



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

Wednesday, October 19, 2016
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 April 20, 2016 Meeting Minutes
3. Program Coordinator Staff Report
4. Discussion and Possible Action Concerning Proposed Regulatory Language Relating to the Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements
5. Future Meeting Dates
6. **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).
7. **Return to Open Session** – Recommendation to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Application(s)
8. 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)).
9. Proposed Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting
10. Adjournment



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

Wednesday, April 20, 2016

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

Members Present:

Louis Gallia, DMD, MD
Anil Punjabi, MD, DDS
Peter Scheer, DDS

Members Absent:

Robert Gramins, DDS – Chair
Dr. Brian Wong, MD

Also Present:

Nellie Forgét, Program Coordinator
Bernie Vaba, Licensing Manager
Spencer Walker, DCA Legal Counsel
Bruce Witcher, DDS, Board Liaison to Committee
Lusine Sarkisyan, Legislative & Regulatory Analyst

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

Other Teleconference Locations:

39935 Vista Del Sol, Ste. 100, Rancho Mirage, CA 92270, (760) 837-1515
295 Terracina Blvd, Redlands, CA 92373, (909) 798-9950

Dr. Peter Scheer called the roll by teleconference and established a quorum at 3:12 p.m.

Agenda Item 2 : Approval of October 14, 2015 Meeting Minutes

M/S (Scheer/Gallia) to accept the minutes of the October 14, 2015.

Approve: Punjabi, Gallia, Scheer **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 to reflect the changes discussed at the last EFCS meeting.

Mrs. Forgét reported that there is one (1) application to review and that there were currently 28 EFCS permit holders.

Dr. Peter Scheer asked how many permit holders are up for renewal and how we will handle that. Mrs. Forgét stated that because no regulations have been implemented yet and probably will not be at the time of the first permit holder who reached the five year continued competency renewal, then that licensee will not be required to submit anything since nothing has been established yet.

Agenda Item 5: Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process

Mrs. Forgét presented the finalized language which reflected the Committee's recommendations from the last meeting; every six years upon renewal 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.

Mrs. Forgét acknowledged that the application does reference the five hundred dollar (\$500) application fee and that the fees have not yet been determined, therefore, the Committee can still forward the packet on to the Board to initiate the rulemaking process and the Board will still have the authority to make further changes.

M/S (Scheer/Gallia) to accept the regulatory language and application.

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

Approve: 3 **Oppose:** 0 **Abstain:** 0 The motion passed.

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. Scheer reported that the Credentialing Committee reviewed two (2) applications.

Applicant Dr. A.H.: Dr A.H. applied for an unlimited category I & II permit. The Committee reviewed the application and determined the operative reports to be traumatic reconstruction and determined to table the application and have staff contact the applicant and request operative reports specific to elective cosmetic surgery for all procedures the applicant is applying to perform.

Applicant Dr. S.B.: Dr S.B. applied for an unlimited category I & II permit. The Committee determined to recommend to the Board to issue the applicant an unlimited EFCS permit for Categories I and II.

M/S (Gallia /Scheer) to grant Dr. M.M. an unlimited category I & II permit.

Approve: Gallia, Scheer **Oppose:** none **Abstain:** Punjabi
Approve: 2 Oppose: 0 Abstain: 1 The motion passed.

Proposed Future Agenda Items

Dr. Scheer stated that the Committee would like to discuss the currency and competency regarding applicant's submitted operative reports. He would like to have a discussion on operative reports reflecting current competency and what that means in regards to times frames of operative reports. Dr. Scheer also raised a concern on how guidance can be given to an applicant whose application cannot be denied if nothing in statute gives any authority to do so, but who the Committee has concern with the their current competency.

Open Session adjourned at 3:31 p.m.

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



MEMORANDUM

DATE	September 21, 2016
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.

There are two (2) applications to review at the October 19, 2016 meeting.

Currently there are 29 permit holders. A list of these permit holders can be found on the Board's website.



MEMORANDUM

DATE	September 12, 2016
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 4: Discussion and Possible Action Concerning Proposed Regulatory Language Relating to the Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements

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 18 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.

The Committee has been working with staff and legal counsel to finalize regulatory language to present to the Board. At the April 2016 meeting, proposed regulatory language was presented to the Committee for review. The Committee requested that additional language regarding the age of operative reports submitted upon initial application be included in the regulatory language in order to ensure currency and competency. A copy of the finalized regulatory language and application is included with this agenda item for review.

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.



**Elective Facial Cosmetic Surgery (EFCS)
Application for Initial Permit or Permit to Add Allowable
Procedures**

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 \$850, 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 add 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. Permit category being requested
 - ii. Operative Reports reflecting additional procedures
 - 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 _____ - - _____
Individual Taxpayer Identification Number (ITIN) _____ - - _____
3. Address of Record: _____
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 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

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 Association (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).

3. Submit 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.

Complete items 4-6 only if applicant is applying through Pathway A

4. 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: _____

5. 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.
6. Submit documentation showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

Complete item 7 only if applicant is applying through Pathway B

7. 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 has notified the board that 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 or individual taxpayer identification 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 or individual taxpayer identification 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 or individual taxpayer identification 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 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 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 has notified the board that he or she intends to perform.
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					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

**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

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. The date of each operative report shall be no more than 4 years from the date the application is submitted to the Board.

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

An applicant for a permit to perform Elective Facial Cosmetic Surgery pursuant to Section 1638.1 of the Code shall submit to the Board a completed "Elective Facial Cosmetic Surgery Permit Application" (New 06/15), which is incorporated herein by reference, and shall be accompanied by the fee specified in Section 1021.

Note: Authority cited: Sections 1614, 1638.1 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.

For the purpose of maintaining continued competence to perform the procedures authorized by an Elective Facial Cosmetic Surgery permit, in addition to the continuing education required to renew a license to practice dentistry, every 6 years, prior to the renewal of a permit and the permitholder's dental license, the permitholder shall submit to the Board 24 hours of continuing education from a provider approved or recognized in accordance with the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or approved or recognized by the Medical Board of California. The required continuing education shall be specific to the procedures the permitholder is authorized to perform.

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



MEMORANDUM

DATE	October 3, 2016
TO	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
SUBJECT	Agenda Item 5: Future Meeting Dates

2017 BOARD MEETING DATES	PROPOSED 2017 Credentialing Committee Meeting Dates
February 23-24, 2017	January 18 th or 25 th , 2017
May 11-12, 2017	April 5 th or 12 th , 2017
August 10-11, 2017	July 12 th or 19 th , 2017
November 2-3, 2017	September 27 th or October 4 th , 2017