



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

Wednesday, October 14, 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. 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 July 8, 2015 Meeting Minutes
3. Program Coordinator Staff Report
4. Future Meeting Dates
5. Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process
6. Future Fee Increase Discussion
7. **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).
8. **Return to Open Session** – Recommendation to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Application(s)
9. 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)).
10. Proposed Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting
11. Adjournment



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

Wednesday, July 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

Members Absent:

Dr. Brian Wong, MD
Peter Scheer, DDS

Also Present:

Nellie Forgét, Program Coordinator
Karen Fischer, Executive Officer
Spencer Walker, DCA Legal Counsel
Bruce Witcher, DDS, Board Liaison to Committee

Teleconference Locations with Public Access:

Dental Board of California Office and Teleconference Location:

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

Dr. Robert Gramins called the roll by teleconference and established a quorum at 3:06 p.m.

Agenda Item 2 : Approval of April 8, 2015 Meeting Minutes

M/S (Punjabi/Gallia) to accept the minutes of the April 8, 2015.

Approve: Gramins, Punjabi, Gallia **Oppose:** none **Abstain:** none

Approve: 3 **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 28 EFCS permit holders.

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

Dr. Robert Gramins gave a recap from the last meeting reminding the Committee and staff that Dr. Louis Gallia was going to look into operative report requirements of other licensing boards. Dr. Gallia informed the Committee that he failed to look into these requirements but still feels strongly that we should have similar but not excessive requirements of other surgical boards and he will look into it further if given another chance.

Dr. Gramins informed the Committee that he spoke with Nestor Karas, the former EFCS board chair, and Dr. Karas wanted to remind the Committee that this is a licensing board not a specialty certification board. By making extra requirements as a licensing board we are overstepping our bounds. Dr. Gramins emphasized that the Board has discretionary immunity which means if a permit holder gets licensed and sued for a surgical privilege they are not licensed to perform, the Board has no liability for that person doing that procedure. Dr. Gramins restated his conversation with Dr. Karas, discussing once the applicant is licensed it is their responsibility to maintain their status, education and proficiency to do the procedures they are licensed and comfortable to perform; it's really not the Board's job to worry about this area. Dr. Gramins does feel there should be some continuing education requirement and that should be more than enough to protect the state of California without an operative report requirement.

Mrs. Forgét confirmed the Committee's suggestion of 24 hours of continuing education and verified there would be enough vendors for permit holders to obtain these continuing education hours. Dr. Gramin's confirmed that 24 hours over a six year period breaks down to four units per year and there were plenty of avenues to obtain the continuing education.

Dr. Witcher recommended that when this regulatory package is presented to the Board it may be helpful to have additional information on rational for supporting and opposing positions on the draft regulation packages because the Board will have to sponsor that package.

M/S (Gramins/Gallia) to accept the proposed 24 hours of continuing education as the six year continued competency requirement 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, Gallia **Oppose:** Punjabi **Abstain:** none

Approve: 2 **Oppose:** 1 **Abstain:** 0

The motion passed.

Dr. Punjabi stressed that he opposes removing operative reports as one of the six year continued competency requirements; going to a couple hour courses cannot demonstrate competency without any written documentation that these procedures are being performed.

Dr. Gramin's emphasized that the ability of the person performing the procedure rests on that person. It is impossible to verify authenticity or what goes on in an operation that is dictated by the person who is submitting it to the Board. The burden of a malpractice lawsuit because the licensee did something that you don't know how to do is a much higher deterrent to a capable surgeon than what the permit allows.

Mrs. Forgét tabled the agenda item until regulatory language is drafted to reflect the Committee's recommendation.

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. S.B.: Dr. S.B. applied for an unlimited category I & II permit. The Committee determined to recommend to the Board to table the application of Dr. S.B. and directed staff to send a letter to the applicant requesting more recent operative reports and a revised letter from a program director that supports the applicant's ability to do the specific procedures he is requesting a permit for. Otherwise, if the applicant cannot obtain a letter from a program director, the applicant can apply through pathway B and simply get more updated operative reports.

Proposed Future Agenda Item

Dr. Whitcher brought up the fee changes and the possibility that the Board may want to hear what the Committee thinks about an appropriate fee for the application and renewal fee for the Elective Facial Cosmetic Surgery Permit. After a brief discussion Dr. Gramins suggested we add this as a future agenda item.

Open Session adjourned at 3:38 p.m.

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



MEMORANDUM

DATE	September 8, 2015
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 3: Staff Report

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 October 14th meeting.

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



MEMORANDUM

DATE	September 8, 2015
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 4: Future Meeting Dates

2016 BOARD MEETING DATES	PROPOSED 2016 Credentialing Committee Meeting Dates
March 3-4, 2016	January 20 th or 27 th , 2016
May 11-12, 2016	April 13 th or 20 th , 2016
August 18-19, 2016	July 13 th or 20 th , 2016
December 1-2, 2016	October 19 th or 26 th , 2016



MEMORANDUM

DATE	September 20, 2015
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 5: 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 April and July 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 1638.1of the Code.

Note: Authority cited: Sections 1614, 1638.1Business 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 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

- 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.
- Applicant must indicate if they are applying through Pathway A or Pathway B.
- A permit holder seeking to upgrade allowable procedures is required to submit the following documentation:
 - Application form, only completing:
 - Part 2 – Name, Contact, and Licensure Information
 - Part 3 – Requirements
 - Specifying permit category, and
 - #2 – Operative Reports
 - 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

- Applicant Name: _____
 First Middle Last
- Social Security Number ___-___-____ or
 Individual Taxpayer Identification Number (ITIN) ___-___-____
 Address of Record: _____
- Practice Address (if different): _____
- Telephone Numbers: Home: _____ Office: _____ Cell: _____
- Email address: _____
- CA Dental License #(s): _____ Date Issued: _____
- Other Dental License # (if applicable): _____ State(s) of Issuance: _____
- 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.

5. 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

- (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.

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

6. 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: _____

7. 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

Pathway A	Pathway 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: (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. (II) 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: (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. (II) 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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MEMORANDUM

DATE	September 28, 2015
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 6 - Future Fee Increase Discussion

Background:

The Dental Assisting and Dentistry Fund are separately funded. (BPC 1721, 1721.5). Fees from dental assistants must be deposited into the Dental Assisting Fund and fees from dentists must be deposited into the State Dentistry Fund. The Dentistry Fund is currently projected to run at a deficit beginning FY 2016-17 necessitating fee increases.

Fees for the State Dentistry and Dental Assisting Funds had not been increased for 16 years until 2014 when licensing and renewal fees were raised to the statutory limit of \$450. The statutory limit was raised again last year through legislation to \$525, effective Jan 2015. As part of the Dental Board's sunset review legislation, increases to the statutory fee caps for all licensing, permit and certification categories are being proposed.

The Fee Audit Report:

The Fee Audit Report provided by Capital Accounting Partners provided detailed cost recovery projections for the DBC's fees for the next 10 years. The report recommends that the Board establish both a reserve policy and a cost recovery policy for each type or group of permits and certifications and that cost recovery policy should be based on values established by the board.

Reserve Policy:

Staff has suggested establishing a policy that would allow accumulation of 4 to 6 months reserves over a period of 5 years. We estimate that this will require annual revenue of approximately \$13.5M per year for Dentistry and \$2.3M per year for Dental Assisting. This estimate is based on the Fund Condition statements provided by the DCA Budget Office. Current revenue for the Dentistry Fund is approximately \$10.7 million and \$1.7 million for Dental Assisting. Both funds are projected to begin running a deficit as early as 2016-17 for Dentistry and 2018-19 for Dental Assisting.

The Capital Partners recommended fee increases that would allow full cost recovery. In addition a fee increase proposal from the Subcommittee is included. The

Subcommittee proposal includes an increase in license renewal fees to \$560 every two years as well as increases in other permit fees for Dentistry and Dental Assisting that would bring revenue to the level necessary to allow a balanced budget as well as reserves to be accumulated over 5 years.

Values to Aid in Establishing a Cost Recovery Policy:

The following values are provided for consideration in setting a cost recovery policy for licenses and permits. The holders of any license, permit or certification should pay a fair share of the associated costs; however some fee categories may need to be subsidized with revenue from others. This policy should be consistent with the Board's mission to protect and promote the oral health and safety of California consumers and to promote development of the dental workforce needed to serve all Californians.

The largest amount of revenue is derived from licensure renewal fees; however this should not be the sole source of income for the respective Funds.

Many of the fee increases recommended by Capital Partners are nominal and to achieve cost recovery would not be burdensome to the category. Other permit categories have large associated costs that may be difficult to recover.

Exams:

Application fees for licensing exams such as portfolio, WREB and licensure by residency may require financial support to promote development of the dental workforce. Licensees entering the workforce usually have substantial accumulated debt making it difficult for them to assume additional financial obligation.

Licensure by Credential: practitioners applying for licensure in CA via LBC will have been licensed for approximately 5 years and should be able to afford fees that allow cost recovery.

Faculty permits: Initial special (faculty) permit applications will need financial support to promote dental education which is necessary for workforce development. In addition holders of special permits have limitations on private practice.

The Elective Facial Cosmetic Surgery Permit: Due to the high cost of processing applications and relatively small number of applications this program will require financial support; however the fee should be increased to allow greater cost recovery.

The General Anesthesia and Conscious Sedation Onsite Inspection and Evaluation: The cost of this program is high due to its complexity and the relatively small number of dentists who undergo the inspection; however this is essential for public protection. Dentists and the public benefit from availability of this service. A fee increase is justified because the practitioners themselves benefit from providing this service.

Delinquency fees should be increased, however the number of delinquent licenses is relatively small so significant revenue will not be generated by the increase. There is no good reason for a licensee to allow their license to become delinquent and an increased delinquency fee would provide an incentive to maintain current status.

Dental Assisting:

The primary source of revenue for the Dental Assisting Fund is from licensure renewal fees. Program and course initial application fees are provided at significantly below cost. There are a relatively small number of initial applications each year.

Values:

Initial licensing fees: Dental assistants benefit from holding a professional license and should cover the cost of initial and renewal licensing.

Examinations: Recent graduates are unable to bear the entire cost of the RDA Practical and RDAEF clinical exams. These exams will require financial support.

Program and Course Application fees: The estimated cost of processing applications for educational programs and courses may exceed what the educational programs can support. This will require a subsidy from other fees.

Delinquency fees for dental assistants should be established at cost recovery levels.

Dentists benefit from the utilization of allied dental health professionals. The board should discuss a possible subsidy of the Dental Assisting Fund should this be necessary. The board presently provides investigative services and other enforcement functions to dental assistants. Capital Partners estimates this cost to be in the range of \$750,000 and suggests this may be appropriate because dentists are responsible for supervising dental assistants. (Capital Partners report, p.13).

Future Considerations for Dental Assisting:

One of the largest costs associated with Dental Assisting are the RDA and RDAEFF practical exams. An occupational analysis and exam development process have been initiated that will affect the future fees for these exams.

In addition, there have been discussions of fees for re-approval of educational programs and courses which is supposed to be done every 7 years. At present there is no charged fee for re-approval of programs and courses.