions be added to address how the program or course apply for re-approval in the event the program or course re-opens or is re-established? What sort of notification requirements need to be included (e.g. notification to the Board, notification to students)?

(b) The program or course director shall possess a valid, active, and current license issued by the Board or the dDental hHygiene eCommittee of California. The program or course director shall actively participate in and be responsible for the day to day administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than ~~five~~seven (7) years copies of curricula, program or course outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the Board of any ~~major~~ change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided.

Question for the Council – Should paragraph (c) be removed? Staff has found that this paragraph's causes confusion with programs and courses because the

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specific meaning of this paragraph is not clear. Is it possible to rephrase this paragraph to clearly demonstrate the intent of the provision?

(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, shall not be required to have held such a permit for two years in order to instruct in the subject area.

Question for the Council – Business and Professions Code Section 1907 specifies that a registered dental hygienist (RDH) may perform all functions that may be performed by a registered dental assistant (RDA). Section 1907 further specifies that all persons holding a license as a RDH, registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. All persons issued a license as a RDH, RDHAP, or RDHEF on or after January 1, 2006, shall qualify for and receive a RDA license prior to performance of the duties of a RDA. Should the Board’s regulations be amended to conform to Section 1907 to ensure that RDH, RDHAP, and RDHEF faculty or instructors are sufficiently qualified to teach in the procedures of dental assisting?

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course and its approval number issued by the Board, the program or course location, the total number of program or course hours, the date of completion, and the signature of the program or course director or his or her designee.

(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

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Question for the Council – California Code of Regulations, Title 16, Section 1070.2 specifies that RDA programs are required to own their equipment. Staff has encountered situations with RDA program directors felt that Section 1070(f) superseded the equipment ownership requirements of Section 1070.2. Should Section 1070(f) be amended to require all programs and courses to own the specified equipment to maintain consistency?

(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

Question for the Council – Should all faculty or instructional staff be certified for Basic Life Support (BLS) regardless if patient care is involved? Emergency situations may not be limited to only patients.

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Question for the Council – Should the certification in BLS come from a certified provider approved by The American Red Cross or The American Heart Association?

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program or course of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.

(3) Prior to student assignment in an extramural dental facility, the program or course all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) There shall be a written contract of affiliation between the program or course and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article (Article 2 of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations).

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Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.

As used in this Article, the following definitions shall apply:

(a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are ~~simultaneously~~ engaged in clinical instruction.

(b) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an ~~educational institution or~~ approved course provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program or course for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program or course and in which dental treatment is rendered.

(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one (1) instructor for every ~~44~~ twelve (12) students who are ~~simultaneously~~ engaged in instruction.

(e) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are ~~simultaneously~~ engaged in instruction.

(f) "Simulated clinical instruction" means instruction in which students of RDAEF programs receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

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§ 1070.2. Approval of Registered Dental Assistant Educational Programs.

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board approval prior to operation by submitting to the Board a completed “Registered Dental Assistant (RDA) Program Application for Approval by the Dental Board of California (New [INSERT DATE])”, which is hereby incorporated by reference, accompanied by a non-refundable fee of \$1,400.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study, and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.

Question for the Council – Should programs be required to notify the Board of upcoming accreditation site visits?

(c) If the program is granted the status of “Approved with Reporting Requirements” from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of “Approval without Reporting Requirements” is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

Question for the Council – Should programs be required to notify the Board if accreditation is withdrawn by the Commission?

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements contained in this Section.

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a

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student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

Question for the Committee – Should the regulation specify a minimum number of participants on the advisory committee?

(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Sections 1070 and 1070.1, the following requirements shall be met:

(A) By January 1, 2012, each faculty member shall have completed a Board-approved course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(B) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day to day administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

Question for the Council – Is it necessary to specify a minimum number of required staff meetings? Staff has found that some programs are only meeting twice a year. Staff has

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found that this has led to insufficient staff communication and training.

(iii) Maintaining copies of minutes of all advisory committee and staff meetings for not less than ~~five~~seven (7) years.

(C) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

Question for the Council – Is it necessary to specify a period of time for the program to report to the Board failure of maintained approval by any other governmental agency? How would a RDA Program obtain Board re-approval once re-approval was obtained from the other governmental agency (e.g. application, fees)?

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (~~New 9/10~~Revised **[INSERT DATE]**)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

(A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.

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(B) Program faculty shall visit each extramural dental facility at least once every ten clinical days to observe the student's progress and address any training concerns.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded/bracketed typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use including occlusal and buccal mirrors and check retractors, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

Question for the Council – Should the respiration device be removed from the list of required equipment?

(B) Instruments must be provided to accommodate students needs in learning to identify, exchange, and prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

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(C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control, and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving students or patients.

(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to the student's performance of procedures on students or patients.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11) and (b)(12) of this Section, programs shall include the following content:

(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.

(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.

(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.

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(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.

(E) Instruction in infection control that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.

(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.

(D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.

(11) General didactic instruction shall include, at a minimum, the following:

(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

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(B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(C) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, risk management, and professional codes of ethical behavior.

(D) Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).

(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.

(F) Principles of medical-dental emergencies and first aid management.

(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(H) Principles of record classifications including management, storage, and retention protocol for all dental records including legal and ethical issues involving patient records.

(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.

(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

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(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(O) All content for instruction in radiation safety as set forth in Cal. Code Regs., Title 16, Section 1014.1.

(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.

(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the ~~course~~program as determined by the ~~course~~program director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1, 1752.4 and 1752.6, Business and Professions Code.

§ 1070.3. Approval of Pit and Fissure Sealant Courses.

All pit and fissure sealant courses in California shall apply for and receive Board approval prior to operation by submitting to the Board a completed "Pit and Fissure Sealant Course Application for Approval by the Dental Board of California (New [INSERT DATE])", which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, ~~the following minimum criteria shall be met by a pit and fissure sealant for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.~~

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

~~(ba) Prerequisites. Each student ~~must~~shall possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student ~~must~~shall demonstrate successful ~~have already completed~~ completion of a Board-approved course in coronal polishing.~~

~~(b) The course shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.~~

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(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. In addition to the requirements of Section 1070, aAll faculty or instructional staff responsible for clinical evaluation shall have completed a Board-approved two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

Question for the Council – Should the two-hour methodology course in clinical evaluation be specific to pit and fissure sealants?

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing daily guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

1. Copies of curricula, course outlines, objectives, and grading criteria.

2. Copies of faculty credentials, licenses, and certifications.

3. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

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~~(d) The minimum requirements for equipment and armamentaria shall include curing light and all other armamentarium required to instruct in the application of pit and fissure sealants.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.~~

~~(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.~~

~~(5) Emergency Materials/Basic Life Support.~~

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

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~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5e) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:~~

~~(A1) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions~~

~~(B2) Morphology and Microbiology~~

~~(C3) Dental Materials and Pharmacology~~

~~(D4) Sealant Basics~~

~~4A. Legal requirements~~

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2B. Description and goals of sealants

3C. Indications and contraindications

4D. Role in preventive programs

(E5) Sealant Materials

4A. Etchant and/or etchant/bond combination material composition, process, storage and handling

2B. Sealant material composition, polymerization type, process, storage and handling

3C. Armamentaria for etching and sealant application

4D. Problem solving for etchant and sealant material placement/manipulation

(F6) Sealant Criteria

4A. Areas of application

2B. Patient selection factors

3C. Other indication factors

(G7) Preparation Factors

4A. Moisture control protocol

2B. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H8) Acid Etching or Etchant/Bond Combination

4A. Material preparation

2B. Application areas

3C. Application time factors

4D. Armamentaria

5E. Procedure

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6F. Etchant or etchant/bond evaluation criteria

(49) Sealant Application

4A. Application areas

2B. Application time factors

3C. Armamentaria

4D. Procedure for chemical cure and light cure techniques

5E. Sealant evaluation criteria

6F. Sealant adjustment techniques

(J10) Infection control protocol

(K11) Clinical re-call re-evaluation protocols

(6f) There shall be no more than 446 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7g) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient ~~must~~shall have a minimum of four (4) posterior virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. ~~Such clinical instruction shall include teeth in all four quadrants for each patient. For every patient, such clinical instruction shall include at least one posterior tooth in every quadrant.~~

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.~~

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~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

(i) Evaluation and Examination.

(1) Upon completion of the course, each student ~~must~~shall be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

(E) Identify the characteristics of self curing and light cured sealant material.

(F) Define the appropriate patient selection factors and indication factors for sealant application.

(G) Utilize proper armamentaria in an organized sequence.

(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

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(I) Demonstrate the proper technique for teeth preparation prior to etching.

(J) Select and dispense the proper amount of etchant and sealant material.

(K) Demonstrate the proper techniques for application of the etchant and sealant material.

(L) Implement problem solving techniques associated with pit and fissure sealants.

(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.

(N) Check the occlusion and proximal contact for appropriate placement techniques.

(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

(P) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

(i) To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Pit and Fissure Sealant Courses (New [INSERT DATE])", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1754 and 1777, Business and Professions Code.

§ 1070.4. Approval of Coronal Polishing Courses.

All coronal polishing courses in California shall apply for and receive Board approval prior to operation by submitting to the Board a completed "Coronal Polishing Course Application for Approval by the Dental Board of California (New [INSERT DATE])",

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which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, the following minimum criteria shall be met by a coronal polishing for a course in coronal polishing to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

~~(ba) Prerequisites. Each student ~~must~~shall possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student ~~must~~shall satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.~~

~~(b) The course shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.~~

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. In addition to the requirements of Section 1070, aAll faculty or instructional staff responsible for clinical evaluation shall have completed a Board-approved two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students~~

Question for the Council – Should the two-hour methodology course in clinical evaluation be specific to coronal polishing?

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing guidance of didactic, laboratory and clinical assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

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~~i. Copies of curricula, course outlines, objectives, and grading criteria.~~

~~ii. Copies of faculty credentials, licenses, and certifications.~~

~~iii. Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.~~

~~(d) The minimum requirements for equipment and armamentaria shall include slow-speed handpiece and all other armamentarium required to instruct in the performance of coronal polishing.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.~~

~~(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.~~

~~*WORKING DOCUMENT***~~**

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.~~

~~(5) Emergency Materials/Basic Life Support.~~

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

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(5e) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A1) Coronal Polishing Basics

- iA. Legal requirements
- iiB. Description and goals of coronal polishing
- iiiC. Indications and contraindications of coronal polishing
- ivD. Criteria for an acceptable coronal polish

(B2) Principles of plaque and stain formation

- iA. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- iiB. Etiology of plaque and stain
- iiiC. Clinical description of teeth that have been properly polished and are free of stain.
- ivD. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C3) Polishing materials

- iA. Polishing agent composition, storage and handling
- iiB. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iiiC. Disclosing agent composition, storage and handling.
- ivD. Armamentaria for disclosing and polishing techniques.
- vE. Contraindications for disclosing and polishing techniques.

(D4) Principals of tooth polishing

- iA. Clinical application of disclosing before and after a coronal polish.
- iiB. Instrument grasps and fulcrum techniques

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iiiC. Purpose and techniques of the mouth mirror for indirect vision and retraction.

ivD. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.

vE. Pre-medication requirements for the compromised patient.

viF. Use of adjunct materials for stain removal and polishing techniques

viiG. Techniques for coronal polishing of adults and children.

viiiH. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.

ixI. Disclosing and polishing evaluation criteria.

(E5) Infection control protocols

(6f) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

(7g) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, ~~which may include externship instruction as provided in subdivision (h).~~ There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

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~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

(ih) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

- (A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.
- (B) Explain the procedure to patients.
- (C) Recognize decalcification and mottled enamel.
- (D) Identify plaque, calculus and stain formation within the oral cavity.
- (E) Identify the indications and contraindications for disclosing and coronal polishing.
- (F) Identify the pre-medications for the compromised patient.
- (G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.
- (H) Perform plaque disclosure.
- (I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (J) Select and dispense the proper amount of polishing agent.

*****WORKING DOCUMENT*****

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

(i) To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Coronal Polishing Courses (New [INSERT DATE])", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1 and 1753.5, Business and Professions Code.

§ 1070.5. Approval of Ultrasonic Scaling Courses.

All ultrasonic scaling courses in California shall apply for and receive Board approval prior to operation by submitting to the Board a completed "Ultrasonic Scaling Course Application for Approval by the Dental Board of California (New [INSERT DATE])", which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, the following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(b) Prerequisites. Each student ~~must~~shall possess the necessary requirements for application for RDA licensure or currently possess an RDA license.

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(c) ~~Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing guidance of didactic and laboratory assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~(i) Copies of curricula, course outlines, objectives, and grading criteria.~~

~~(ii) Copies of faculty credentials, licenses, and certifications.~~

~~(iii) Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.~~

(d) The minimum requirements for equipment and armamentaria shall include at least one ultrasonic unit and orthodontically banded typodont for every four students and all other armamentarium required to instruct in ultrasonic scaling. .

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

*****WORKING DOCUMENT*****

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.~~

~~(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.~~

~~(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of~~

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~~ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5e) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:~~

~~(A1) Ultrasonic Scaling Basics~~

~~iA. Legal requirements;~~

~~iiB. Description and goals of ultrasonic scaling;~~

~~iiiC. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;~~

~~ivD. Criteria for acceptable cement removal from orthodontically banded teeth.~~

~~(B2) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.~~

~~(C3) Armamentarium and equipment use and care.~~

~~(D4) Principles of cement removal from orthodontically banded teeth~~

~~iA. Characteristics of ultrasonic scaler units and tips for cement removal;~~

~~iiB. Instrument grasps and fulcrum techniques;~~

~~iiiC. Purpose and techniques of the mouth mirror for indirect vision and retraction;~~

~~ivD. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;~~

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vE. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

viF. Patient and operator safety including systemic medical complications and managing patients with pacemakers;

viiG. Use of adjunct material for removal of excess cement from orthodontically banded teeth;

viiiH. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

ixI. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(E5) Infection control protocols

(6f) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

(h) Extramural Instruction.

~~(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.~~

~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

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~~(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

(ig) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(B) Describe the necessary aspects of pre-operative instructions to patients.

(C) Recognize loose appliances.

(D) Recognize decalcification and mottled enamel.

(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(F) Identify pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(J) Maintain aseptic techniques including disposal of contaminated materials.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

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(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.

(h) To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling Courses (New [INSERT DATE])", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754, Business and Professions Code.

§ 1070.6. Approval of Infection Control Courses.

All dental assisting infection control courses in California shall apply for and receive Board-approval prior to operation by submitting to the Board a completed "Infection Control Course Application for Approval by the Dental Board of California (New [INSERT DATE])", which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by the Board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a Board-approved two-hour methodology course in clinical evaluation.

Question for the Council – Should the two-hour methodology course in clinical evaluation be specific to infection control?

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

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Question for the Council – Based on comments made by stand-alone course providers, the student’s knowledge of infection control has been limited. Should the number of course hours be redistributed to provide for additional time for theory instruction to ensure a better understanding of infection control? The preclinical and clinical experiences are essentially identical – could these be combined to allow for more didactic instruction time?

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
- (2) Legal and ethical aspects of infection control procedures.
- (3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.
- (4) Principles of modes of disease transmission and prevention.
- (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
- (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
- (7) Principles and protocols associated with sharps management.
- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.

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(10) Principles and protocols of regulated and nonregulated waste management.

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

Question for the Council – Would instruction in the principles and protocols related to radiation safety monitoring be better suited as a requirement a radiation safety course rather than an infection control course??

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

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- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
- (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
- (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
- (4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
- (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
- (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
- (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
- (8) Perform waterline maintenance, including use of water tests and purging of waterlines.

Question for the Council – The experiences for preclinical and clinical instruction are the same. Should clinical instruction be removed to avoid duplication? Would preclinical instruction and the written examination be sufficient to ensure public protection?

- (h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (i) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Infection Control Courses (~~New 9/10~~ Revised **[INSERT DATE]**)”, hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4 and 1752.1, Business and Professions Code.

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§ 1070.7. Approval of Orthodontic Assistant Permit Courses.

All orthodontic assistant permit courses in California shall apply for and receive Board-approval prior to operation by submitting to the Board a completed “Orthodontic Assistant Permit Course Application for Approval by the Dental Board of California (New [INSERT DATE]”, which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an orthodontic assistant permit course to secure and maintain approval by the Board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20 clinical hours.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

(c) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a Board-approved two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

Question for the Council – Should the two-hour methodology course in clinical evaluation be specific to orthodontic assisting?

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as instruction in basic background information on orthodontic practice. “Basic background information on orthodontic practice” means,

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for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

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(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing, and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing, and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

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(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligature systems, purpose, and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(i) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

Question for the Council – Should a clinical competency examination be required as part of the course similar to the Dental Sedation Assistant Permit Course? If

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so, should one of the two patients used for clinical instruction be used as the clinical competency examination?

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

Question for the Council – Should the course provider be required to indicate whether the completion of an ultrasonic scaling course is a prerequisite to the Orthodontic Assisting Course or if instruction in ultrasonic scaling will be provided as part of the instruction for cement removal?

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (~~New 9/10~~ Revised **INSERT DATE**)”, hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

All orthodontic assistant permit courses in California shall apply for and receive Board-approval prior to operation by submitting to the Board a completed “Dental Sedation Assistant Permit Course Application for Approval by the Dental Board of California (New **INSERT DATE**)”, which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: “IV” means intravenous, “AED” means automated external defibrillator, “CO2” means carbon dioxide, and “ECG” and “EKG” both mean electrocardiogram.

(a) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

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(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a Board-approved two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

Question for the Council – Should the two-hour methodology course in clinical evaluation be specific to dental sedation assisting?

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation

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assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

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(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

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(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

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(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

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(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(I) With respect to drug identification and draw:

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(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

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(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (~~New 9/10~~ Revised **[INSERT DATE]**)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.

§1070.9 Approval of Radiation Safety Courses for Dental Assistants, Registered Dental Assistants, and Registered Dental Assistants in Extended Functions:
Staff recommends developing this language during the working meeting so that all members of the Council and stakeholders will have an opportunity to be involved in the development of the radiation safety course requirements for dental assisting.

§1070.10. Approval of 30-Hour Educational Methodology Courses.
All dental assisting educational methodology courses in California shall apply for and receive Board-approval prior to operation by submitting to the Board a completed "Dental Assisting Educational Methodology Course Application for Approval by the Dental Board of California (New **[INSERT DATE])", which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.**

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In addition to the requirements of Section 1070 and 1070.1, the following criteria shall be met by educational methodology courses, that RDA program faculty are required to complete pursuant to Section 1070.2, to secure and maintain approval by the Board:

(a) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made. The course director and each faculty member shall hold one of the following:

- (1) A post-graduate degree in education;
- (2) A Ryan Designated Subjects Vocational Education Teaching Credential;
- (3) A Standard Designated Subjects Teaching Credential; or,
- (4) A Community College Teaching Credential.

(b) Length of Course. The course shall be of sufficient duration for the student to develop minimum competence in educational methodology, but shall in no event be less than 30 hours. A Board-approved course provider may provide instruction via electronic media, homestudy materials, or live lecture.

(c) Program Content. Curriculum shall include content designed to prepare the student to teach effectively, utilizing a variety of instructional methodologies and learning styles. Areas of instruction shall include the following:

- (1) Principles and key concepts of effective communication, group dynamics, conflict resolution, and occupational safety.
- (2) Learning strategies, including: teaching techniques for reading and listening strategies.
- (3) Student management, including:
 - (A) Recordkeeping;
 - (B) Time management;
 - (C) Effective instructional practices for culturally diverse students; and,
 - (D) Behavioral approaches to student management.
- (4) Development of instructional technologies, including:
 - (A) Generalized program goals and objectives;
 - (B) Individual course outlines, including:

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(i) daily and weekly topic outlines;

(ii) theory, demonstration, and practical hour breakdown; and,

(iii) Student ratios for all aspects of registered dental assisting instruction.

(C) Specific instructional objectives, including:

(i) Student performance, conditions, and standards;

(ii) Writing objectives for problem-solving projects;

(iii) writing objectives for higher-level thinking skills; and,

(iv) use of objectives in achievement testing and in assessing performance skills.

(D) Lesson plans, including:

(i) Lesson plan templates, including:

(a) Course identifications;

(b) Topic identification;

(c) Day and time designation;

(d) Required materials;

(e) Prerequisites;

(f) General objectives;

(g) Cognitive and psychomotor objective;

(h) Activities;

(i) Assignments; and,

(j) Testing and evaluation.

(ii) Detailed daily lesson plan presentations using the following styles:

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(a) Lecture;

(b) Demonstration;

(c) Discussion;

(d) Inquiry; and,

(e) Performance activities.

(5) Development of assessment and evaluation mechanisms, including:

(A) Objective tests, including:

(i) Development and analysis of multiple choice, true/false, matching completion and matching examination items;

(ii) Completion of an examination item analysis;

(iii) Identification of pros and cons of instructor-created and textbook-created objective test questions;

(iv) Establishment of validity and reliability in objective testing; and,

(v) Preparing students to pass written examinations;

(B) Performance assessment, including:

(i) Development of criteria for evaluation instruments;

(ii) Development of minimum number of satisfactory performance for skills;

(iii) Construction of evaluation assessment instruments; and,

(iv) Preparing students for performance-based assessment examinations;

(C) Student self-study assessment instruments;

(D) Cumulative assessment, including:

(i) Identifying standards for minimum competency in clinical performance;

(ii) Cumulative assessment strategies for course evaluation;

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(iii) Incorporating written and practical examinations, projects, and homework assignments.

(d) Student Evaluation and Examination. Each student shall pass a written examination which reflects the entire curriculum content either through a comprehensive format or modular unit examination.

Note: Authority Cited: Section 1614, Business and Professions Code. Reference:

§1070.11. Approval of Dental Assisting Clinical Evaluation Methodology Courses.

All dental assisting clinical evaluation methodology courses in California shall apply for and receive Board-approval prior to operation by submitting to the Board a completed “Dental Assisting Clinical Evaluation Methodology Course Application for Approval by the Dental Board of California (New [INSERT DATE]”, which is hereby incorporated by reference, accompanied by a non-refundable fee of \$300.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by dental assisting clinical evaluation methodology courses that course directors, faculty, or instructional staff are required to complete in order to perform clinical evaluations as part of Board-approved dental assisting courses as provided in this Article to secure and maintain approval by the Board:

(a) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made. The course director and each faculty member shall have completed a 30-hour course in educational methodology as provided in Section 1070.10, or hold one of the following:

- (1) A post-graduate degree in education;
- (2) A Ryan Designated Subjects Vocational Education Teaching Credential;
- (3) A Standard Designated Subjects Teaching Credential; or,
- (4) A Community College Teaching Credential.

(b) Length of Course. The course shall be of sufficient duration for the student to develop minimum competence in clinical evaluation in the applicable subject area, but shall in no event be less than six (6) hours for RDAEF Educational Programs as provided in Section 1071, and in no event less than two (2) hours for each of the following:

- (1) Pit and fissure sealant courses as provided in Section 1070.3;
- (2) Coronal polishing courses as provided in Section 1070.4;

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- (3) Ultrasonic scaling courses as provided in Section 1070.5;
- (4) Infection control courses as provided in Section 1070.6;
- (5) Orthodontic assisting permit courses as provided in Section 1070.7;
- (6) Dental sedation assistant permit courses as provided in Section 1070.8; and
- (7) Radiation safety courses as provided in Section 1070.9.

A Board-approved course provider may provide instruction via electronic media, homestudy materials, or live lecture.

(c) Program Content. Curriculum shall include content designed to prepare the student to conduct clinical evaluations of students in the applicable subject area. Areas of instruction shall include the following:

- (1) The laws governing clinical instruction in the applicable subject area.
- (2) Development of instructional technologies, including student performance, conditions, and standards; writing objectives for problem-solving projects; writing objectives for higher-level thinking skills; and, use of objectives in achievement testing and in assessing performance skills.
- (3) Development of assessment and evaluation mechanisms, including development of criteria for evaluation instruments; and, preparing students for performance-based assessment examinations.

(d) Student Evaluation and Examination. Each student shall pass a written examination which reflects the entire curriculum content either through a comprehensive format or modular unit examinations.

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

§ 1071. Approval of RDAEF Educational Programs.

(a) All ~~new~~ Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive Board approval prior to operation by submitting to the Board a completed "Registered Dental Assistant (RDAEF) Program Application for Approval by the Dental Board of California (New [INSERT DATE])", which is hereby incorporated by reference, accompanied by a non-refundable fee of \$1,400. ~~The Board may approve, provisionally approve, or deny approval of any such program.~~

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

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(bc) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(ed) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

(de) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a Board-approved course or certification program in ~~educational~~ clinical evaluation methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(ef) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct

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supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).

(fg) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(gh) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

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(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Tooth isolation and matrix methodology review.

(hi) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(ij) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

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(j*k*) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k*l*) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus

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double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(lm) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

- (A) Review of characteristics of impression material and custom.
- (B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.
- (C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

- (A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.
- (B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(mn) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

- (A) Review of cavity preparation factors and restorative material.
- (B) Review of cavity liner, sedative, and insulating bases.
- (C) Characteristics and manipulation of direct filling materials.
- (D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

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(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

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(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.

(a) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(b) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

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(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(pg) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(qr) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (~~New 9/10~~ Revised **[INSERT DATE]**)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.



MEMORANDUM

DATE	October 22, 2013
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item DAC 8: Election of Dental Assisting Council Chair and Vice-Chair

The Dental Assisting Council members will elect a Chairperson and a Vice-Chairperson for 2014.

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.