



**ELECTIVE FACIAL COSMETIC  
SURGERY PERMIT  
CREDENTIALING COMMITTEE  
MEETING**

**Wednesday, July 8, 2015**



**Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815**



**ELECTIVE FACIAL COSMETIC SURGERY PERMIT  
CREDENTIALING COMMITTEE  
MEETING AGENDA**

**Wednesday, July 8, 2015**  
Dental Board of California  
Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

**Members of the Committee**

Robert Gramins, DDS, Chair  
Louis Gallia, DMD, MD  
Anil Punjabi, MD, DDS  
Peter Scheer, DDS  
Brian Wong, MD

**TELECONFERENCE MEETING LOCATIONS:**

**Dental Board of California Office:**

Louis Gallia, DMD, MD  
Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

**Other Teleconference Locations:**

Robert Gramins, DDS  
12630 Monte Vista Road, Suite 205  
Poway, CA 92064  
(858) 485-1290

Anil Punjabi, MD, DDS  
295 Terracina Boulevard  
Redlands, CA 92373  
(909) 798-9950

Peter Scheer, DDS  
39935 Vista Del Sol, Suite 100  
Rancho Mirage, CA 92270  
(760) 837-1515

Brian Wong, M.D.  
UC Irvine Medical Center - Pavilion II  
101 The City Drive  
Irvine, CA 92868  
(714) 456-7017

Public comments will be taken on agenda items at the time the specific item is raised. The Committee 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 Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at [www.dbc.ca.gov](http://www.dbc.ca.gov). This Committee 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.

### **3:00 PM            Open Session**

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of April 8, 2015 Meeting Minutes
3. Program Coordinator Staff Report
4. Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process
5. **Closed Session** - Consideration of Elective Facial Cosmetic Surgery Permit Application(s)  
The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on permit application(s).
6. **Return to Open Session** – Recommendation to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Application(s)
7. Public Comment of Items Not on the Agenda  
The Committee 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)).
8. Proposed Future Agenda Items  
Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting
9. Adjournment



**TELECONFERENCE MEETING OF  
THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT  
CREDENTIALING COMMITTEE  
MEETING MINUTES**

**Wednesday, April 8, 2015**

**For more information, please contact the Board (916) 263-2300**

**Members Present:**

Robert Gramins, DDS – Chair  
Louis Gallia, DMD, MD  
Anil Punjabi, MD, DDS  
Peter Scheer, DDS

**Members Absent:**

Dr. Brian Wong, MD

**Also Present:**

Nellie Forgét, Program Coordinator  
Karen Fischer, Executive Officer  
Michael Placencia, Legislative & Regulatory Analyst  
Spencer Walker, DCA Legal Counsel  
Bruce Whitcher, DDS, Board Liaison to Committee

**Teleconference Locations with Public Access:**

**Dental Board of California Office and Teleconference Location:**

Conference Room  
333 S. Anita Drive, Suite 930  
Orange, CA 92868  
(714) 923-972532

Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

Dr. Robert Gramins called the roll by videoconference and established a quorum at 3:05 p.m.

**Agenda Item 2 : Approval of July 9, 2014 and October 1, 2014 Meeting Minutes**

M/S (Gallia/Scheer) to accept the minutes of the July 9, 2014 and October 1, 2014 meetings.

**Approve:** Gramins, Punjabi, Scheer, Gallia **Oppose:** none **Abstain:** none  
**Approve:** 4 **Oppose:** 0 **Abstain:** 0 The motion passed.

**Agenda Item 3 – Staff Report**

Mrs. Nellie Forgét informed the Committee that staff drafted proposed regulatory language and a revised permit application for the Elective Facial Cosmetic Surgery (EFCS) Permit program.

Mrs. Forgét also reported that there were currently 27 EFCS permit holders.

**Agenda Item 4: Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process**

Mrs. Forgét gave the background on Business and Professions Code 1638.1, explaining that statute is unclear on what a permit-holder must submit to establish the six year continued competency requirement. She informed the Committee that staff drafted regulatory language regarding the six year continued competency requirement. Mrs. Forgét presented the drafted regulatory language for the Committee to review and take action on. Staff asked that the Committee either approve the language to forward to the Board to initiate the rulemaking process at a future meeting or appoint a subcommittee to work on the language further. Mrs. Forgét reminded the Committee that statute only specifies that evidence for the six year continued competency requirement only needs to be acceptable to the Committee and what the Committee establishes as the requirement does not necessarily need to be reviewed by the Committee.

Dr. Robert Gramins suggested changing the operative report requirement and having board certification as the only requirement to satisfy the six year continued competency. Mrs. Forgét explained that board certification is only a requirement for EFCS Pathway A applicants to submit upon initial licensure and the requirement for six year continued competency should apply to both pathways.

Mrs. Karen Fischer, Executive Officer, explained that the six year continued competency requirements that were suggested in years past, such as malpractice insurance and active status at a general acute care hospital, were actually requirements for biannual renewal therefore it would be redundant to require them at the six year mark. She clarified that the Committee can make recommendations that are as simple as requiring continuing education (CE) specific to elective facial cosmetic surgery within the established 50 units of CE already required to renew the DDS license. Another option could be requiring a specific number of operative reports, which would not only require staff review but also the Committee's review.

The Committee voiced their concern that operative reports are not justification of continued competency as opposed to going to an objective continuing education course where someone is teaching. The Committee emphasized the job of the Committee and the Department of Consumers Affairs is to protect the public and require high standards for permit holders, while considering workload for the Committee and staff. Dr. Gramin's suggested requiring a continuing education requirement in addition to operative reports to cover all aspects of competency. Mrs. Forgét presented language that staff previously drafted for continuing education as a six year continued competency requirement. The Committee went back and forth on what exactly would be the six year continued competency requirements and specifically the number of hours that would be required for continuing education.

M/S (Gramins/Scheer) to accept as the proposed six year continued competency requirements as follows:

Every six years, prior to renewal, the permit holder shall submit ten (10) operative reports that are specific to the procedures the licensee is permitted to perform, and twenty four (24) hours of continuing education from a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP), or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) specific to the procedures the licensee is permitted to perform.

**Approve:** Gramins, Punjabi, Scheer **Oppose:** Gallia **Abstain:** none  
**Approve:** 3 **Oppose:** 1 **Abstain:** 0 The motion passed.

Dr. Louis Gallia opposed the proposed six year continued competency requirement of 10 operative reports because he believes permit holders should be subjective to similar, not excessive, requirements compared to other surgical boards. The Committee is asking permit holders to maintain the same number of operative reports for the renewal as they did for their initial application process. He emphasized that other surgical board most likely do not require these standards. He informed the Committee that he would look into other surgical board's requirements and notify the Committee with his findings.

**CLOSED SESSION** – Consideration of Elective Facial Cosmetic Surgery Permit Applications

**RETURN TO OPEN SESSION - Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications**

Dr. Gramins reported that the Credentialing Committee reviewed one (1) application.

Applicant Dr. R.D: The Committee determined to recommend to the Board to issue Dr. R.D. a permit for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation) privileges.

Open Session adjourned at 4:20 p.m.

MINUTE BOOK FOR THIS ITEM IS PREPARED BY NELLIE FORGÉT, EFCS PERMIT PROGRAM COORDINATOR.

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## MEMORANDUM

<b>DATE</b>	June 30, 2015
<b>TO</b>	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
<b>FROM</b>	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
<b>SUBJECT</b>	<b>Agenda Item 3: Staff Report</b>

We will be discussing the Elective Facial Cosmetic Surgery (EFCS) Permit application revisions and regulatory language.

The Committee will be reviewing one (1) application at the July 8<sup>th</sup> meeting.

Currently there are 28 permit holders. A list of these permit holders can be found on the Board's website.



## MEMORANDUM

<b>DATE</b>	June 10, 2015
<b>TO</b>	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
<b>FROM</b>	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
<b>SUBJECT</b>	<b>Agenda Item 4:</b> Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery (EFCS) Permit Application and Renewal Process

### **Background:**

Pursuant to Code Section 1638.1(a)(2), an EFCS permit that is issued by the Board is valid for a period of two years and is required to be renewed by the permit-holder at the time his or her dental license is renewed. Additionally, every six years, prior to the renewal of the permit-holder's license and permit, the permit-holder is required to submit evidence acceptable to the Committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The Committee is authorized to limit a permit consistent with Code Section 1638.1(e)(1) if it is not satisfied that the permit-holder has established continued competence.

There are 11 EFCS permit-holders that are at or have exceeded the six year mark based on their permit issuance date and expiration date and are due for the Committee's review and determination of continued competence. Since Code Section 1638.1 does not expressly provide the requirements a permit-holder must meet to establish continuing competency, it has become necessary to promulgate a regulation to implement, interpret, and make specific the provisions of Code Section 1638.1 for the purpose of clarifying the necessary requirements that would establish continuing competency for the EFCS permit.

At its August 2014 meeting, the Dental Board of California (Board) deemed the EFCS Permit Regulations a priority for the 2015/2016 fiscal year to implement, interpret, and make specific the requirements of Code Section 1638.1.

At the July 9, 2014 and April 8, 2015 meetings, the proposed regulatory language was presented to the Committee for review. The Committee made recommendations and directed staff to finalize the regulatory language for EFCS Permit application and renewal process in compliance with Business and Professions Code (Code) Section 1638.1. A copy of the regulatory language and application is included with this agenda item.



**Staff Recommendation:**

Staff requests that the Committee approve the regulatory language to forward the package to the Board to initiate the rulemaking process at a future meeting.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

**RELATING TO THE ELECTIVE FACIAL COSMETIC SURGERY INITIAL PERMIT  
AND RENEWAL REQUIREMENTS**

**Add California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8  
as follows:**

**DRAFT**  
**Article 5.6**

**§1044.6 Operative Reports**

(a) For the purposes of this article, an applicant for an Elective Facial Cosmetic Surgery permit shall submit with the application a maximum of 30 operative reports that are representative of procedures the applicant intends to perform.

**§1044.7 Application for Permit to perform elective facial cosmetic surgery pursuant to Business and Professions Code Section §1638.1.**

(a) An applicant for a permit to perform Elective Facial Cosmetic Surgery pursuant to Section 1638.1 of the Code shall submit a completed "Elective Facial Cosmetic Surgery Permit Application" (New 06/15) accompanied by the fee specified in Section 1638.1(d) of the Code.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code.  
Reference: Sections 1638.1, Business and Professions Code.

**§1044.8 Renewal of Permit to perform elective facial cosmetic surgery pursuant to Section 1638.1.**

(e) Every 6 years upon renewal, an Elective Facial Cosmetic Surgery Permit holder shall submit to the Board the following:

- a) Ten (10) operative reports that are specific to the procedures the licensee is permitted to perform, and
- b) 24 hours of continuing education from a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) specific to the procedures the licensee is permitted to perform.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code.  
Reference: Sections 1638.1, Business and Professions Code.



**Elective Facial Cosmetic Surgery (EFCS)  
Initial Permit or Permit to Add Allowable  
Procedures Application**  
Business and Professions Code, Section 1638.1-1638.7

**Office Use Only**  
Receipt #: \_\_\_\_\_  
ATS #: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Initial: \_\_\_\_\_

**PART 1 – APPLICATION INSTRUCTIONS**

1. An application must be complete and must be accompanied by all of the following:
  - An application fee of \$500, made payable to the Dental Board of California.
  - All the required documentation specified in the application.
2. Applicant must indicate if they are applying through Pathway A or Pathway B.
3. A permit holder seeking to upgrade allowable procedures is required to submit the following documentation:
  - Application form, only completing:
    - a) Part 2 – Name, Contact, and Licensure Information
    - b) Part 3 – Requirements
      - i. Specifying permit category, and
      - ii. #2 – Operative Reports
    - c) Part 4 – Acknowledgement/Certification

**NOTE: All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being deemed incomplete.**

**PART 2 – NAME, CONTACT, AND LICENSURE INFORMATION**

1. Applicant Name: \_\_\_\_\_  
First Middle Last
2. Social Security Number \_\_\_-\_\_\_-\_\_\_\_ or  
Individual Taxpayer Identification Number (ITIN) \_\_\_-\_\_\_-\_\_\_\_  
Address of Record: \_\_\_\_\_
3. Practice Address (if different): \_\_\_\_\_
4. Telephone Numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. CA Dental License #(s): \_\_\_\_\_ Date Issued: \_\_\_\_\_
7. Other Dental License # (if applicable): \_\_\_\_\_ State(s) of Issuance: \_\_\_\_\_
8. Current EFCS permit # (if applicable): \_\_\_\_\_ Date Issued: \_\_\_\_\_

**PART 3 - REQUIREMENTS**

Applicant is requesting a permit for category(ies):

- I - cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty
- II - cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation

or limited to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following general requirements are specific requirements for both pathways.**

1. Submit Documentation of successful completion of an Oral and Maxillofacial Surgery Residency Program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Accreditation (ADA):  
 Dates attended: \_\_\_\_\_
2. Submit documentation of at least **10 operative reports, but no more than 30**, from residency training or proctored procedures that are representative of **procedures that the licensee intends to perform** from the following categories:
  - (I) **Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.
  - (II) **Cosmetic soft tissue contouring and rejuvenation**, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

Reports shall contain a detailed narrative of the procedures performed by the applicant, specifying the date and location of the surgery, names of primary surgeons and assistants, and procedures and findings. Reports should be clear and dark enough to reproduce. An Index of Operative Reports, which is included as page 5 of this application, shall be submitted with the reports. These cases should reflect elective cosmetic surgery as defined in B&P §1638.1(g)(1). An Operative Report Index must be completed and accompanied with the operative reports.

3. Submits documentation showing proof of active status on the staff of a general acute care hospital and that the applicant maintains the necessary privileges based on the bylaws of the hospital to maintain that status. This document should include signatures from approving parties to be considered. If applicant’s status is provisional, applicant must wait until active status is achieved before applying.
4. Submit documentation showing proof that the applicant has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures that the applicant intends to perform.

- Submit documentation showing the surgical privileges the applicant possess at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

**Specific Surgical Privileges**

- Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.
- Cosmetic soft tissue contouring and rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

**Complete items 6 & 7 only if applicant is applying through Pathway A**

- Submit Documentation that the applicant is certified, or a candidate for certification, by the American Board of Oral and Maxillofacial Surgery:

Date Certified: \_\_\_\_\_

Re-Certification Date: \_\_\_\_\_

Candidate for Certification: \_\_\_\_\_

- Submits a letter from the program director of the accredited residency program, or the director of a postresidency fellowship program accredited by the CODA of the ADA stating that the licensee has the education, training, and competency necessary to perform the surgical procedures that the licensee has notified the Board he or she intends to perform.

**PART 4 – ACKNOWLEDGEMENT/CERTIFICATION**

In accordance with California Business and Professions Code Section 142(b), the abandonment date for an application that has been returned to the applicant as incomplete shall be 12 months from the date of returning the application.

**Certification** – *I certify under the penalty and perjury, under the laws of the State of California, that the information in this application and any attachments are true and correct.*

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by The Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, (916)263-2300, in accordance with Business & Professions Code, 1600 et seq. Except for Social Security numbers, and individual taxpayer identification number, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by 30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A 405 (c)(2)(C)). Your social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the name(s) and address(es) submitted may, under limited circumstances, be made public.

The following table outlines the requirements for each pathway

<b>Pathway A</b>	<b>Pathway B</b>
Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.	Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.
Submits to the board a letter from the program director of the accredited residency program, or from the director of a post-residency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform.	
Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: <b>(I)</b> Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. <b>(II)</b> Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.	Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: <b>(I)</b> Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. <b>(II)</b> Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.
Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.	Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.
Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.	Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.
Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.	

Name:

Index of Operative Reports

Operative Report	Surgery Type ( <i>Osteocartilaginous or Soft Tissue</i> )	Procedure(s)	Date	Position	Facility name and location
1					
2					
3					
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